



HSE INTERCULTURAL GUIDE

Responding to the needs of diverse religious communities and cultures in healthcare settings

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Introduction

Census 2022 reveals that the growth in the Irish population is accompanied by significant diversity in national origin, ethnicity and religious affiliation. It was the first time that the Irish population exceeded 5 million in a census since 1851. Migration was a significant factor in population growth. This population growth builds on the diversity of religious communities and ethnic groups that were already present in Ireland. Increasing diversity is evident among both those who use the HSE, and the staff who provide these services.

The First Intercultural Guide was originally published in 2009. This fully revised version of the Guide was developed in response to an expressed need for an intercultural guide and resource by healthcare staff across a range of cultural backgrounds. Staff have sought relevant information to help build knowledge, skills and awareness in order to deliver care to people from backgrounds other than their own. To this end, the Guide profiles the religious and cultural needs of twenty-five diverse groups who are being cared for in healthcare settings. These groups comprise twenty-one religious groups, 3 ethnic/cultural groups and those without religious belief.

As Irish society continues to become increasingly diverse, new measures have been developed to enable the health system to respond appropriately to the needs of service users from all groups. This Guide was revised under the HSE Second National Intercultural Health Strategy (2018-2023) as part of a framework of initiatives designed to build and enhance capacity to deliver culturally competent care in Irish health settings.

Using the Guide

This Guide comprises 5 general sections that provide the background and a framework for the relevant information.

Section One; *Context of the Guide* explores the context, scope and nature of the document.

Section Two; *Terminology and descriptions* outlines the use and definitions of terms in the Guide related to interculturalism and their appropriate use in describing the diversity of traditions.

Section Three; *Good practice in person-centred intercultural care* outlines eight key pointers that staff should keep in mind in intercultural interactions in order to work to the principles of quality healthcare.

Section Four; *Overview of Headings and Themes* outlines the key headings and related themes used to present and to help navigate the information for the groups profiled in the document.

Section Five; *Other Helpful Resources available* itemises other initiatives and resources, which provide additional guidance.

Essential learning points are highlighted throughout these first five sections

These first general sections provide the background and framework of headings and themes for the sections, outlining each group profiled in this Guide. The specific sections for each of the twenty-five groups are presented alphabetically.

It will not be feasible for a staff member to read the entire Guide at once.

It is important to read the general sections.

The section *Good Practice in Person-Centred Intercultural Care* is important to keep in mind for all intercultural interactions.

The section *Overview Of Headings and Themes* will help navigate the layout for each specific group section.

The guidelines in the specific sections for each of the twenty-five groups can be augmented with additional resources and contacts outlined in Section Five to build knowledge, awareness and skills in working with each of the groups.

Summary of the Guide

Background

The Intercultural Guide was originally developed in 2009, building on the work of Bridget McGuane under the implementation plan for the National Intercultural Health Strategy (2007-2012) and resourced by the HSE National Social Inclusion Office. This Guide has been revised and updated by Dr Vivienne Byers as part of implementing the HSE Second National Intercultural Strategy (2018 - 2023). It is funded by the HSE National Social Inclusion Office.

The original Guide was supported by extensive research and consultation carried out by the Irish School of Ecumenics. This revision builds upon this work and is the result of continued consultation and feedback from healthcare staff, leaders and members of religious communities and those from Minority Ethnic Communities. The revision also includes extensive research to update the resource in relation to current guidelines and legislation, policy, international practice and updated demographics in Ireland.

The primary source of information for this Guide was a comprehensive research and consultation process with *cultural informants*¹ from some of the groups profiled in the document, as well as healthcare providers and practitioners. This work was supported by a literature and resource search.

Groups profiled in the Guide and cultural informants

The revised Guide profiles twenty-five communities, namely twenty-one religious groups, 3 ethnic/cultural groups and people without religious belief.

According to Census 2022, people born outside of Ireland is more than a million people (one in five).

