

A RESOURCE GUIDE FOR HEALTHCARE PROFESSIONALS IN AN INTERFAITH WORLD

Caring Across Cultures and Belief Systems

Compiled by

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INTRODUCTION

Caring for patients from a variety of ethnic backgrounds and belief systems can be challenging for health care professionals. Practices and beliefs that center on illness, suffering, death and bereavement are varied and can greatly influence important decisions regarding the health and treatment of an individual or loved one. These practices and beliefs also influence the perception of the quality of care.

It is well documented that caregivers who are sensitive to the cultural and belief systems of patients and their loved ones, can help reduce stress at very difficult times and increase patient satisfaction. At Roswell Park Cancer Institute, our ultimate goal is to treat the whole person: body, mind and spirit.

This resource guide is in its second edition. The first edition was compiled from the information obtained from interviews of various individuals in WNY who represent the groups discussed. As Director of Pastoral Care, I went door to door asking individuals to tell me about their beliefs and what would make them feel more comfortable and feel accepted at Roswell Park Cancer Institute. Each individual I spoke with was more than gracious in sharing with me the beliefs and needs of their communities. As I became more aware of the diversity of the Institute staff and patient population, I knew it was time to update this resource guide. In addition to the original cultures and religions in the first edition, I have added information about Anglican (Anglo-Catholic), Chinese, Orthodox, and Sikhism. Once again I reached out to individuals in our community to share their beliefs. I extend my appreciation to each person for their time and their contributions to both the first and second editions of this handbook.

It is our hope that this resource guide will help health care professionals recognize the range of beliefs and practices of their patients. In so doing, we at Roswell Park Cancer Institute will continue to provide competent care with a deeper understanding of the individual.

Beth Lenegan, PhD Director Pastoral Care

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At Roswell Park Cancer Institute (RPCI) we understand that diversity means differing from one another, so any group of two people or more is a diverse group. RPCI's focus is on inclusion. Inclusion is the main ingredient for culturally competent care. Respect for an individual's race, ethnicity, nationality, language, gender, sexual orientation, physical capability and spiritual beliefs needs to be recognized when you are caring for a patient. Culturally competent care means treating the whole person.

Our intention is to develop a culture of inclusion that is recognized as an integral part of RPCI's current and future success. Our challenges require our employees to share our core values: Innovation, Integrity, Teamwork, Compassion and Respect. These values can only be achieved when we choose to value our individual differences and promote them as our collective strength.

An inclusive environment fosters teamwork, nurtures innovation, relies on integrity and creates a culture of compassion and respect for each other, the patients we serve, and our entire community. We must recognize the importance of the Institute reflecting the communities we serve. We take pride in the outstanding care we provide to an increasingly diverse community and the extraordinary research and education we conduct, led by an increasingly diverse faculty and staff.

We recognize that our patients have specific needs. Roswell Park will accommodate cultural and spiritual beliefs whenever possible. This guide serves as a demonstration of our commitment to our patients and employees. Please feel free to contact me if you have any questions or concerns.

David Clarence Scott Director, Diversity & Inclusion

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Note: We recognize that this guide is not inclusive of all belief systems. It is our hope that additional guides will be published in recognition of other communities.

We also recognize that individuals interpret religious practices in different ways. The broad descriptions contained herein are only meant to provide general guidelines and information as described by the practitioners that were contacted, and as such, do not represent official doctrine or doctrine described in official faith group documents

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
African American Christians	One God, eternally existing in three persons, Father, Son and Holy Spirit, three in one, co-equal, which is the Trinity. Lord Jesus Christ died for our sins.	There are no religious restrictions on diet. There is a rich tradition of herbal remedies in African/ American culture.	Family structure may be nuclear or extended. Close friends may be part of the kin support system.	African Americans may prefer to delay discussion about end of life. Not many African Americans feel comfortable with the donation of body parts. At the time of death, there may be a gathering of family and close friends who offer prayer.
AME	The AMEC tenants of faith are in common with traditional Protestant doctrines. The AMEC is Trinitarian and observe two sacraments, Holy Communion and Baptism.	There are no religious restrictions on diet.	Not provided.	The AMEC does not practice last rites, but clergy may offer prayer before or after transition.
AME ZION	There is one living and true God, everlasting, without body parts, of infinite power, wisdom and goodness. Holy scripture contains all things necessary to salvation.	Left up to individual's preference.	Not provided.	All issues related to end of life, such as prolongation of life, donation of the body or organs, and the autopsy is decided by the individual or family.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Amish	Believe that God has created and sustains all things. God exists externally as Father, Son and Holy Spirit. Christ will return to judge the world, raise the dead and usher in the Kingdom of God.	There are no religious restrictions on diet.	The Amish restrict the use of cameras or picture taking.	The church does not believe that life must continue at all cost. When life has lost its purpose and meaning beyond hope of meaningful recovery, relatives should not be censored for withholding life's sustaining measures. Autopsy and organ donations are acceptable.
Anglican (Anglo- Catholic)	A sacramental and Christ centered Church that holds steadfastly to the Holy Scriptures and to the historic traditions of the Catholic faith as they were handed down through the ages by the Church Fathers.	There are no dietary restrictions	Men and Women are to be treated equally.	Decision as to when life is over is left to God alone. A decision as to how much life support is provided to a terminal patient is left with the individual and his/her family. The patient should have the opportunity to contact his/her priest should they desire Holy Unction or Holy Communion. Last Rites are administered as close to death (or after death) as possible.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Baptist	With most Christian Baptist they accept the Orthodox teachings of Christianity with reference to such things as the Trinity and the person of Jesus Christ, fully human and full of God. Most Baptists would believe that God can intervene and heal a person in an extraordinary manner if He so chooses.	Baptist generally would not have any issues with diet.	Conservative Baptists tend to be very "traditional" in terms of gender roles. You will find them stressing male headship in the family and in the Church.	Baptists do not have any particular distinctive view on issues related to death and dying. This would largely depend on the wishes of the individual.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Buddhism	Buddhists believe in the notion that life is cyclical and that one undergoes many births and many deaths, not always in the same form. The way one lives in this life, the kind of good deeds one performs dictates the nature and quality of ones rebirth (Karma). Buddhists look to the Four Noble Truths for guidance on how to live appropriately.	Many, but not all Buddhist are vegetarian. For some Buddhist non-killing extends to non-harming a potential life, so they refrain from eating eggs. For others, strong spices traditionally onion and garlic are said to be too pungent and potentially upsetting to maintain ones equanimity, so they are not consumed. Others in adhering to the precept that one must not cloud the mind may refuse medicines that contain alcohol.	Because of the variety of Buddhism practiced worldwide, there is no fixed specifically "religious" teaching on the matter of women and men's roles.	Traditional customs surround care and treatment of the body post-mortem, might not favor immediate organ removal for transplant. Autopsy is not always acceptable and should be approached with care. The body is not touched or handled immediately after death, to allow the life force to leave peacefully, of its own accord.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Chinese	Most Chinese in the United States are not associated with any one religion. Dietary Preferences	There are no dietary restrictions. May prefer hot foods over cold.	To be understood clearly, communication should be done in the patient's common language. Any greeting is acceptable.	Decisions should be left up to the patient and his/her family. Organ donation is a very sensitive topic and should be approached carefully.
Church of Latter Day Saints – Mormon	Believe in Jesus Christ as the redeemer and savior of the world. Believe in a future resurrection when the body and spirit will be reunited. Practice the laying on of hands to give health blessings to those who are ill or injured.	Prohibits taking of illicit drugs, alcohol, tobacco, coffee, and tea. Encourage consumption of grains, fresh fruits and vegetables.	Any greeting is acceptable.	Believe that the decision as to when life is over rest with God. Decisions about how much life support is provided and when to terminate life support are left with the individual and their family.
Episcopalian	A sacramental and worship-oriented church that promotes thoughtful debate about what God is calling us to do and be as followers of Christ. Value the importance of Holy Scripture, tradition of the Church.	No religion restrictions on diet.	Not provided.	Parishioners are encouraged to have a health care proxy – living will, based on their unique world view and circumstances.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Hinduism	Believe in one supreme being (God). Believe that every living being has an eternal soul. The belief of cyclic birth and reincarnation lies at the center of Hinduism. The status, condition and caste of each life is determined by behavior in the past life (karma).	Most Hindus are vegetarian. Some will accept eggs. Milk and milk products, nut and grains are the principal sources of proteins. Most seniors would prefer food brought from home.	Usually, touching is not preferred by the opposite gender. They may also hesitate about eye-to-eye contact among opposite genders. This may be quite different for Hindus who have lived in the United States for extended periods.	Most Hindus reinforce their faith in the immortality of the soul and that the death of the body is inevitable. Prolongation of life by artificial means is allowed provided it is meaningful. Autopsy is not preferred as it will disfigure the body which has to be offered to the fire in as good a form as possible. Embalming or beautifying the body is forbidden. The funeral usually takes place within 24 hours. Family members may request to wash the body.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Hispanic	As Hispanics they believe in God and they also believe that if God wills it all will be well, often using the phrase "Si Dios quiere." They are Christians and faith is part of everyday life. Some Hispanics also practice folk religions. The Virgin Mary is very important in their spirituality.	Patients may refuse certain foods that upset hot/cold body balance. Offer liquids other than ice water, which may be deemed too cold. A typical Hispanic diet would include rice, beans and various meats and vegetables.	Realize that they may be reluctant to discuss emotional problems outside the family. Except that older more traditional wives may defer to husbands in their decision making, both in their health and their children. Involve the family in decision making.	Many Hispanic families can have a difficult time letting go. They have strong faith and much hope right up to the very end. The family may want to be at the bed side, day and night, praying and saying the rosary.
Humanism	Humanists are committed to the application of reason and science to the understanding of the universe and to the solving of human problems. Typically, they are Atheists.	There are no restrictions on diet.	Not provided.	Humanists are significantly less likely to demand heroic end of life care. Most Humanist agree that human souls do not exist. Humanists also believe that with physical death all ends. Unbelievers are likely to hold positive views of DNR order and death with dignity.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Indian	Native American (Indian) Spirituality is a way of everyday life. Much of the spirituality is expressed through ceremonies. The ceremonies help the Indian connect with their past, present, spirit, body and universe. The Creator blesses us and teaches us how to live our lives through the medicine wheel.	Native religious dietary requirements depend on tradition and environment. Some ceremonies do require a meal, and specific rituals regarding the food must be followed. Different tribes have different sacred foods.	Drums contain the heartbeat of the Indian nation. There is one size for doctoring purposes. Rattles are use to doctor the sick. Rattles are shaken to call the spirit of life, which takes care of human beings. The burning of tobacco, sweet grass, sage or cedar, is a wide spread daily practice for those who are deeply involved in spirituality.	At the time of death nothing should be removed from the body. The Native American Indian believes everything that was part of the body at the time of death should be buried on the reservation.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Islam	Islam is a monotheistic way of life based upon the basic belief that there is none worthy of worship besides Allah (God Almighty) and that Muhammad, (peace be upon him), is His messenger. There are five essential practices which include praying five times a day.	The Qur'an ordains for Muslims to eat that which is "Halal and Tayeb" meaning lawful and good/healthy. Thus Muslims will often request a Halal diet. Certain things are categorically not Halal. Alcohol, pork, and anything containing pork by products are not Halal. Muslims fast during the month of Ramadan; however, there is an exception when a person is ill or hospitalized.	Prohibition of men and women who are not family members from being alone together or making any physical contact (including handshakes). Women cover entire body except face and hands.	When, after all medical and spiritual procedures seem to be of no avail and death appears imminent and unavoidable, Islamic decorum requires that the patient be allowed to die without extraordinarily futile and vain efforts to avoid or delay the inevitable. An autopsy of the deceased body is not to be done if it can be avoided.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Jehovah's Witnesses	There is one Almighty God, whose name is Jehovah. The son of God, Jesus Christ, died as the ransom Sacrifice to redeem mankind from sin and death. All Scripture is inspired of God. The "Lord's" or "Our Father" prayer taught by Christ will soon be a reality here on earth. Satan the Devil will be destroyed, along with all wickedness. Earth will then be restored to the paradise Jehovah god originally purposed.	Diet is a matter of personal choice, provided all meat has been properly bled.	Open honest communication with the patient, as well as those appointed to be Health Care Agents, as listed on the patient's Health Care Proxy. All Witness patients should be asked if they would like a visit from "a Brother who serves on the Patient Visitation Group."	Each Jehovah's Witness makes his or her own decision regarding end of life matters. This includes prolongation of life, donation of the body or organs. Comfort is provided to family and friends by way of prayer, Bible reading, and association.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Judaism	The Jewish faith believes in one, indivisible God by whose will the universe and all that is in it was created. They also believe that there will be salvation for all righteous people Sabbath is from sundown on Friday to sundown on Saturday.	Orthodox and some conservatives maintain a Kosher diet. Kosher food is prepared according to Jewish law under Rabbinical supervision. Eating of unclean animals is forbidden. Blood and animal fats are taboo (blood is synonymous with life), do not mix meat with dairy products.	Orthodox men do not touch women, except their wives. Touch is only used for hands on care. Some women may want to be veiled.	In general Jewish tradition forbids autopsy because the body is sacred and should not be violated after death. The whole body must be buried in a very timely fashion, preferably within 24 hours. The body is ritually washed following death, if possible by members of the Chevra Kadisha (ritual burial society). DNR orders and removing life support is often permitted if a person is only being kept alive by a machine Donation of organs is considered a mitzvah (good deed) bringing healing to the living.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Korean	Korean is not a country based on a specific religious system. The religions of Korea include Buddhism, Christianity and Confucianism.	Generally, religions do not affect diet. Most Korean patients would prefer hot meals such as soup or steamed rice, rather than cold meals.	Most Koreans would have a respect for parents and their elders. An attitude of modesty is especially important when dealing with patients and families.	Prolongation of life depends on opinions of the patients and/or their families. Donation of body or parts could be a sensitive issue. Be cautious when talking about donation. Also, most Koreans would not want autopsies for their family members.
Non- Denomina- tional Christian	Accept the Holy Scriptures as the revealed will of God, the sufficient rule of faith and practice. They believe the Scriptures to be the inspired word of God. Non- Denominational congregations are rooted in the biblical and historic Christian faith as expressed in its doctrine and practice.	There are no religious restrictions on diet.	Not provided.	They believe in divine healing, deliverance from sickness is provided for the atonement and is the privilege of all believers. Decisions regarding prolongation of life and donation of the body or body parts are left to the patient or families' discretion.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Orthodox /Greek Orthodox	The Orthodox religions use the same Nicene Creed as the Roman Catholic church with one major exception: they do not accept the "filioque" statement the Holy Spirit proceeds from the Father and the Son. The Orthodox believes in the power of faith and prayer to affect physical and psychological healing.	There are no prohibitions concerning diet and medication, or medical treatment to affect physical and psychological healing.	Men and women are treated equally. There are no restrictions of the care of a patient by same gender.	Natural death is accepted as part of life. Extraordinary effort to prolong life in an obviously terminal situation is not required. Orthodox priest do visit the sick in the hospital to offer spiritual support, confession, communion and or a blessing.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Pentecostal	Pentecostals believe in being Born Again. Pentecostals also believe in Divine Healing and that Jesus healed many that had various diseases. Pentecostals believe in Baptism of the Holy Spirit as well as the Second Coming of Jesus.	There are no religious restrictions on diet.	It is important for the health care professional to be sensitive at the time of decision making. It is important to be open and clear about procedures and patient's condition breaking down the medical terms for better understanding.	Issues related to end of life is decided by the individual. Offering counseling for the patient and loved ones in their language is important.
Protestant	There is a belief that God, who is one, has revealed himself to humanity as a Trinity of persons – the Father, the Son, and the Holy Spirit (Holy Ghost). Eternal life in Heaven for his followers; unbelievers will be separated from God for eternity (hell). Most Protestants believe that faith and prayer can be a means of physical healing.	There are no religious restrictions on diet.	Not provided.	Ordinarily, no extraordinary measures are required, but life support will be permitted in most cases if requested by the patient or family. With a few exceptions, donation of body is permitted. Autopsy is usually permitted.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Roman Catholic	The Roman Catholic church believes that life is a gift from God and deserves particular respect. Each person is made in the likeness and image of the Creator. All worth has been reaffirmed through death and resurrection of Jesus Christ His Son. Each of us is called to share eternal life with Him.	There are a few days of the year when Catholics have an obligation to fast or abstain from meat and meat products. Catholics fast and abstain on Ash Wednesday and Good Friday and abstinence is required on all Fridays of Lent. The sick are never bound by this prescription of the law.	Not provided.	The patient has a moral obligation to use ordinary means in preserving their life. The patient or proxy has the right to forego extraordinary means for survival. Those that don't offer reasonable hope, or that entail excessive burdens on the patient or family. The Catholic Church encourages and applauds the free gift of organs and / or the total body after death to continue the life of others or research. Autopsies are morally permitted. Catholic priest may be called for the Sacrament of the Anointing of the Sick.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Sikhism	The fundamental belief of Sikhs is that there is only One, Universal, Formless, Timeless God of all people, who is also the Creator of this universe and all living beings. "Sikh" means disciple, and Sikhism is a path of discipline of meditating on God's name, earning a living by honest means, sharing good fortunes with the needy and selfless service to humanity.	Sikhs do not eat any ritual meat prepared by either sacrificing the animal to please God or by killing the animal slowly to drain out the blood. Zabiha/Halal meat (meat prepared the Islamic way), is forbidden for Sikhs to partake. Vegetarian or non-vegetarian meals are individual preferences. If there are no dietary restrictions, the patient may be asked his/her food preferences, and/or allow patients to bring food from home. Sikhs do not observe fasting for any religious reasons.	Traditional Sikhs may prefer same gender health care professional.	Sikhs will attempt to make the body straight with the arms at the side before a patient dies so that the body may be transported easily after rigor mortis has set in. There are no other fixed rituals related to death. Also, traditionally, Sikhs will choose to listen to Keertan as the end of life approaches.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Unitarian Universalist	Unitarian Universalist doesn't gather around set of beliefs, but seek truth both as individuals and in religious community. A Unitarian Universalist patient should be asked to disclose important beliefs relative to their health care.	Unitarian Universalist has no restrictions or limits, but does emphasize diets that are healthy for individuals and communities. Individuals may choose diets based on other religions beliefs (i.e. vegetarian, vegan, Kosher, etc.).	Not provided.	Unitarian Universalist encourage organ donation if the patient and family are comfortable with it. There is no prohibition on autopsy. There are no particular rituals mandated at the time of death.