The groups profiled in this Guide were chosen using the following information:

- Census 2022 provides the most detailed data to date on both ethnicity and religious affiliation in Ireland.²
 - » Census 2022 reported 56 religious identities. The Orthodox churches saw the biggest growth, followed by the Muslim population. Numbers belonging to the Church of Ireland and the Presbyterian Church remained steady. Other groups represented in this guide and represented in Census 2022 include Hindus; Jews; Sikhs; and Quakers.
- Healthcare staff have indicated that they are regularly delivering care to people from cultures and religions other than their own and they wish to have access to information about other cultures and religions. They identified particular ethnic/cultural groups and religions as priorities for inclusion.
- Needs of Minority Ethnic Staff: In 2007, HSE HR data³ indicated that significant numbers of staff in healthcare provision are from Minority Ethnic Communities. These numbers have continued to increase and this has led to the setting up of a new *Network for staff from different ethnic and cultural backgrounds*.⁴ The Cultural Diversity Staff Network provides support, visibility and a voice to staff from different ethnic and cultural backgrounds and helps to increase cultural awareness in the workplace.
- Anecdotal evidence indicates that there is greater diversity in religion practised by healthcare staff. Many of whom have indicated a need to understand cultural and religious groups in Ireland.
- As the population profile in Ireland changes and interculturalism continues to develop, future versions of the Guide can include additional groups.

1 The term *cultural informant* comes from the field of Anthropology and refers to a person who is especially knowledgeable about their group's culture and is willing to share information about it.

2 <https://www.cso.ie/en/releasesandpublications/ep/p-cpsr/censusofpopulation2022-summaryresults/migrationanddiversity/> See also <https://www.irishtimes.com/ireland/2023/05/30/census-analysis-five-things-we-learned-about-ourselves/>

3 HR data analysed by the Social Inclusion Directorate in 2007 indicates that approximately 33% of medical/dental staff, 15% of nursing and midwifery staff and 9% of health and social care professionals are from Minority Ethnic Communities. The data came from the PPARS systems and pertains to three Administrative Areas of the HSE and St James's Hospital.

4 Email for more details to join the Cultural Diversity Staff Network at diversity.HR@hse.ie

A detailed search process led to the identification of cultural informants for groups profiled in the Guide. A number of informants were also involved in the development of the original Guide.

The original Guide was sent out to a range of representative groups for comment and review.

Throughout the process, contributors endorsed the use of the original Guide and its positive impact on service delivery and acknowledged their appreciation at being consulted so that the needs of members would be understood in healthcare settings.

Cultural informant contributors are acknowledged and listed in the relevant sections for their generous investment of energy and their commitment to the needs of their communities.

Participation by healthcare providers

A range of healthcare settings, projects and personnel contributed to the development of the Guide. Their input included specialist advice in relation to particular issues; guidance on the scope, content and format of the document; enabling the establishment of contacts in particular communities and assistance in the dissemination process. Please see Appendix 1 for list of participants.

Further information

For further information, contact the HSE National Social Inclusion Office socialinclusion@hse.ie

The changing environment and purpose of the Guide

The increasing diversity in the Irish population is evident among those who use the HSE and the staff who provide those services. Census 2022 highlighted the continuing change in demographics. For the first time, net immigration is a greater driver than a natural increase in the population. This makes the census different from previous ones this century. Ireland is continuing to see increased diversity in population. The Census results in 2016 had outlined a significant difference in cultural and religious backgrounds since 2011. In 1961, 95 per cent of the population identified as Roman Catholic. This number has now dropped to 69 per cent since 2016. In 2022, the number

of non-Irish citizens increased, accounting for 12% of the population. Census 2022 included a revised question on Ethnic Group/Background, introducing several new ethnic groups to the question set such as Roma, Indian/Pakistani/Bangladeshi and Arab.

The OECD Report,⁵ International Migration Outlook, published in 2022 concluded that international migration remains a prominent feature of the global economy. The slowdown of international migration witnessed during the COVID-19 pandemic was reversed in 2021, due to a strong increase in economic activity and the re-opening of borders, growing labour needs, and a resumption of visa processing. 2022 and 2023 have been marked by even greater flows of migration, with a resumption of people seeking international protection and temporary protection in Ireland for people displaced by the Russian invasion of Ukraine. The report noted that Ireland has produced a National Action Plan to combat discrimination and racism, with a particular focus on better integrating immigrants into working life and increasing public participation. The increasing diversity of service users accessing the HSE demands appropriate responses to their unique needs.

The current operating environment has resulted in staff consistently highlighting the need for the Guide as an important resource in service delivery in order to continue to support their capacity to respond appropriately to the health and personal needs of those from a culture other than their own.

The primary motivation in updating and reviewing the Guide is to respond to this continued need for intercultural knowledge, skills and awareness in the current working environment.

The purpose of the review was to update the relevant information for healthcare staff so that they can continue to deliver a sensitive, appropriate and quality service.

5 OECD (2022), International Migration Outlook 2022, OECD Publishing, Paris, <https://doi.org/10.1787/30fe16d2-en>.

Policy and legislative framework

An extensive legislative and policy framework supports the development of this Guide.

The *Equal Status Acts 2000 to 2018* apply to those who provide a wide range of services, including healthcare, and those who use the services.

The *Equal Status Acts 2000-2018*⁶ ('the Acts') prohibit discrimination in the provision of goods and services, accommodation and education. They cover the nine grounds of gender, marital status, family status, age, disability, sexual orientation, race, religion, and membership of the Traveller community. In addition, the Acts prohibit discrimination (the tenth ground) in the provision of accommodation services against people who are in receipt of rent supplement, housing assistance, or social welfare payments.

The various forms of discrimination prohibited are clearly spelt out in the legislation. For a fuller explanation of the *Equal Status Acts 2000 to 2018 and their provisions*, see *A Guide to the Equal Status Acts (2020) explanation booklet*⁷ produced by the Irish Human Rights and Equality Commission (IHREC).

The National Action Plan against Racism (2023)^{8,9} recognises the benefits, which increasing diversity has brought to Ireland, enriching communities, growing the economy by filling gaps in the labour force and helping to staff the HSE. The Plan specifies actions that each public sector organisation should put in place to address the elimination of racism and positively promote recognition of diversity and interculturalism in service provision. These include priority actions under key objectives such as addressing ethnic inequalities and enabling minority participation. The *Roadmap for Social Inclusion (2020)*¹⁰ also recognises the importance of building inclusive communities.

The *HSE Second National Intercultural Health Strategy (2018-2023)*¹¹ provided a comprehensive framework within which the unique health and care needs of people from diverse Minority Ethnic Communities can be addressed. One priority area was the enhancement of access to services for members of these groups. Key to this approach in Ireland is ensuring provision of high quality, culturally responsive services. The development of guidelines to support staff in building capacity to effect provision of interculturally sensitive services is one means of addressing the needs of service users. Revision of this Guide forms part of the implementation of recommendations of the HSE Second National Intercultural Health Strategy (2018-2023).

The importance of responding to the needs of all communities is underpinned by the HSE's core values of care, compassion, trust and learning. Values in Action (VIA)¹² is about building a culture that makes the health service a better place to be; for staff, patients and service users. Interculturally competent service delivery is an integral component of the HSE vision. This is supported by the Department of Health and the HSE driving the *Sláintecare* reform programme to transform health and social care services - ensuring that the right care is delivered in the right place and at the right time.¹³

Staff and settings that will benefit from the Guide

The Guide is primarily targeted at staff who care for the ill, particularly in in-patient settings, as well as those involved in care of the dying for both adults and children. As such, it is relevant for a wide range of staff including medical, nurses, midwives, healthcare assistants, health and social care professionals, chaplains, mortuary and catering staff. Equally, it is relevant for a range of healthcare settings including acute, paediatric, maternity, palliative, primary, continuing and community care.

6 Irish Human Rights and Equality Commission (2020). The Equal Status Acts 2000-2018. IHREC

7 <https://www.ihrec.ie/documents/a-guide-to-the-equal-status-acts/>

8 Government of Ireland (2023) National Action Plan against Racism <https://www.gov.ie/en/publication/14d79-national-action-plan-against-racism/>

9 Planning for Diversity: the Department of Justice, Equality and Law Reform developed the National Action Plan against Racism (2023).

10 <https://www.gov.ie/en/publication/ca8bf-roadmap-for-social-inclusion-2020-2025/>

11 HSE (2018) 2nd HSE National Intercultural Health Strategy (2018-2023) <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/second-national-intercultural-health-strategy.html>

12 <https://healthservice.hse.ie/staff/benefits-and-services/values-in-action/>

13 Sláintecare Implementation Strategy & Action Plan 2021 — 2023. Accessed at <https://www.gov.ie/en/publication/6996b-slaintecare-implementation-strategy-and-action-plan-2021-2023/>

The Guide will also be of benefit as an educational resource for healthcare personnel and in continuing professional development courses.

Scope of the content

The Guide is a diversity publication. The content is restricted to information that is directly relevant to dealing with the religion, philosophical belief and culture of the person being cared for. As such, it has been selective in sourcing and presenting information about any group. It is not to be taken as a definitive description or explanation of any religion or culture.