	BELIEF PRACTICES	DIETARY PREFERENCES	KEYS TO COMMUNI- CATING	END OF LIFE
Vietnamese	There are three main religions in Vietnam: Buddhism, Confucianism, Roman Catholicism and Cao, Dai. Most Vietnamese faith and healing are done by praying to their Gods and their ancestors.	The diet consists of eating fresh vegetables and herbs, along with drinking tea.	Communica- tion-formal, polite manner; limit use of touch. Respect conveyed by nonverbal communica- tion. Use both hands to give something to an adult. To beckon someone, place palm downward and wave. Don't snap your fingers to gain attention. Person's name used with title, i.e. "Mr. Bill," "Director James." "Ya" indicates respect (not agreement).	Vietnamese patients may resist organ donation because they believe in reincarnation and that the deceased will see their Gods or ancestors. Also, they may not want an autopsy performed unless deceased person gives prior consent. There are no specific rituals with Vietnamese at time of death. It will depend upon the religious tradition they practice.

AFRICAN AMERICAN CHRISTIANS

Statement of Belief and Religious Practices

African American Christians believe in One God, eternally existing in three persons: Father, Son and Holy Spirit, three in one, co-equal, which is the Trinity. Jesus Christ was begotten of God, conceived of the Holy Spirit, and born of the Virgin Mary. Lord Jesus Christ died for our sins according to the Scriptures as a representative, and that all who believe in Him are justified on the grounds of His shed blood.

Holy Days, Scriptures and Religious Articles

Holy Days

- Christmas
- Good Friday
- Easter

African American Christians read the Bible and use a cross without the crucifixion.

Religion and Healing

Religion is an important part of the lives of many African Americans; clergy should be allowed to participate when appropriate. Members of the church may be anointed with oil by a minister; they will also be offered communion and prayers while they are ill.

Diet, Medication and Procedures

There are no religious restrictions on diet, medication or medical procedures.

Gender and Modesty Issues

Family structure may be nuclear or extended. Close friends may be part of the kin support system.

Religious Support System for the Sick

The major support system for the patient would be family, community and their church. It is customary to visit the sick on Sundays, often straight from church. Quiet time should be allowed for prayer. Health care practitioners may offer to pray with a patient if all parties involved feel comfortable.

Issues Related to End of Life

African Americans may prefer to delay discussion about end of life issues until the patient is at that phase. Not many African Americans feel comfortable with the donation of body parts. Blood or organ donation may be rejected with the exception of immediate family's needs for fear it may hasten the death of the donor. Practices vary on a family to family basis. Medical professionals should initiate a conversation about the options.

At the time of death, there may be a gathering of family and close friends, who will offer prayers for the departed.

AFRICAN METHODIST EPISCOPAL CHURCH (AME)

Statement of Belief and Religious Practices

The African Methodist Episcopal Church (AMEC) is the oldest and largest Black Methodist Denomination and a member of Pan-Methodist body of Churches. The AMEC tenants of faith are in common with traditional Protestant doctrines. The AMEC is Trinitarian and observes two sacraments: Holy Communion and Baptism. Holy Communion is shared on the first Sunday of each month and both elements of the sacrament are shared with communicants. AMEC members are not restricted to a once per month observance of Holy Communion but may observe as often as they will.

Holy Days, Scriptures and Religious Articles

AMEC recognizes most traditional Protestant versions of the Bible with the most popular being King James, NIV or a contemporary translation.

Religion and Healing

AMEC does not as a general practice anoint parishioners with oil, but members are free to request anointing.

Diet, Medication and Procedures

There are no religious restrictions on diet, medication or medical procedures.

Gender and Modesty Issues

This is a matter for the individual.

Religious Support System for the Sick

AMEC believes and practices intercessory prayer and parishioners usually welcome prayer offered by clergy or laity. Local parish clergy visit, and offer prayer before surgery and welcome notification of parishioner status at critical times of care. Parish clergy administers Holy Communion to hospitalized parishioners after first Sunday of the month service. However, members are free to receive communion administered by ordained clergy of other faiths. AMEC parishioners are encouraged to attend Protestant chapel services or watch church services on television.

Issues Related to End of Life

AMEC does not practice last rites but clergy offer prayer before or after transition.

AFRICAN METHODIST EPISCOPAL ZION (AME ZION)

Statement of Belief and Religious Practices

The African Methodist Episcopal Zion church believes that there is one loving and true God, everlasting, without body parts, of infinite power, wisdom and goodness; the maker and preserver of all things, visible and invisible. The church believes in the Father, the Son, and the Holy Ghost, and that Holy Scriptures contains everything necessary for salvation. Original sin is engendered in the offspring of Adam, and by this nature is inclined to evil, and that mankind is justified only by the merits of our Lord and Savior Jesus the Christ by faith.

Holy Days, Scriptures and Religious Articles

Holy Days

- Ash Wednesday
- Easter Sunday
- Christmas

The first Sunday of each month is Communion Sunday, a church sacrament, as is Baptism.

The Bible is the Holy Word of God.

Religion and Healing

Healing is not exclusively physical, but can occur spiritually, mentally and emotionally. During illness, the "whole" person is the focus of treatment, keeping God in the forefront of all that is done, for He is the ultimate Healer.

Diet, Medication and Procedures

There are no specific religious restrictions on diet, medication or medical procedures. Those decisions are up to the individual and the health care professional.