The Guide provides information on general cultural features of the Chinese, Roma and the Travelling Community in response to specific requests from healthcare staff for this information. The information selected and presented in these cases pertains to information relevant for intercultural interactions with these groups.

Terminology and Descriptions

Presentation of terminology in the Guide

The *Equal Status Acts 2000-2018* specify religion as one of the protected grounds of the legislation. Healthcare settings benefit when they ask people about their religion. For these reasons, the term religion (and derivatives such as religious) are used as a standard term throughout this Guide.

Some groups discussed in the Guide do not identify with the word religion and prefer to use terms such as spiritual tradition. This preference is accommodated where possible in the relevant sections. Additionally, with respect to the wishes of people without religious belief the term religion is not used when referring to them in this Guide.

Religions and cultures have individual terminology for particular practices, rituals, etc. Contributors accommodated the need to categorise ceremonies, practices rituals, etc., under

descriptions used in Irish healthcare settings, while maintaining the integrity of their practices.

Many groups included the terms used by them to describe areas including ceremonies, rituals, practices, food categories, specific items of clothing, etc. Where provided these terms have been italicised to aid recognition of them by readers; names of religious ceremonies have been capitalised and italicised.

Intercultural terms used in the Guide

A core set of terms is employed in this document and it is useful to establish a working understanding of these terms. The *HSE Second National Intercultural Health Strategy (2018-2024)* includes a glossary of terms that explains a broader range of definitions related to interculturalism.¹⁴ These terms will be utilised in this Guide.

Nationality is defined as the state of belonging to a particular country or being a citizen of a particular nation.¹⁵ This status of belonging can be attained through birth or naturalisation, the latter being the process by which a person born in one country secures granted nationality of another country. A government of a particular state provides protection to its nationals, including the right to travel under the passport and guardianship of the state and in reciprocation expects compliance with the laws of the country.

Ethnicity is characterised by a group identity, belonging and affiliation that one holds about oneself. According to the Irish Legal Guide,¹⁶ ethnic groups consist of persons possessing some or all of the following characteristics including a common language, history, traditions, religion and a common geographic origin. Their shared identity exists independent of nationality. For example, the Travelling Community are recognised as a distinct group with specific protection under Irish equality legislation. Equally, the Roma Community, while holding several nationalities, share a common identity. For further information, there is a HSE Introduction to Ethnic Data Guidance eLearning programme available on HSEland.¹⁷

14 HSE (2018) Second HSE National Intercultural Health Strategy (2018-2023) (See Glossary of Terms pg 90) <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/second-national-intercultural-health-strategy.html>

15 Cambridge Dictionary <https://dictionary.cambridge.org/dictionary/english/nationality>

16 <https://legalguide.ie/race-ethnicity/>

17 Introduction to Ethnic Data Guidance eLearning programme available at www.hseland.ie

Minority Ethnic Group/Community is a standard term used in the European Union to describe all groups whose ethnicity is different to that of the dominant group, which in the case of Ireland is the white Irish. The term “ethnic minority” is mainly used to denote people who are in the minority within a defined population on the grounds of “race”, colour, culture, language or nationality. Government documents and those involved in the work of race equality tend to use the term “minority ethnic” instead of “ethnic minority”. Both terms are in common usage and are generally acceptable.¹⁸

Many members of Minority Ethnic Groups/Communities are Irish citizens through naturalisation or birth. The term Minority Ethnic Groups/Communities is normally capitalised in intercultural publications to denote its status as an official descriptor.

Migrant is defined by the UN Migration Agency (International Organization for Migration IOM) as any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.¹⁹

Culture is commonly defined as the ‘learned and shared values, beliefs, behaviours and customs of a group of people’.²⁰ National groups, ethnic groups, religious groups and other types of groups share a culture. As a result, a person in a healthcare setting may be connected to different cultures including national, ethnic and religious. Integration recognises the right of persons to give expression to their own culture in a manner that does not conflict with the basic values of Irish society as reflected in Ireland’s Constitution and in law.²¹

Interculturalism refers to the willingness and capacity of an organisation to ensure that cultural difference is acknowledged, respected and provided for in a planned and systematic way in all systems, processes and practices. For

further information, there is a HSE Intercultural Awareness eLearning programme to help staff have a better understanding of the ethnic, cultural and religious diversity of people who use the HSE, and reduce the potential harm that unconscious bias may cause. The programme contains four modules and is available on HSeLanD.²²

In the delivery of health services to Minority Ethnic Communities, it is important to:

- Be aware of your own cultural values
- Be aware of and understand that people of different cultures have different beliefs, ways of communicating, interacting, behaving and responding
- Appreciate that cultural and spiritual beliefs impact patient’s health and health-related beliefs, help-seeking behaviour, interactions with health care professionals and health care practices
- Be able to respond appropriately to patients’ cultural and/or ethnic background in order to provide optimal care.²³

Terminology and traditions within Christianity

It is important to understand the diversity of Christian traditions in Ireland and to develop sensitivity in working with persons from these traditions.

Catholic: The term Catholic means ‘universal’ and is used by more than one Christian church. Generally, these churches emphasise historic continuity with the twelve apostles who, according to Christian tradition, were chosen by Jesus Christ to continue his teaching. The largest member is the Roman Catholic Church, whose leader is the Pope. Other churches that emphasise the Catholic tradition but are not part of the Roman Church are the churches in the worldwide Anglican Communion and the Orthodox Churches.

Orthodox: The word Orthodox is derived from two Greek words (Orthos and Doxa) and literally

18 HSE Second National Intercultural Health Strategy (2018-2023) (See Glossary of Terms pg 90)

19 <https://www.un.org/en/global-issues/migration>

20 See, for example, Tricas-Sauras, S., & Claeys, A. (2021). Culturally Sensitive Nursing Care. *Transcultural Nursing*, 146. Also:

21 Department of Children, Equality, Disability, Integration and Youth (2020) Migrant Integration Strategy; A Blueprint for the Future. Available at <https://www.gov.ie/en/publication/983af-migrant-integration-strategy/>

22 Intercultural Awareness eLearning programme information available at <https://healthservice.hse.ie/staff/training-and-development/intercultural-awareness-elearning-programme/>

23 Thrive (2005) Learning, training and development needs of HSE staff in delivering services to members of Minority Ethnic Communities, page 64.

means 'right teaching' or 'right worship'. The Orthodox Churches emphasise historic continuity with Christ's twelve apostles. The Churches are the main Christian movement in much of Eastern Europe and the Middle East. It consists of several self-governing churches, which are either 'autocephalous' (meaning having their own head) or 'autonomous' (meaning self-governing). Census 2022, indicates that the Orthodox Churches are now the fourth largest religious group in Ireland.

Protestant and Reformed traditions: The term Protestant is often misapplied in the Irish context and there is often a lack of clarity about the origin and influences of the churches often described as Protestant.

The terms Protestantism and Reformation can be traced to developments that took place within Christianity in the sixteenth century. Key figures include Martin Luther, whose teachings gave rise to the Lutheran Church, and John Calvin, whose teachings gave rise to the Presbyterian and Reformed Churches. A concurrent reform occurred within the Church of England that influenced the churches of what is now called the Anglican Communion. In the eighteenth century an Anglican Minister, the Reverend John Wesley, chiefly initiated a revival movement within the Church of England that became the source of the Methodist Church.

Generally, churches that have a reformed influence emphasise biblical (i.e. the *Christian Bible*) rather than human authority and affirm their continuity with early Christianity.

Many churches have multiple heritages and thus, the term Protestant is often either restrictive or inaccurate.

Baptist Churches, as the name of the movement suggests, hold a distinct approach to Baptism, the initiation ritual common among many Christian churches.

Contributors from all of the Christian churches and groups have indicated that the most significant growth in numbers in recent years is from the newer Minority Ethnic Communities. It is important to recognise that these groups may not use historic labels used in Ireland to describe Christian traditions.

It is more appropriate to list the person's chosen denomination, be it Church of Ireland, Methodist, Presbyterian, etc., when categorising the person's religion rather than use general terms such as Protestant. This will also assist in the identification of appropriate pastoral needs for the person.

Mainstream Christianity: The term Mainstream Christianity was traditionally used to refer collectively to the major historic denominations of Christianity in Ireland including the Roman Catholic Church, the Church of Ireland, Presbyterianism and Methodism. Changing demographics indicate that the term may need to be revised, particularly given the growth in Christian movements such as the Orthodox Churches, the Evangelical/Pentecostal movement, etc. This Guide does not use the term Mainstream Christianity.