Gender and Modesty Issues

Modesty should be maintained and respected as much as possible. Some of the members of this faith community may wish only to be cared for by the same gender practitioner. This is a matter for the individual.

Religious Support System for the Sick

The Pastor or Class Leader will visit the ill or hospitalized and provide support.

Issues Related to End of Life

All issues related to the end of life such as, prolongation of life, donation of the body or organs, and autopsy is decided by the individual and/or family members. Sometimes the family will have prayer with the Pastor at the time of death, and they will also spend time with the departed to grieve.

AMISH

Statement of Belief and Religious Practices

The Amish and the Mennonite religions believe that God has created and sustains all things. God exists externally as Father, Son and Holy Spirit. Christ will return to judge the world, raise the dead, and usher in the kingdom of God.

They believe the Bible is the authoritative Word of God and the New Testament is the fulfillment of the Old Testament. The church is the visible expression of those who voluntarily devote themselves to a life of holiness, love, and discipline. The focus on the Bible pervades all aspects of the religious life of the Amish and the Mennonites.

The Amish and Mennonites are very humble about personal salvation. They feel it would be an egotistical expression of vanity to ever claim they are certain of their eternal salvation. Instead they feel it is their duty to live obediently to God's will and, in due time, God will reward the faithful.

Essentially, innovations that the church leaders believe will threaten traditional Amish values and spirituality is forbidden. Most conspicuously is the use of electricity, telephones, cameras, televisions, personal computers, and the ownership of automobiles. These products of modern life are felt to endanger the culture by exposing the Amish people to too much contact with the outside world and thereby such "worldly" vices as vanity, competition, and envy. As a result, change within the Amish culture is often slow and monitored by the church and community leaders.

Holy Days, Scriptures and Religious Articles

The Amish observe the religious days of the traditional Christian churches. They also observe Baptism and Holy Communion as official church sacraments. The Bible is the authoritative Word of God.

Religion and Healing

Healing is believed to be part of God's work in the human body through whatever means He chooses to use, whether medical science or healing that comes in answer to specific prayer. There is no religious ritual to be applied unless the patient asks for one in whatever way is personally meaningful. Sometimes anointing of oil is practiced.

Diet, Medication and Procedures

There are no specific restrictions on diet, medication or medical procedures. The Amish believe that since God created the human body, it is God who heals. The Amish have no restrictions on receiving care from medical professionals and will go to specialists and hospitals as needed. They will make use of advances in health care that are used in hospitals. The Amish do not participate in medical or insurance plans and instead pay for all medical costs themselves. The children do not get immunizations.

Gender and Modesty Issues

Members practice simple, austere living – style of dress.

<u>Religious Support System for the Sick</u>

Lay and ordained persons share in the pastoral ministry to members of their congregations. The Amish and Mennonites are open to receiving ministry from representatives of any Christian faith. Usually however, local congregation members will actively provide pastoral care when one of their fellow members is hospitalized or a death occurs.

Issues Related to End of Life

The Amish have well established rituals associated with death, which is seen as an expected life transition, and associated with eternal salvation. The church does not believe that life must be continued at all cost. When life has lost its purpose and meaning beyond hope of meaningful recovery, relatives should not be censured for allowing life-sustaining measures to be withheld. Church members should be allowed to die at home, if at all possible. If a hospital death is unavoidable, the dying person should be surrounded by family and church members. Autopsy and donation of the body or parts are acceptable with no restrictions.

ANGLICAN (ANGLO-CATHOLIC)

Statement of Belief and Religious Practices

The Anglican Church teaches that God has revealed himself to all of humanity throughout our history as a Trinity of Persons - the Father, the Son, and the Holy Spirit. The Anglican Church believes that all life is sacred and is a gift from God. All of humanity has been endowed by its Creator both dignity and worth. We believe that each person is made in the likeness and image of the Creator. Humanity's worth was affirmed through the life, death and resurrection of Jesus Christ, God's son. Each of us is called to share eternal life with Him. These fundamental beliefs are the basis for the care all of God's people.

Holy Days, Scriptures and Religious Articles

Sunday Mass is the main celebration each week. Holy Days include Easter, Christmas and Pentecost.

Anglicans follow the liturgical year which includes Advent in preparation for Jesus' First and Second coming, Lent beginning with Ash Wednesday, Holy Week, Easter Sunday and finally the Season of Pentecost. Reception of Holy Communion at every opportunity is important to Anglicans along with the receiving of the Sacrament of Holy Unction (Anointing) in times of distress or infirmity.

We affirm that the Church of our fathers, sustained by the most Holy Trinity, continues to live on, and that we, being moved by the Holy Spirit to walk only in that way, are determined to continue in the Catholic Faith, Apostolic Order, Orthodox Worship and Evangelical Witness of the Traditional Anglican Church's essential principles of Evangelical Truth and Apostolic Order. We believe that the Holy Scriptures of the Old and New Testaments are the authentic record of God's revelation of himself, his saving activity, and moral demands; a revelation valid for all men and for all time. We further, affirm that no Church body may require as necessary for salvation anything that is not contained within Holy Scripture, nor may it require of its members allegiance to any doctrine, discipline, or practice that is contrary to the same.

Diet, Medication and Procedures

There are a few days of the year when Anglicans have an obligation to fast or abstain from meat and meat products. Anglicans fast and abstain on Ash Wednesday and Good Friday. The sick, those under 12 or over 65, are never bound by this prescription.

Gender and Modesty Issues

This is a matter of individual conscience and is not determined by Church authority.

<u>Religious Support System for the Sick</u>

The Anglican Church is a Sacramental Church. A Sacrament is a physical sign of God's presence with us that enriches our Christian life. The Sacrament of Holy Unction for the Sick is usually provided in the case of serious illness. It can and should be repeated if the patient worsens, or at the time before death. This sacrament unites the patient to the passion of Christ and the whole Catholic Church. Its effects and graces are healing, both in the spiritual and physical sense. The celebration of the Sacrament of Reconciliation (confession) liberates a person from sin and guilt, and enables him or her to experience the Lord's healing gift of mercy and salvation. Both sacraments are administered by a priest or a bishop and may be received as many times as desired.

Issues Related to End of Life

One may, and should use any means available to eliminate or reduce pain and suffering. Care should never be denied because of age, disability or terminal character of the illness, incompetence or mental incapacity. Those whose lives are diminished or weakened deserve special respect. Whatever its motives or means, direct euthanasia is morally unacceptable. Palliative care is highly encouraged.

Regarding the prolongation of life, one is bound to use only whatever ordinary means are proportionate to an end. Ordinary means are those that in the judgment of the patient or proxy, offer reasonable hope of benefit. The patient or proxy has a moral obligation to use these ordinary means in preserving life. The patient or proxy has the right to forego extraordinary means, (i.e. artificial means), for survival, those that do not offer reasonable hope or that entail excessive burdens on the patient or family.

The Anglican Church encourages and applauds the free gift of organs and or the total body after death to continue the life of others or research. There are no restrictions on organ transplants. Autopsies are morally permitted for legal inquests or scientific research. The dying should be given every opportunity to live their last moments in dignity and peace. They can be helped and comforted by the prayers of the church community. They may also be comforted by the reception of the sacrament of Holy Unction of the Sick, which will prepare them to meet the living God, and give them strength for the journey. If possible, every Anglo-Catholic patient at Roswell Park should be offered this healing gesture, especially if death is imminent. Only a priest in Holy Orders may administer this sacrament.

There are prayers in the Anglican Church's Book of Common Prayer that can be offered prior to, at the time of, and after death for the needs of the dying or deceased person and his or her family. These may be offered by a priest, deacon, or lay minister.

The bodies of the dead are to be treated with respect and charity in faith and hope of the resurrection. The Office of Burial of the Dead, celebrated in the parish church, is the usual funeral rite in the Anglican Tradition. Funeral prayers and a committal service without Mass is an option left to the wishes of the family. No one will be denied burial services regardless of past affiliation with this Church.

BAPTIST

Statement of Belief and Religious Practices

Baptist beliefs would fall into the mainstream of orthodox Christianity in general and Protestant Christianity in particular. Along with most Christians, Baptists accept the "orthodox" teachings of Christianity with reference to such things as the Trinity and the person of Jesus Christ fully human and fully God. As Protestants, Baptists accept the great Reformation principles of the sole authority of Scripture and justification by faith.

The Baptist church is a church made up of professed believers. Baptists do not believe that someone is born a Christian and automatically a member of a church. That person must make a personal commitment to Jesus Christ and then be accepted into a local congregation. Baptists do not baptize infants, only professed believers. They typically baptize the professed believers by full immersion in water (hence the origin of the name "Baptists"). The baptism symbolizes for them the core truths of the Christian Gospel: Christ was crucified, buried, and raised.

Baptists stress the local church more than most Protestants. Baptists do not have bishops or a hierarchy of clergy outside their local church. Each church is locally autonomous and governs its own life.

Baptists do not have a "sacramental" view of communion or the Lord's Supper. Both baptism and communion are symbolic and are reminders of the core truths of the Gospel.

Holy Days, Scriptures and Religious Articles

Baptists do not stress holy days as some do, but Baptist congregations can differ. Some Baptists follow the Christian Year and will stress things like Pentecost, etc. Other Baptists do not follow the traditional Christian Year at all except to stress Sunday as the Lord's Day and celebrate Christmas and Easter. You will occasionally find some very conservative Baptists who will not stress Christmas or Easter by that name because they view such things as non-biblical.

Religion and Healing

There is really no Baptist position on faith and healing per se. Most Baptists would believe that God can intervene and heal a person in an extraordinary manner if He so chooses. Routinely in prayer, Baptists will ask God to heal a person, but this is usually expressed in terms of "if God so wills". Most Baptists would believe that God works through the means of medicine and doctors to bring healing. There are no extraordinary rites for healing that Baptists use other than the occasional service of anointing a sick person with oil, and this is not common today. Baptists do believe in the power of prayer to make a difference in the situation of the person who is sick.

Diet, Medication and Procedures

Baptists generally would not have issues with diet, medication or medical procedures. Many Baptists (but certainly not all) would object to a procedure that was viewed as an abortion. Conservative Baptists tend to be very "traditional" in terms of gender roles. You will find them stressing male headship in the family and in the church. Other Baptists will be very comfortable with women as ministers. In a hospital setting, some Baptists would feel very comfortable with a female chaplain ministering to them while other Baptists would not feel comfortable with it.

Gender and Modesty Issues

Baptists are varied on gender issues. Conservative Baptists tend to be very traditional in terms of gender roles. You will find them stressing male headship in the family and in the church. Other Baptists will be comfortable outside the stereotypical roles. Modesty and preference for a health care professional of the same gender is an individual matter. Some Baptists do stress modesty in dress, but this would typically not be an issue in the hospital setting.

Religious Support System for the Sick

A Baptist who is hospitalized may have a pastor or deacon from his local church, which will minister to him, and visit him. The pastor or deacon will pray with them and read scripture.

Baptists do not have any distinctive religious symbols or articles. Many Baptists will wear a cross (but not a crucifix), but even then they may not have intense feeling about the article. Baptists do not have "rosaries" or articles for prayer.

Issues Related to End of Life

Baptists do not have any particular distinctive view on issues related to death and dying. This would largely depend on the wishes of the individual. There is no official position on autopsy. Baptists have no religious position on donation of the body or organs, or the prolongation of life. Baptists do not have "last rites" or rituals related to death.

BUDDHISM

Statement of Belief and Religious Practices

Buddhism grew out of Hinduism and therefore shares several common ideas, foremost among them the notion that life is cyclical and that one undergoes many births and many deaths, not always in the same form. The way one lives in this life, the kinds of good deeds one performs (which is the principle of <u>karma</u>) dictates the nature and quality of one's rebirth. Buddhism looks to the Four Noble Truths for guidance on how to live appropriately. These include first, to be human means to suffer (that is, "you don't always get what you want"); second, suffering is caused by greed or too much desire for things to be a certain way; third, there is a cure for suffering, which is letting go of attachments, that is, one stops clinging or holding on to ideas or desires. Fourth, the way to a happy, meaningful life that is useful to others and will lead to a good rebirth is based on the Noble Eightfold Path. This, in turn, can be broken down into three main parts: 1) understanding Buddhist teachings and remaining steadfast in one's effort to live up to them; 2) complete attention to one's Speech, one's Actions, and one's Livelihood; and 3) engaging in meditation, thereby focusing and quieting the mind.

Holy Days, Scriptures and Religious Articles

Because Buddhism is practiced across a wide range of Asian countries, special times are not always the same in each culture. The key holiday for nearly all Buddhists is Vesak (or Wesak) which occurs in early April or early May. It commemorates the Buddha's birthday, enlightenment, and passing away. It is a time to celebrate the life and teachings of the man Siddhartha Gautama who lived in India around 500 years B.C.E and became the Buddha "the enlightened one."

Religion and Healing

Buddhists do not believe in healing with the help of a God or through faith itself. However, Buddhists do believe that spiritual peace and liberation from anxiety by adherence to and achievement of awakening to Buddha's wisdom can be important factors in promoting healing and the recovering process.

Diet, Medication and Procedures

Among the five precepts that Buddhists maintain is the notion of <u>ahimsa</u> or non-harming or not killing. As a result, many – but not all – Buddhists are vegetarian. For some Buddhists, non-killing extends to non-harming of potential life, so they refrain from eating eggs. For still others, strong spices, traditionally onion and garlic are said to be too pungent and potentially upsetting to maintain one's equanimity, so they are not consumed. Yet others, in adhering to the precept that one must not "cloud the mind," may refuse medicines that contain alcohol. The religion itself has no specific injunction against any given medical procedures. Rather, cultural attitudes or values may influence how people feel about a specific condition, procedure, operation, or treatment regimen.

Gender and Modesty Issues

Many cultures where Buddhism is actively practiced can be quite traditional in their division of labor and family responsibilities, though this is changing as more women have been called upon to work outside the home. Again, because of the variety of Buddhism practiced world-wide, there is no fixed specifically religious teaching on the matter of women's and men's roles.

Because Buddhism is not uniform in its practice in regions as different as India, Southeast Asia, China, Korea, and Japan, no generalizations can be made. Many cultures and regions are quite traditional, so remaining clothed or covered – particularly in the presence of the opposite sex – would definitely be a preference for many. For others, touching itself may seem overly familiar and would not be welcome. Active concern for modesty is always a good idea.

<u>Religious Support System for the Sick</u>

Family members and/or religious specialists (monks, nuns, priests) may be called upon to chant, make invocations, or meditate with the patient. The opportunity to see a religious object such as an image in the form of a wall-hanging or a statue can bring special comfort, as can hearing someone read a religious scripture (called a <u>sutra</u>).

Issues Related to End of Life

Many branches of Buddhism view the moments leading up to death, as well as the death itself, as particularly important because the dying person's state of mind can influence the quality of the next life into which she or he will be born. If the last days or hours are spent in pain, anger, anxiety, or regret as the mind-body linkage is dissolved, the individual runs the risk of receiving a less-than-ideal rebirth. Great care should be taken to make sure the patient is not overwhelmed by loud noises, commotion, or by careless, harsh speech. Rather, they should hear warm, encouraging, or confidence-building words and their environment should be as peaceful as possible. This is as true for patients who are not conscious as it is for those who are able to actively participate in their treatment.

In reference to the prolongation of life, the literature on heroic measure is, as yet, neither complete nor all of a piece. Unnecessary suffering should be avoided; so too should premature, involuntary death.

Concerning donation of the body or its parts, unscrupulous harvesting has given organ donation a bad name in certain Buddhist countries. Also, many branches of Buddhism do not agree with the western definition of death itself as "brain death." Moreover, traditional customs surrounding care and treatment of the body post-mortem might not favor immediate organ removal for transplant. Even as American practices and attitudes are evolving so too are those elsewhere in the world. These questions are subtle and sensitive so it comes as no surprise that they should be approached with delicacy. Legally, permission must be obtained, of course. It may be helpful for Buddhist family members to understand that donation is not a question of being "taken from" but of "generosity" or "sharing merit" that can enable other life to thrive. As is the case with other procedures that invade the post-mortem body, autopsy is not always acceptable and should be approached with care.

Rituals at Time of Death

Of special significance to many Buddhists is the teaching that the mind-body link takes time to dissolve so that a good rebirth can take place. Thus, the body is not touched or handled immediately after death, to allow the life force to leave peacefully, of its own accord. That period can last from four to eight hours or more. As was the case before death, a general atmosphere of calm and warmth should prevail, and the body should be treated gently and with respect, so as not to frighten or annoy the departing animating element. At the family's request, a religious specialist or priest might be available to declare that the individual is at last spiritually dead.

CHINESE

Statement of Belief and Religious Practices

Most Chinese here in the United States are not associated with any religion. They may follow some Chinese tradition during specific holidays. Some Chinese are Christian and Buddhist. Very few are practicing Muslim or Daoist. Most Chinese are open to religious beliefs.

Holy Days, Scriptures and Religious Articles

Holy Days are based on individual religious practices. There are common Chinese holidays: Chinese New Year, Qingming Festival, Qiqiao Festival, Mid-Autumn Festival and Double-Ninth Festival.

Diet, Medication and Procedures

The patient and family members should be told clearly about the patient's condition and possible procedures. To better understand the medical terms being used, this discussion should take place in the patient's language. It may be a good idea to ask family members' opinion on how sensitive information is given to patient.

Generally speaking and except for religion requirements, there is no restriction for food – vegetables or meats. They may prefer hot meals and cooked meals, but cold meals are also okay.

You are welcome to use any greeting words upon visiting the patient. . In Chinese culture, white flowers are associated with and used for some specific situation – such as funerals – all close relatives have white flowers on their clothes and a white cloth around their heads. So if you visit a patient, it is okay to bring a bunch of flowers with mixing color of red, yellow, and white but absolutely not all white flowers. Also, no chrysanthemums. They are used by family members and relatives for funerals in China.

Issues Related to End of Life

Decisions related to prolonging life are decided by the patient and/or the family. Organ

donation is a very sensitive topic and it should be approached very cautiously. Chinese would not want autopsies for their family members.

CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS

Statement of Belief and Religious Practices

The Mormon Church believes in Jesus Christ as the Redeemer and Savior of the world. They believe that Jesus Christ is the source of all latter-day revelation via his chosen prophet, the president of the Church of Jesus Christ of Latter –day Saints. Members believe that they are literally the spiritual sons and daughters of a living Father in Heaven who loves and cares for each of his children, more so than mortal parents can love and cherish their own children. Followers believe that mortality is a probationary period during which they are in "school", being tested to see if they will obey the commandments which the Lord has given through the prophets, and fulfill those requirements necessary to return to the Celestial Kingdom, a kingdom where one is exalted and where God the Father and God the Son reside.

Holy Days, Scriptures and Religious Articles

Holy Days

- Christmas
- Easter

Members accept The Bible, The Book of Mormon, Another Testament of Jesus Christ, The Doctrine and Covenants and the Pearl of Great Price as scriptures.

Religion and Healing

Mormons believe that the power of God can be exercised in their behalf to bring about healing at a time of illness. The Church practices the laying on of hands to give health blessings to those who are ill or injured. They also happily accept medical care provided by physicians and nurses and care provided by hospice facilities. Mormons believe that medical intervention is one of God's ways of using humans in the healing process.

Diet, Medication and Procedures

Mormons do have a health code which prohibits partaking of illicit drugs, alcohol, tobacco, coffee and tea, and encourages consumption of grains, fresh fruits, and vegetables. There are no restrictions on the use of medicinal drugs and procedures given under the direction of a physician.

Mormons welcome the use of surgical procedures that allow for healing and for providing quality of life. There is no restriction on the use of blood or blood components.

Gender and Modesty Issues

Mormons feel that modesty is important and that the normal boundaries that allow for a sense of security and dignity between men and women are maintained. Maintaining modesty and dignity are important for the well being of the patient. A "garment" a type of underwear that is considered sacred may be worn and the individual may not want it removed.

Religious Support System for the Sick

The Mormon Church has a highly organized network, and many church representatives are likely to visit a hospitalized member. Frequent visits from Church friends and leaders should be provided. The laying on of hands to give a health blessing is encouraged.

Issues Related to End of Life

Mormons believe that death is a part of life's journey and that the spirit leaves the body at the time of death. If death is inevitable, they promote having a peaceful and dignified death. Organ donation and autopsy are both permitted. Autopsies are permitted with the approval of the next of kin. Euthanasia is strongly discouraged because they believe the decision as to when life is over rests with God. Decisions about how much life support is provided and when to terminate life support are left with the individual and their family. Local church authorities can provide comfort and direction to the patient and family when such decisions need to be made. There are no special rituals at the time of death

EPISCOPALIAN

Statement of Belief and Religious Practices

The Episcopal Church strives to live by the message of Christ, in which there are no outcasts and all are welcome. Walking a middle way between Roman Catholicism and Protestant traditions, they are a sacramental and worship-oriented church that promotes thoughtful debate about what God is calling us to do and be, as followers of Christ. They value the importance of the Holy Scripture, tradition of the Church, and reason in creative tension, in walking that middle ground.

Holy Days, Scriptures and Religious Articles

Holy Days

- Easter
- Ascension Day
- Pentecost
- Trinity Sunday
- All Saints Day
- Christmas Day
- The Epiphany

In Addition, there are other Holy Days associated with Jesus Christ, major saints and lesser feasts and fasts.

The key scriptural/spiritual texts are: The Book of Common Prayer and The Holy Bible, (the New Revised Standard version is preferred). Also, prayer beads may be used including an Anglican or Roman style rosary.

Religion and Healing

In case of illness, the minister of the congregation is to be notified. In light of HIPPA, this is with the permission of the patient or their Health Care Proxy as appropriate. Parish clergy will make a call to visit the patient and provide spiritual care, opportunity for confession, unction/anointing or laying on of hands for healing and Holy Communion.

Diet, Medication and Procedures

There are no religious restrictions on diet or medical procedures per se, however, ethical support of the patient's clergy and/or hospital ethics committee for decision making on a case by case basis is appreciated.

The clinical environment and staff should support the dignity of each patient regarding modesty. There is no gender bias.

Parishioners are encouraged to have a health care proxy/living will, based upon their unique worldview and circumstances. Donation of the body or parts is allowed, based on the wishes of the patient, their proxy, or next of kin. Autopsy is allowed if required.

Gender and Modesty Issues

The clinical environment and staff should support the dignity of each individual. There are no restrictions or gender bias when it comes to care.

<u>Religious Support System for the Sick</u>

Clergy from the home parish will respond to requests to support patients across the continuum of care. In addition, the parish may have Eucharistic visitors to bring communion regularly, if not contraindicated by the patient's plan of care. There may also be pastoral visitors and / or parish nurses who may visit to provide pastoral care.

Issues Related to End of Life

When a patient is seriously ill, or near death, the minister of the congregation is to be notified. In light of HIPPA, this is with the permission of the patient or their Health Care Proxy. Parish clergy will make a call to visit to provide spiritual care, opportunity for confession, unction/anointing (last rites), Holy Communion and a prayer ritual "Ministration at Time of Death". This ritual includes a litany of prayer at time of death, a commendation for the soul of the patient, further prayers of vigil at time of death, including prayer of reception. In lieu of parish clergy, hospital or hospital chaplains should be called as needed, depending upon timing and circumstances, to support the patient and family/friends at time of death. It is requested that the clinical team, chaplain's office or next of kin notify the parish clergy as soon as possible, if the death was imminent and there was no time for them to be involved at the time of death.

HINDUISM

Statement of Belief and Religious Practices

The Hindu religion believes that there is one Supreme Being (God) who creates, sustains and dissolves this cyclic world-process from beginning-less time. Hindu scriptures address the Supreme Being by the word "Brahman" or "Narayana". God takes various forms to fulfill specific needs. The Supreme Being is the abode of all excellences and goodness, and is the goal of all knowledge.

Every living being has a soul. The individual soul is eternal. Life is sacred, death is inescapable. The body is a mere temporary tenement for the soul in its evolution. The ultimate goal of existence is to liberate the soul from the "Karmic" cycle or transmigratory existence and reach the supreme abode of Narayana. The principal means of achieving liberation are the paths of "Karma Yoga" (the path of selfless action), "Jnana Yoga" (the path of enquiry or knowledge) and "Bhakti Yoga" (the path of devotion).

Hindus believe in the law of Karma which states that all our actions performed in thoughts, words and deeds have inescapable results and consequences. The effect of Karma doesn't terminate with the death of the body, but attaches to the soul and continues to play out in subsequent rebirths of the soul. Good Karma helps the soul evolve to a higher state of living.

Holy Days, Scriptures and Religious Articles

Hindus follow the Lunar Calendar and therefore the following holy days may not occur at the same calendar dates every year.

- Pongal (Thanksgiving Day-January)
- Shivaratri (birth of Lord Shiva-March)
- Holi (Spring color festival- March)
- Rama Navami (birth of Lord Rama-April)
- Upakarma (beginning of vedic studies, August)
- Janmashtami (birth of Lord Krishna-August)
- Navaratri (nine holy days dedicated to the worship of Goddess Durga-October)
- Dussehra (marking the conclusion of Navaratri and the victory of Lord Rama over the evil forces-October)
- Deepavali (festival of lights-November)

Holy Books used are Vedas, written in Sanskrit; Bhagavad Gita and the Ramayana

Religion and Healing

Diseases are caused by our past "karmas" and therefore like any other sufferings it purifies the "soul". The "sufferings" can be mitigated through prayers and the chanting of God's names. Chanting the thousand names of Lord Vishnu is very popular among Hindus as a method of healing.

Diet, Medication and Procedures

- Generally, the Hindu religion exerts very little influence on its modern day followers when it comes to health care issues. Whatever is best from a medical standpoint is generally accepted.
- Most Hindus are vegetarians. Milk and milk products, nuts and grains are the principle sources of proteins. There is an increasing trend toward accepting eggs. Most seniors would prefer food brought from home.
- There are no restrictions on medications.
- Blood and blood products are acceptable; however, orthodox Hindus prefer it from one of their relatives.
- Orthodox Hindus would prefer to avoid surgery and organ transplants; however, many Hindus have no restrictions.

Gender and Modesty Issues

Usually touching is not preferred from the opposite gender. They are also hesitant about eye to eye contact among the opposite gender. This is quite different for Hindus who have lived in the United States for extended periods.

Religious Support System for the Sick

Immediate family and friends provide support by visiting and encouraging the patient. Prayers (or "archana") are offered in the temples (through priests) especially for the family deity. Some take a resolution to do some charity once they get well. A picture of one's family deity, a book of Gita, Ganges water, incense and Tulasi leaves are the most sacred items for an ill or dying person.

Issues Related to End of Life

Hindus take a very practical approach with regard to death and dying. Most Hindus reinforce their faith in the immortality of the soul and feel that the death of the body is inevitable. Prolongation of life by artificial means is allowed provided it is meaningful. Most Hindus prefer that a book of Bhagavad Gita is kept by their side near the end of their life. Chanting the name of God through CDs, etc has the highest place for a dying person. Autopsy is not preferred as it will disfigure the body, which has to be offered to the fire in as good a form as possible. Embalming or beautifying the body with artificial decorations is strictly forbidden. The funeral usually takes place within 24 hours of death.

HISPANIC

Statement of Belief and Religious Practices

Hispanics have many beliefs. Although at one time the majority were Catholics, there are now large numbers of all denominations. As Hispanics, they believe in God and they also believe that if God wills it, all will be well, often using the phrase "Si Dios quiere." They are Christians and faith is part of everyday life. Some Hispanic groups also practice folk religions, such as Santeria, Espiritismo, and Curanderismo. The Virgin Mary is very important in their spirituality. For Puerto Rican it is the Virgen de Divina Providencia, and for Mexican it is Our Lady of Guadalupe.

Holy Days, Scriptures and Religious Articles

The Bible is important for Hispanic faith life. Christmas is a very important holy day, and may last from Thanksgiving through the Epiphany, with many family members participating in Parrandas, gatherings of friends and families, going door to door with music and much eating.

The Celebration of the Three Kings is the date that children receive their gifts; some families may receive gifts on Christmas and the Three Kings, in keeping with tradition from a home country.

Religious symbols and articles may be the rosary, scapular, religious medals, la Milagrosa, Marian medals, crosses and the bracelets of saints.

Religion and Healing

Many Hispanic Catholics, especially the elderly, pray the rosary daily. They may also attend a Healing Mass and circles of prayer. The Charismatic Renewal in the Catholic Hispanic community gathers for prayer meetings, visits the sick and prays for healing.

Diet, Medication and Procedures

There are no specific religious restrictions on diet or medical procedures. A typical Hispanic diet would include rice, beans, and various meats and vegetables.

It is important to attempt to have bilingual medical staff available to interpret for the patient or family. Do try to pronounce names correctly. Try to learn a few words in Spanish. Do spend a little extra time with a Hispanic family; it is important to get to know them first. Any mistreatment of the extended family would be considered very offensive.

Gender and Modesty Issues

Some Hispanic patients, especially the elderly, are very modest and may be reluctant to undress completely, even under a gown. If the patient wants a family member in the room while the doctor is examining, do not send them away. Some families may request to have a family member stay overnight to care for the patient.

<u>Religious Support System for the Sick</u>

Churches offer various services to support their members who are ill or hospitalized. This may include, prayer groups, ministers to the sick, ministers of communion, priests, chaplains or

sisters. It is encouraged to have a minister who is bilingual, or to offer counseling for the patient and family in their native language.

Issues Related to End of Life

Many Hispanic families can have a very difficult time letting go. They have strong faith and much hope right up to the very end. If they are practicing Catholics, they would want a priest to be there to give the Sacrament of the Sick. The family may want to be at the bedside day and night, praying and saying the rosary. Family members may want to withhold a fatal diagnosis from the patient; therefore, it is important to ask the patient for guidance in terms of who information can be shared with about his/her condition.

HUMANISM

Statement of Belief and Practices

Humanists are committed to the application of reason and science to the understanding of the universe and to the solving of human problems. They deplore efforts to denigrate human intelligence, to seek to explain the world in supernatural terms, and to look outside nature for salvation.

Humanists attempt to transcend divisive parochial loyalties based on race, religion, gender, nationality, creed, class, sexual orientation, or ethnicity and strive to work together for the common good of humanity. They affirm Humanism as a realistic alternative to theologies of despair and ideologies of violence and as a source of rich personal significance and genuine satisfaction in the service to others.

Humanists believe in optimism rather than pessimism, hope rather than despair, learning in the place of dogma, truth instead of ignorance, joy rather than guilt or sin, tolerance in the place of fear, love instead of hatred, and compassion over selfishness, beauty instead of ugliness, and reason rather than blind faith or irrationality.

Holy Days, Scriptures and Religious Articles

There are no Humanist holy days, scriptures or religious articles.

Religion and Healing

Humanists believe that scientific discovery and technology, in medicine and all other facets of life, can contribute to the betterment of human life. Humanism attaches primary value to the individual, to this world, and not the next.

Diet, Medication and Procedures

There are no restrictions on diet, medication, or medical procedures. All those decisions are left up to the patient and family. Humanists are significantly less likely to demand "heroic" end of life care.

Gender and Modesty Issues

No particular statement, this would be up to the individual.

Religious Support System for the Sick

Spiritual but not religious patients may welcome visits from liberal clergy. Mid-spectrum patients may accept visits but engage in disputes. Hard-core atheists may object to any pastoral visitors.

Issues Related to End of Life

Most Humanists agree that human souls do not exist. Humanists also believe that with physical death, all ends. Unbelievers are likely to hold positive views of DNR order, death-with-dignity. Humanists may hold unconventional views regarding disposal of their remains.

INDIAN

Statement of Belief and Religious Practices

Native American (Indian) Spirituality is a way of everyday life. Much of the spirituality is expressed through ceremonies. These ceremonies help the Native American connect with their past, present, spirit, body and universe. The ceremonies keep the individual balanced, centered and grounded. Within the Great Hoop of life they are bounded by Father Sky and Mother Earth. The Creator gives us our center, and the good Medicine. Healing, health and wholeness are a way of life. The Creator blesses us and teaches us how to live our lives through the Medicine Wheel, which is the belief most Indians live by.

Holy Days, Scriptures and Religious Articles

Festivals are closely related to seasonal changes, the moon, and the provision of food and other living essentials. The Elder usually determines festival dates. There are no written scriptures, but ceremonies and beliefs are passed on by word of mouth and experience. The sacred pipe, tobacco, feathers, raw hide gourds, drums and rattles, are some of the common sacred objects. The burning of tobacco, sweet grass, sage or cedar is a widespread, daily practice for those deeply involved in native spirituality.

Religion and Healing

In health care, Native American Spirituality religious beliefs are considered Complementary, Alternative Medicine and should be acknowledged by health care providers. Prayers are considered a part of daily life and the hospital should have a room set aside for healing ceremonies, so other patients are respected because of the sound of drums, singing, dancing and the burning of sacred plants.

Diet, Medication and Procedures

Religious dietary requirements depend on tradition and environment. Some ceremonies do require a meal, and specific rituals regarding the food must be followed. Different tribes have different sacred foods.

Gender and Modesty Issues

There are no specific requirements related to modesty.

Religious Support System for the Sick

Through prayer, a Native person communicates daily with the Creator and Spirits. Healing ceremonies can consist of burning sacred plants, like tobacco, sage, sweet grass and cedar. Drumming, singing and dancing can all be a part of healing ceremonies.

Issues Related to End of Life

At the time of death, nothing should be removed from the body. If there was any medical apparatus at death, all would be buried with the body at the Reservation. A four day burial ceremony will take place on the Reservation, which is private. All of these rituals are part of the Indian's civil and legal rights to be able to express their religion.

ISLAM

Statement of Main Belief and Practices

Islam is a monotheistic way of life based upon the basic belief that there is none worthy of worship besides Allah (God Almighty) and that Muhammad, peace be upon him, is His messenger. Adherents to this basic belief and doctrine are called Muslims. Muhammad, the son of Abdullah, the son of Abdul-Muttalib of the Qureysh tribe, was born at Mecca in the year 570 CE. He became the messenger of Allah at the age of 40 when the archangel Gabriel appeared to him and summoned him to "Arise and Warn". This was the beginning of a prophetic career that spanned 23 years until his death at the age of 63. His mission is seen as the culmination and finalization of Divine revelation and the completion of the work of earlier prophets and messengers such as Abraham, Lot, Ismail, Isaac, Joseph, Moses and Jesus, peace be upon all of them. Islam is an Arabic word meaning peace, purity and happiness which come about by way of complete submission to the will of Allah.

For Muslims, there are five essential practices which are the "Pillars of Islam". They are, bearing witness that there is none worthy of worship except Allah and that Muhammad is His messenger; praying five times daily, at dawn, noon, afternoon, sunset and night to be done facing Mecca; giving charity to the poor and needy; fasting from dawn to sunset every day during the month of Ramadan; performing pilgrimage to Mecca once in a lifetime if one is able to afford it, in order to meet and worship with other Muslims all over the world. In addition to the five Pillars are seven Articles of Faith which are belief in Allah, His angels, His Books, His messengers, the Day of Judgment, the pre-measurement of good and evil and life after Death.

Holy Days, Scripture and Religious Articles

The Glorious Qur'an is the most important Book for Muslims and is considered to be the uncreated and eternal word of Allah. It is the last divinely Scripture.

Revealed scripture remains in its originals form today, unchanged, in its original language and form as it was when it was revealed more than 14 centuries ago. The Qur'an deals with important issues related to human beings, worship, creation, purpose of life and life after death. It is a book of wisdom and guidance that includes guidelines for justice, equality and balanced life. The second most important source of knowledge, the Hadith, is a record of the sayings, actions and tacit approvals of the Prophet Muhammad (peace be upon him). Also important is his life story or biography which is known as the Seerah in which every detail of his life is known, studied and emulated by observant Muslims as much as possible.

Friday is the day of mandatory congregate prayer for Muslims and the Jumu'ah prayers at the local Masjid is one that Muslim adult males should not miss. Besides that, there are two annual Holy Days. Eid al fitr is the Holiday of Breaking-Fast, taking place on the first day after Ramadan. Eid-Al Adha is the Holiday of Sacrifice, where Muslims sacrifice a lamb, goat, cow etc., to feed the poor, friends, and family, in remembrance of the Prophet Abraham's willingness to sacrifice his son, Ishmael. This occurs on the tenth day of the last (twelfth) lunar Islamic month of Zulhijja.

Religion and Healing

Islam places a great premium on good health which is maintained by observing guidelines for nutrition, exercise and abstaining from harmful substances such as alcohol, narcotics and pork, and meat not slaughtered properly. If and when a person does fall into sickness or bad health, he or she is encouraged to seek medical attention and to be patient on the face of such adversity. As such, good health and illness are both viewed as blessings from Allah and healing or cure is evidence of His miraculous Power to create, nurture, allow affliction and to recover from adversity.

The belief in Pre-Measurement of good and evil maintains that a certain amount of good and a certain amount of bad will be encountered in each lifetime. A Muslim should ascribe the experiences of pain as well as pleasure to the will of Allah and in accord with His purposeful and Wise Plan. At the same time, Muslims are strongly encouraged to seek treatment and medical attention if and when they become ill. Indeed, some of the earliest historical records of medical treatment is traced to Muslim researchers and physicians who found encouragement in the Glorious Qur'an and in the Hadith, to seek cures and treatment for human maladies and sickness. Muslim patients may therefore, use modern medicine, spiritual healing, and/or traditional healing methods. Spiritual methods include recitation of the Glorious Qur'an in portions or in its entirety, specific prayers and supplications, divine invocations known as remembrance (dhikr) and repentance for prior sins and mistakes. Water from the sacred well of Zam Zam located in the Ka'aba (Holy Masjid) at Makka may also be requested because of its healing potential. The Prophet Muhammad (peace be upon him), also encouraged the use of natural healing foods such as honey, olive oil, and black cumin (Nigella seeds).

Diet, Medication and Procedures

The Qur'an ordains for Muslims to eat that which is "Halal" and "Tayeb" meaning lawful and good/healthy. Halal has the English equivalent of "lawful" while Tayeb connotes that which is "good". Thus Muslims will often request a Halal diet.

Certain things are categorically not Halal. Alcohol, pork, and anything containing pork by products are not Halal. Many Muslims will only eat meat that is explicitly marked as "Halal" or "Kosher" and comes from a reliable Muslim or Jewish source.

Likewise, Muslims cannot consume medicine containing byproducts of items which are not Halal, like alcohol or pork, unless it is a medical necessity and no alternative effective medicine is available that is Halal. The Prophet Muhammad (peace be upon him) taught that preservation of life and health has a very high priority and may supersede normal etiquette and protocol.

Gender and Modesty Issues

Islam not only strictly prohibits extra-marital sex, but also sets up barriers and restraints which are part of a Divine plan to control the natural sexual urge and to direct it appropriately. Therefore, practices and customs and habits that are precursors to extramarital sexual relations are also taboo. Some of the precautionary measures taken by Islamic way of life are:

- 1. Separation of the sexes after the age of puberty
- 2. Modest dress for men and women
- Prohibition of dating and long engagement
- 4. Encouragement of early marriage for youth
- 5. Prohibition of men and women who are not family members from being alone together or making any physical contact (including handshakes)

Muslim women are required to protect their modesty by avoiding prolonged and unnecessary contact with males outside of their immediate family. When they are in public they are told in the Qur'an to guard their modesty and to not flagrantly display their beauty. Muslim women follow the practice of Mary, the mother of Jesus, whom they revere by also wearing the head scarf. Therefore, most Muslim women will not reveal their hair to unrelated men. This is why Muslim women will often request to be seen by female physicians.

This is also why hospital gowns are now available that allows a Muslim woman to guard her modesty even though confined to a hospital bed or examining room.

<u>Religious Support Systems for the Sick</u>

Visiting a sick relative or friend is a faith obligation and is regarded as a virtuous act for Muslims, which is greatly rewarded by God. For this reason there may be a large number of people visiting the patient.

It is part of the Muslim culture to visit the sick, either in the hospital or at home, to pray for and be with the patient, and to attend the funeral of those who have died. In fact, to gain the spiritual benefit, most people will attend a funeral of a Muslim even if they are not acquainted with the person.

For this reason, hospitals may need to take into account the large number of people visiting at the same time. Of course a standard needs to be set and certain criteria established to avoid disruption.

Issues Related to End of Life

Muslims are encouraged to see the physician and seek treatment, avoiding treatment to endure pain and suffering for spiritual gain is not acceptable. Islam requires protection and preservation of life as long as it is possible. However, life support withdrawal is allowed when the patient is diagnosed medically having a complete brain death with no possible recovery.

Organ Donation is allowed and encouraged if this will help the patient recipient and does not harm the donor and provide is equal opportunity to the patients for receiving organs regardless of their financial status. Donors may not sell their organs which is organ trafficking and impermissible. Although disliked and discouraged, autopsy may be allowed in the case of legal necessity. Abortion is allowed when pregnancy is threatening the mother's life. Mercy killing and suicide are not allowed. Last rights are respected as long as are not harming to others.

Last Will and Testament

The rules of inheritance are almost entirely prescribed in the 2⁻⁻⁻ Surah (Chapter) of the Glorious Qur'an. Final will is highly recommended but one is not allowed to donate more than the third of his/her wealth. During death it is highly recommended to place the dying person on his/ her right side with face facing the direction of Makka. Often, in the last few days or minutes of life Muslims visiting a patient may recite verses from the Glorious Qur'an, especially the 36⁻⁻ Surah (Chapter) entitled Ya-seen. It is from authentic traditions of the Prophet Muhammad, peace be upon him, to mention in front of the dying person that there is no God but one God (La elaha illa Allah).

Last Rites

Once death has come, the deceased person's eyes should be closed if they remain open after death. At all times, a deceased body must be treated with respect. Prohibited or discouraged practices include, screaming, wailing, and unnecessary loud noises. Funeral prayers and burial should take place promptly in the hands of knowledgeable and qualified Muslims. Alternatives to burial such as mausoleums and cremation are not allowed. Various sections of the Holy Book (al- Qur'an) are recited next to the body during the funeral process known as Salaatul Janaaza. Prior to the prayers, the body is washed, cleaned and shrouded with pieces of white cloth. The funeral prayer is performed for the deceased and the body has to be buried as soon as possible. Finally, Muslims firmly believe in Life after Death. In Islam, death is not the end, but the beginning of a new life. It is a separation between the body and the soul. The body will return to dust from where it first started, and the soul, which is a blown from God's soul, will return to its Creator. Death is in reality, another birth into the world of eternity.

JEHOVAH'S WITNESSES

Statement of Belief and Religious Practices

Jehovah's Witnesses believe in Almighty God, Jehovah, Creator of the heavens and the earth. The very existence of the intricately designed wonders in the universe surrounding us reasonably argues that a supremely intelligent and powerful Creator produced it all. Jehovah's Witnesses believe that the earth will remain forever and that all people, living and those resurrected from the dead, who will fit in with Jehovah's purpose for a beautified, inhabited earth may live on it forever. Only 144,000 of Jesus' faithful disciples will reign with him in heaven. All other faithful ones, the number of whom is not predetermined, will live forever in paradise on the restored earth. Death is a state of total unconsciousness.

Holy Days, Scriptures and Religious Articles

Jehovah's Witnesses are not governed by any sacred or religious calendar specifying certain holy days or festivals. The one event that Christians are required to observe annually, the Lord's Evening Meal, is governed by the lunar calendar. Jehovah's Witnesses do not use any symbols, as God stated that his people should not make any carven images, or likenesses.

Religion and Healing

There is no practice of faith healing. Jehovah's Witnesses welcome competent, non-blood medical management when required. Prayerful meditation on the Scriptures, and discussions centered on God's promises as found therein, brings comfort to the Witness patient.

Diet, Medication and Procedures

Diet is a matter of personal choice, provided all meat has been properly bled. Jehovah's Witnesses direct that NO TRANSFUSIONS of whole blood, red cells, white cells, platelets, or plasma be given under any circumstances, even if health –care providers believe that such are necessary to preserve life. Jehovah's Witnesses refuse to pre-donate and store their blood for later infusion.

Witnesses make their own conscientious decision in accepting or refusing certain medical procedures involving their own blood, such as blood samples for testing, but the details will have to be discussed with them if they are conscious or with their appointed health-care agent. Jehovah's Witnesses accept most medical treatments. These include surgical and anesthetic techniques, various devices, haemostatic or therapeutic agents, and non-blood volume expanders.

Gender and Modesty Issues

With regard to modesty, in the sense of a proper estimate of one's own self, the Scriptures give much counsel. Modesty relating to respect for the feelings of others and to self-respect and sense of honor is involved. Christian's manner of dress should not be shocking to decency causing offense to some.

<u>Religious Support System for the Sick</u>

Individual members of the congregation, including elders who serve on Patient Visitation Groups, visit and pray with the sick person and read scriptures. Since members do not smoke, it is preferred that patients be placed in rooms with nonsmokers.

A resource for both hospitals and the community are those elders who serve on Hospital Liaison Committees. These committees, located around the world, have access to an extensive database of articles from respected journals on medical alternatives to blood transfusions. In emergency situations, specific articles can be faxed to physicians, hospitals and social workers to assist them in the care of Witness patients, utilizing non-blood medical management.

Issues Related to End of Life

Each Jehovah's Witness makes his or her own decision regarding end of life matters. Witnesses agree that death is the cessation of all functions of life, hence, the opposite of life. The right to die or the use of extraordinary methods to prolong life is a matter of individual conscience. The Bible does not comment directly on the donation of the body, or organ transplants; hence, decisions regarding organ or tissue transplants must be made by the individual Witness.

Each Jehovah's Witness makes his or her own decision regarding autopsies for themselves or a relative.

There are no rituals or customs that Jehovah's Witnesses follow at the time of death. Euthanasia, as defined as the act or practice of killing the hopelessly sick, is forbidden. Palliative Care, such as provided by Hospice, is a matter to be decided by each Witness patient.

Burial practices, such as body burial or cremation, are decisions made by each Jehovah's Witness.

JUDAISM

Statement of Belief and Religious Practices

The Jewish faith believes in one, indivisible God by whose will the universe and all that is in it was created. They also believe that there will be salvation for all righteous people. Jewish life historically was based on interpretation of the laws of God as contained in the Torah and explained in the Talmud and in oral tradition. Today, there are at least three schools of theological thought and social practice in Judaism. The four main divisions include Orthodox, Conservative, Reconstructionist and Reform. There is also a fundamentalist sect, called Hasidism. Any person born of a Jewish mother or anyone converted to Judaism is considered a Jew. The Reform and Reconstructionist movement also consider someone with a Jewish father Jewish.

Holy Days, Scriptures and Religious Articles

Primary Holy Days/Holidays:

September/October

- Rosh Hashanah- The Jewish New Year -2 days
- Yom Kippur- Day of Atonement (traditional fast day from sundown to sunset -1 day
- Sukkot-Feast of Tabernacles -8 days

November/December

• Chanukah- The Jewish festival of rededication, also known as the Festival of Lights- 8 days.

February/March

• Purim-the most joyous and fun holiday on the Jewish calendar. It commemorates a time when the Jewish people living in Persia were saved from extermination.

April/May/June

- Pesach- Passover, the Feast of Unleavened Bread. It commemorates the Exodus and freedom of the Israelites from ancient Egypt. SPECIAL DIETARY LAWS APPLY ONLY ON PASSOVER – 8 DAYS
- Shavuot- Feast of Pentecost- 2 days

July/August

• Tish'a B'Av- Fast commemorating the destruction of the Temple-1 day

The scriptures are the Torah and the Talmud

Religion and Healing

Jewish law protects life whenever possible. It is always more lenient when a life is at stake, especially in a hospital or nursing home setting. The concept of Pikuah Nefesh (saving a life) always comes before other laws. When visiting the sick, it's traditional to stand next to or in front of the person, not above the bed. It is believed that the healing power of God hovers in this area.

Diet, Medication and Procedures

Jews have specific dietary restrictions that can make stays at institutions more challenging. According to the Torah, the mixing of milk and meat is forbidden, and the types of meat that are permitted are specifically proscribed. Specifically forbidden meat includes pig, (bacon, pork, etc.)and shell fish (crab, lobster, shrimp, etc.) An additional complicating factor is that the meat that is proscribed must be killed in a certain way in order for it to be accepted. For a Jew that keeps Kosher, his or her food must be watched over by a rabbi. Please note, on Passover there are restrictions on eating bread and other grains.

Men's and women's roles are separated in traditional Judaism. Orthodox Jewish men are uncomfortable in being attended to by a woman and vise a versa. Orthodox men must have their heads covered at all times, but most men will cover their heads at least during prayer. There is also the concept of not touching, or Shomer Nagiah, that may prevent physical touch, like handshakes, between men and women. Orthodox men will not listen to singing by a woman. It is forbidden and would be offensive.

Gender and Modesty Issues

Orthodox men do not touch women, except their wives. Touch is only used for hands on care.

<u>Religious Support System for the Sick</u>

All Jewish rituals may be performed by an educated lay person. However, in our society today, considerable discrepancy exists concerning how one defines an educated lay person. Thus, it is customary to have a rabbi officiate in a formal capacity whenever a ceremony is required, to ensure that proper Jewish practice is followed.

The formal religious representative from a synagogue is the rabbi. A visit from the rabbi may be spent talking, or the rabbi may pray with the person alone or in a minyan, a group of 10 adults 13 years of age or older. If the patient is male and strictly observant, he may wish to have a prayer shawl (tallit), a cap (kippa), and tefillin (special symbols tied onto the arms and forehead). If the patient's own materials are not at the hospital, it may be necessary to ask that they be brought. Prayers are often chanted. If possible, privacy is desirable.

Issues Related to End of Life

Practices of death seek to honor the dignity of the body, to assist the bereaved through a process which uses laws of the whole mourning ritual, and to affirm the basic belief that life and death are part of God's plan.

The Jewish vision of an afterlife is a place where all souls gather at the end of time. After a person has died, the body is not to be unattended until burial. The body is ritually washed following death, if possible by members of the Chevra Kadisha (Ritual Burial Society). The burial should take place as soon as possible, preferably within 24 hours, or as soon as the family can be gathered.

Donation of organs is considered a mitzvah (good deed) by bringing healing to the living. Some ultra-strict religious will not permit it. DNR orders and removing life support are often permitted if a person is only being kept alive by a machine.

In general, Jewish tradition forbids autopsy because the body is sacred and should not be violated after death. Autopsy is allowed when the physician claims it could be of great benefit to others, or if it is the law of the land, and required. The whole body must be buried in a very

timely fashion. Cremation is absolutely forbidden according to religious authority. Some very modern Jews will choose to ignore this.

KOREAN

Statement of Belief and Religious Practices

Korea is not a country based on a specific religious system. Though the general public's beliefs are comprised of Buddhism, Christianity, Confucianism and others, religions really do not play a major role in deciding specific healing processes or health care methods.

Holy Days, Scriptures and Religious Articles

There are no specific Korean Holy Days or scriptures. Korean patients would observe the holy days of their own chosen religion.

Religion and Healing

There are no specific rituals related to illness for Korean patients, but bringing white chrysanthemums into the patient's room should be avoided when visiting because they are used as a floral tribute at funerals in Korea.

Diet, Medication and Procedures

Generally, religions do not necessarily affect the diet, medication plans or other procedures offered by health care providers. Most Korean patients would prefer hot meals such as soup or steamed rice rather than cold meals while they are hospitalized, regardless of their religion. There are no restrictions on medical or surgical procedures. Issues related to the prolongation of life depend on the patients themselves or the families.

Gender and Modesty Issues

With regards to gender, There is no particular view, it is left up to the individual. An attitude of modesty is especially important when dealing with Korean patients and their families. At times they will be reserved with strangers. Etiquette is important. First names are only used for family members.

Religious Support System for the Sick

This kind of service is not practiced systemically, but by individual requests in most cases. Koreans (and other Asians too) don't like the number 4 because it sounds similar to the word for death in Chinese. Some hospitals will indicate the 4^a floor as "F" for this reason.

Issues Related to End of Life

There are no specific rituals at the time of death, but families will want to be with the patient until the last moments. The donation of the body or parts could be a very sensitive issue for many Koreans because of the Confucian tradition which teaches that damaging any part of the body is an act of disrespect for our parents as our body comes from them. Health care professionals should be cautious when talking about organ donation. Most Koreans would not want to have autopsies for their deceased family members.

NON-DENOMINATIONAL CHRISTIAN

Statement of Belief and Religious Practices

Christian fellowships accept the Holy Scriptures as the revealed will of God, the sufficient rule of faith and practice. They believe the scriptures to be the inspired word of God. That it is the infallible authoritative rule of faith and conduct for our journey through life. Non-denominational congregations are rooted in the biblical and historic Christian faith as expressed in its doctrine and practice.

Holy Days, Scriptures and Religious Articles

Holy Days

- Passover
- Resurrection Sunday, (Easter)
- Advent
- Christmas

The Scriptures are the Holy Bible.

Religion and Healing

They believe in divine healing. Deliverance from sickness is provided for in the atonement and is the privilege of all believers. Christ came to set us free from the law of sin and death and purchased our physical healing through atonement.

Diet, Medication and Procedures

There are no religious restrictions on diet or medication or medical procedures. Procedures should be done as needed for treatment and to sustain life. Gender and modesty issues should be handled according to the patient's personal level of comfort.

Gender and Modesty Issues

This is an individual concern; therefore it is according to a patient's personal level of comfort.

Religious Support System for the Sick

Pastoral care consists of counseling, hospital visits, Baptism and benevolence. Visitors or clergy may offer prayers of comfort, reinforcement of faith and the serving of communion. Before surgery, prayers of comfort and healing may be offered.

Issues Related to End of Life

They believe in the resurrection, absent from the body, present with the Lord. Rituals at time of death include prayers of comfort, anointing and dedication of the spirit to the Lord. Decisions of autopsy are left to the family's level of comfort and desire, based upon the circumstances. Decisions regarding prolongation of life and donation of the body or parts are left to the patient or family's discretion.

ORTHODOX /GREEK ORTHODOX

Statement of Belief and Religious Practices

The Orthodox Church uses the same Nicene Creed as the Roman Catholic Church with one major exception: They do not accept the "Filioque" statement, the Holy Spirit proceeds from both the Father and the Son. The Orthodox believe that the Holy Spirit eternally proceeds from the Father only.

Holy Days, Scriptures and Religious Articles

Holy Days

- Pascha (Easter)
- Dormition of the Virgin Mary
- Christmas
- Epiphany
- Ascension

Note: Eastern Orthodoxy utilizes the Julian calendar for the liturgical feasts, not the Gregorian calendar that is used elsewhere. Therefore, dates of liturgical feasts frequently differ from those of the Western churches.

Religious symbols of the Orthodox Church are a plain cross, icons of Christ, the Virgin Mary and / or the patient's personal saint. Orthodox monks and lay persons may use a prayer rope (Koboskini) with knotting for repetitive prayer.

Religion and Healing

The Orthodox believes in the power of faith and prayer to affect physical and psychological healing.

Diet, Medication and Procedures

There are no prohibitions concerning diet and medication or medical treatment to affect healing of a patient. There are no prohibited surgical procedures, except for abortion which is prohibited by the Orthodox Church.

Gender and Modesty Issues

Men and women are treated equally but priests are exclusively male. A priest may marry before ordination, but not afterwards. There are Orthodox nuns. There are no restrictions on the care of a patient by the same gender. Also there are no extraordinary concerns related to modesty in the hospital environment.

<u>Religious Support System for the Sick</u>

Orthodox priests do visit the sick in hospital. This may be done of their own volition or at the request of the patient or patient's family. The Orthodox priest will offer spiritual support, Confession, Communion and /or a blessing.

Issues Related to End of Life

The Orthodox priest will come to the hospital if requested, read Bible passages and offer a prayer for the deceased. Natural death is accepted as part of life. Extraordinary effort to prolong life in an obviously terminal situation is not required. Death in a humane manner, with relief of pain is expected. There is no prohibition against donation of the body or body parts for transplant or medical research. There is no prohibition against medical autopsy. Although cremation is not allowed, burial of the body is what the church requires.

PENTECOSTAL

Statement of Belief and Religious Practices

Pentecostals believe in being Born Again. Therefore, if anyone is in Christ, he is a new creation; the old has gone the new has come. Pentecostals also believe in Divine Healing and that Jesus healed many who had various diseases. He also drove out demons, but would not let the demons speak because they knew who he was. Pentecostals believe in Baptism of the Holy Spirit as well as the Second Coming of Jesus.

Religion and Healing

Pentecostals believe in Jesus as the Divine Healer.

Diet, Medication and Procedures

No specific rules in terms of diet. It is important for the health care professional to be sensitive at the time of decision making. It is important for a patient to have a family member at their bedside throughout the day and night. It is important to be open and clear about procedures and patient's condition, breaking down the medical terms for better understanding.

Gender and Modesty Issues

It is very important for the individual to have proper hygiene. It is important for the medical team to allow privacy for prayer and singing.

Religious Support System

It is important to contact a bilingual minster to pray with the patient and family. Bibles should be made available.

Issues Related to End of Life

Issues related to end of life are decided by the individual. Offering counseling for the patient and loved ones in their language is important.

PROTESTANT

Statement of Belief and Religious Practices

The Protestant Church teaches that human beings are born with a sinful nature. Also that Jesus was born of a Virgin, died on a cross to forgive our sins, was buried and resurrected on the third day and ascended into Heaven and He will come again. There is a belief that God, who is one, has revealed himself to humanity as a Trinity of persons – the Father, the Son, and the Holy Spirit (Holy Ghost). Eternal life in Heaven for his followers; unbelievers will be separated from God for eternity (hell). Protestants believe in the inspiration of the Holy Spirit of the Scriptures.

Holy Days, Scriptures and Religious Articles

Holy days

- Christmas
- Easter
- Pentecost

Sunday is a day of worship

The Scripture for Protestants is the Bible

Religion and Healing

Most Protestants believe that faith and prayer can be a means of physical healing. It can also be a means of inner emotional healing as well.

Diet, Medication and Procedures

There are no religious restrictions to diet, medication or medical procedures.

Gender and Modesty Issues

There are no specific requirements related to modesty.

Religious Support System for the Sick

The various Protestant churches offer support for the ill and hospitalized through their own faith communities. This may include a parish nurse, a lay deacon, ordained ministers, pastors and / or lay volunteers, especially trained in visitation of the sick.

Issues Related to End of Life

If the relationship with God is settled, fear of the physical aspects of pain, aloneness, etc. of the dying is lessened. What happens after death is either a heaven or hell. Ordinarily, no extra-ordinary measures are required, but life support will be permitted in most cases, if requested by the patient or family. With a few exceptions, donation of body is permitted. Autopsy is usually permitted.

Rituals at Time of Death

Family presence, prayer, scripture, music as well as the Bible and some religious pictures are part of the ritual of dying.

ROMAN CATHOLIC

Statement of Belief and Religious Practices

The Roman Catholic religion teaches that God, who is One, has revealed himself to humanity as a Trinity of Persons- the Father, the Son, and the Holy Spirit. The Roman Catholic Church believes that life is a gift from God, and deserves particular respect. It has inherited dignity, value and worth. Each person is made in the likeness and image of the Creator. All worth has been reaffirmed through the death and resurrection of Jesus Christ, his son. Each of us is called to share eternal life with Him. These fundamental beliefs are the basis for all care for the person.

Holy Days, Scriptures and Religious Articles

Sunday Mass is the main celebration each week. Holy Days include Easter and Christmas. Catholics follow the liturgical year which includes Advent in preparation for Jesus' birth and Lent beginning with Ash Wednesday, Holy Week and Easter Sunday. Reception of Holy Communion at every opportunity is important to Catholics along with the receiving of the Sacrament of Reconciliation and Sacrament of Healing (Anointing).

The Scripture for Roman Catholics is the Bible. Catholics pray the Rosary. Religious articles and symbols include blessed medals, crucifix and holy water.

Diet, Medication and Procedures

There are a few days of the year when Catholics have an obligation to fast or abstain from meat and meat products. Catholics fast and abstain on Ash Wednesday and Good Friday and abstinence is required on all Fridays of Lent. The sick, those under 12 or over 65, are never bound by this prescription of the law.

Gender and Modesty Issues

This is a matter for the individual.

<u>Religious Support System for the Sick</u>

Čatholicism is a Sacramental Church; sacraments are the physical awareness of God's presence, which enrich the Christian life.

The celebration of the sacrament of Penance (confession) liberates the person from sin and guilt, and enables him or her to experience the Lord's healing gift of mercy and salvation.

The proper time to receive the Sacrament of the Anointing of the Sick is in the case of any serious illness. It can and should be repeated if the patient worsens, or at the time before death. This sacrament, as all do, unites the patient to the passion of Christ, and the whole universal church. Its effects and graces are healings, spiritual and possibly physical. In the past, this sacrament was referred to as "last rites" and was only a preparation for passing over to eternal life, now it may be received many times if desired.

Issues Related to End of Life

One may, and should use any means available to eliminate or reduce pain and suffering. Care should never be denied simply because of age, disability or terminal character of the illness, incompetence or mental incapacity. Those whose lives are diminished or weakened deserve special respect. Whatever its motives or means, direct euthanasia is morally unacceptable. Palliative care is highly encouraged

Regarding the prolongation of life, one is bound to use only whatever ordinary means are proportionate to an end. Ordinary means are those that in the judgment of the patient or proxy, offer reasonable hope of benefit. The patient or proxy has a moral obligation to use these ordinary means in preserving life. The patient or proxy has the right to forego extraordinary means, (i.e. artificial means), for survival, those that do not offer reasonable hope or that entail excessive burdens on the patient or family.

The Catholic Church encourages and applauds the free gift of organs and or the total body after death to continue the life of others or research. There are no restrictions on organ transplants. Autopsies are morally permitted for legal inquests or scientific research.

The dying should be given every opportunity to live their last moments in dignity and peace. They can be helped and comforted by the prayers of the church community. They may also be comforted by the reception of the sacrament of the Anointing of the Sick, which will prepare them to meet their living God, and give them strength for the journey. If possible, every Catholic patient at Roswell Park should be offered this healing gesture, especially if death is imminent. Only Catholic priests are the ministers of this sacrament.

There are also prayers in the Church's ritual to be offered prior to, at the time of, and after death for the needs of the dying or deceased person and his or her family, that can be said by lay ministers.

The bodies of the dead are to be treated with respect and charity in faith and hope of the resurrection. The Funeral Mass, celebrated in the parish church, is the usual funeral rite, whereas, funeral prayers and committal service without Mass is the exception rather than the rule.

SIKHISM

Statement of Belief and Religious Practices

The fundamental belief of Sikhs is that there is only One, Universal, Formless, Timeless God of all people, who is also the Creator of this universe and all living beings. "Sikh" means disciple, and Sikhism is a path of discipline of meditating on God's name, earning a living by honest means, sharing good fortunes with the needy and selfless service to humanity.

Holy Days, Scriptures and Religious Articles

Celebrations

- Guru Gobind Singh's Birthday (the tenth Guru of Sikhs) in January
- Vaisakhi (or Baisakhi_ festival falls in mid-April
- The enthronement day of Guru Granth Sahib (Holy Scripture) October
- Divali Festival of Lights October
- Martyrdom day of the ninth Sikh Guru Teg Bahadur November

Holy Scripture

Guru Granth Sahib contains devotional compositions written by the Sikh Gurus, recorded during their lifetimes and authenticated by them. It also contains hymns by 32 other Hindu and Muslim religious saints.

Initiated Sikhs, also known as Khalsa, at all times wear on their person five religious symbols that are articles of faith. They are known as the 5 Ks because their names start with the letter "K". The Five Ks (Articles of faith are:

Un-cut hair (Kesh) a gift from God representing spirituality;

A wooden comb (Kangha), symbolizes cleanliness

A Steel bracelet (Kara) represents self-restraint and link to God;

A short sword (Kirpaan) an emblem of courage and commitment to truth and justice; A type of breeches worn by soldiers of the time (Kachhehra, represents purity of moral character.

The religious significance of the headdress (a male turban or female scarf) should be respected, because it is a covering for one of the 5Ks (kesh) and is also a symbol of Sikh honor.

Religion and Healing

During times of sickness and disease, Sikhs pray to seek God's help, remember Waheguru (God's name) to obtain peace, ask for forgiveness, and recite or listen to Gurbani, the sacred hymns, which are God's words, uttered through the Sikh Gurus and enshrined in the Guru Granth Sahib (Holy Scripture). The sacred word provides them with physical and spiritual strength and nourishment. Sikh patients may request audiotapes of Keertan (sacred music) be played by their bedside. Sikh patients may consider illness to be the will of God and also believe that God is merciful and benevolent, but one has to make an effort to get well which includes medical treatment.

An essential aspect of health care is the health care providers' role in understanding the concerns of the patient and family and communicating these concerns to all those involved in the decision making process; to console and comfort the patient and his/her family so that they can accept their or their loved one's disease state; and if possible, to take care of the family's needs beyond the medical aspects.

The principles used by the ethicists include preservation of the patient's faith; sanctity of life; alleviation of suffering; respect for the patient's autonomy, while achieving the best available treatment without causing undue harm; and always being honest and truthful in giving information.

Diet, Medication and Procedures

The sanctity of life is an injunction. Human life is of the highest form. Blood transfusions are allowed.

Assisted suicide and euthanasia are not encouraged.

Maintaining a terminal patient on artificial life support for a prolonged period in a vegetative state is not encouraged.

Organ transplantation, both donating and receiving, is allowed.

Autopsy is permitted.

Artificial reproductive technology is permitted only during the span of an intact marriage between husband and wife.

Abortion is not advised except for medical indications.

Sikhs do not eat any ritual meat prepared by either sacrificing the animal to please God or by killing the animal slowly to drain out the blood. Zabiha/Halal meat (meat prepared the Islamic way), is forbidden for Sikhs to partake. Vegetarian or non-vegetarian meals are individual preferences. If there are no dietary restrictions, the patient may be asked his/her food preferences, and/or allow patients to bring food from home. Sikhs do not observe fasting for any religious reasons.

Gender and Modesty Issues

Sikhs who were born in India were raised in a very conservative environment with a premium on modesty. Only attending medical staff of the same gender are preferred to treat the patient directly. In particular, many older females will not allow non-related males to be present in the same room during treatment. Typically, Sikhs who have been raised in this country can be treated as per usual.

Religious Support System for the Sick

When a patient has an extended illness, the local Gurudwara (Temple) can be contacted for any supplemental support the patient and/or family may need. Often, members of the congregation will visit to help keep vigil and to play recordings of prayers and religious music. In order to not disturb other patients, the recordings may be transmitted through earphones or ear buds.

Issues Related to End of Life

Traditionally, Sikhs will choose to listen to Keertan as the end of life approaches. This is usually sung by family members or played from recordings. Again, the earbuds or earphones may be used so as not to disturb other patients.

Sikhs will attempt to make the body straight with the arms at the side before a patient dies so that the body may be transported easily after rigor mortis has set in. There are no other fixed rituals related to death.

Moreover, Sikhs believe that the last sense to go is auditory, so medical decisions related to the treatment of the patient should either be drowned out by prayers or out of earshot. This is because the patient is believed to need to focus on the hereafter (the literal term for death in Sikhism translates as, "Passing into Eternal Bliss"); thus the belief is the focus should be on Bani so that if God calls the patient, the patient will not have any Earthly attachments clouding the patient's decision to Pass into Eternal Bliss.

It is important that attending professionals of any type follow their protocols in these situations as strictly as possible. Sikhs put an emphasis on professionalism as well as empathy in these situations.

UNITARIAN UNIVERSALIST

Statement of Belief and Religious Practices

Unitarian Universalists don't gather around a set of beliefs, but seek truth both as individuals and in religious community. Health care professionals should ask each Unitarian Universalist patient to disclose important beliefs relevant to their health care. Most Unitarian Universalists are offended by exclusive claims to religious truth or attempts to proselytize.

Holy Days, Scriptures and Religious Articles

Unitarian Universalists do not follow a liturgical calendar nor do they have any specific articles.

Religion and Healing

The loving support of family and friends provides comfort and strengthens the ability to cope and heal. Health care professionals should ask each individual Unitarian Universalist about spiritual practices that will support health and healing.

Diet, Medication and Procedures

Unitarian Universalist has no restrictions or limits, but does emphasize diets that are healthy for individuals and communities. Individuals may choose diets based on other religious beliefs, (i.e. vegetarian, vegan, kosher etc.)

Gender and Modesty Issues

There is no special care beyond customary practices of modesty. Members may be treated by caregivers of any gender. Individuals may hold personal preferences and should be consulted if staff has questions.

<u>Religious Support System for the Sick</u>

Visitation by clergy and laity is welcome. Individuals may find spiritual sustenance in study, reflection, prayer and meditation. Personal symbols, religious items and devotional readings or music may provide spiritual support for the patient.

Issues Related to End of Life

Patients and their loved ones are encouraged to make decisions based on their needs and values. Unitarian Universalism encourages its members to have living wills and advanced directives.

Unitarian Universalist encourages organ donation if the patient and family are comfortable with it. There are no prohibitions on autopsy.

No particular rituals are mandated at time of death. Patients and loved ones may wish to offer personal devotional rituals and should be supported as much as possible within hospital guidelines.

VIETNAMESE

Statement of Belief and Religious Practices

There are three main religions in Vietnam. Buddhism is the main religion in Asia, approximately 70% in Vietnam. Their main holy day is "Phat Dang" which means the day of the Buddha's birth, and the "Vu Lan" means remembering all parents dead or alive. Cao Dai is a Vietnamese religion founded in the early 1900's that believes in every God, like Jesus, Buddha etc. The symbol is one central eye. Roman Catholicism is also another religion in Vietnam which is practiced as here in the United States.

Religion and Healing

Most Vietnamese's faith and healing are done by praying to their Gods and their ancestors.

Diet, Medication and Procedures

The Vietnamese believe in a diet of eating fresh vegetables and herbs along with drinking tea. Most people believe in Western and Eastern medicine. At times, those that are ill will take medicines from both traditions. The Vietnamese individual may become frightened when facing any type of surgery. Talking with them often brings comfort and assuring them that it will be alright.

Gender and Modesty Issues

Most Vietnamese are shy about their bodies, especially a person who is ill. They may feel embarrassed when a person of the other gender touches them.

<u>Religious Support System for the Sick</u>

If a person is Buddhist, contacting a Buddhist monk would be beneficial. Likewise if a person is Roman Catholic contact a priest. Usually relatives will stay with a sick person which is important to them.

Issues Related to End of Life

Vietnamese patients may resist organ donation. The Vietnamese not only pay a high respect to the deceased but also have a strong belief that the deceased will be reincarnated, or see their Gods or their ancestors. Therefore, family members do not want the body parts of the deceased offered. Also, they may not want an autopsy performed unless you have the deceased person's prior consent.

There are no specific rituals for the Vietnamese at time of death. It will depend on the religion he/she practices and those rituals should be allowed. It is usually better to talk with the relatives to see what would be comforting for them.

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