There are other groups that are profiled in this Guide, who use the *Christian Bible* within their religious practice. This will be covered in the relevant sections.

Good Practice in Person-Centred Intercultural Care

The principles of patient safety, quality care and value should guide all interactions with people using the HSE.

A person-centred approach requires that patients should be treated as individuals who have specific needs, experiences and differing life situations. It is important that healthcare staff:

- Are empathic and respectful, non-judgemental and compassionate
- Actively listen to the needs and preferences of patients
- Ask permission to discuss the topic before providing information

The following are key pointers that staff should keep in mind in all intercultural interactions in order to work to the principles of effective person-centred healthcare:

Working with cultural information

Cultural observers indicate that culture is ‘dynamic and changing’.²⁴

Each cultural norm is best seen as a continuum rather than a fixed point.

It is not possible to understand people’s behaviour from access to basic information on other cultures. Cultural advice is that each person needs to be treated as an individual. Therefore, each cultural norm is best seen as a continuum not just a fixed point.

Many complex and interrelated factors determine a person’s relationship to any particular cultural or religious norm. These include the resources available to a person to live outside the norms of their culture, the consequences of deviating from cultural expectations and the person’s willingness to exercise the freedom that they actually have.

This can also change over time.

It is important to distinguish between *generalising* and *stereotyping*. In order to present information relating to the various cultures and religions, generalisations are made. These indicate patterns likely to present in particular contexts.

In providing this information, do not assume or imply that each individual member of a particular group will definitely conform to a particular pattern, which would be to *stereotype*.

It is recommended that you keep these cultural dynamics in mind for all intercultural interactions.

Keep in mind that the wishes of the person being cared for are paramount, irrespective of family. This is consistent with the Assisted Decision-Making (Capacity) Act (2015) and its guiding principles for healthcare workers. This includes presuming every person has the capacity to make decisions about their life and supporting people as much as possible to make their own decisions’.

Person as individual

Some religions and cultures are more prescriptive about the expected behaviour of followers.

However, the starting point must be to clarify the wishes of each person so that the care plan reflects their individual wishes. Where necessary, we can consult with family or designated religious representatives, while recognising that the person has individual needs.

In all interactions keep in mind that the person is an individual with specific needs irrespective of cultural, societal or religious obligations.

Assumptions about religion

It is important not to make assumptions about a person’s religion. For example, you cannot assume that a white Irish person will be a Catholic or a Christian.

Always enquire about the person’s religion in a private respectful space rather than assume it based on subjective judgement.

Individual versus family needs

A person can change from the religious belief system that they were born to another. Their family may not be aware of this change or approve of it. This can be a sensitive issue for people and can sometimes cause conflict between the person and family.

Identifying an appropriate religious or personal contact

It is a common practice in Irish healthcare settings to ask the person their religion, often in a public area at the point of admission. One of the reasons for asking the question is to ascertain pastoral needs. There are some fundamental issues with approaching the identification of pastoral needs in this way.

24 See for example, Ting-Toomey, S. (1999) *Communicating Across Cultures* and Bennett, M.J. (Ed) (1998) *Basic Concepts in Intercultural Communication: Selected Readings*

- In Census 2022, 736,210 persons indicated that they had *No Religion*. Two thousand, eight hundred and eighty-one people indicated that they were *Agnostic*, 942 people indicated that they were *Atheist*, and 339,562 were categorised as (religion) *Not Stated*. Asking about religion, needs to be treated sensitively to avoid the perception or judgement of opting out.
- Others may have spiritual beliefs without being a member of any of the main world religions.
- Members of indigenous and ethnic religions, may be unwilling to disclose their spiritual affiliation in public settings due to preconceived notions about the nature of their religious practices.

- It is recommended that the person is asked for the name and contact details of who they wish to have contacted should they need religious guidance or personal support.
- This should be asked for in a private respectful space so that people do not feel uncomfortable disclosing personal information.
- Clarifying the name and contact details of a religious/personal contact is particularly important for those whose religion is not represented among the chaplaincy team, those who do not have formal religious leaders and those who do not have religious belief.

Establishing relationships with diverse religions

The chaplaincy department can be a resource in establishing contacts for many religions other than those represented on the chaplaincy team who can be contacted for information, guidance and if necessary religious intervention.

- It is recommended that each setting compiles a list of contacts for and establishes working relations with diverse religious groups locally.
- Relationship building is an essential component in ensuring that religious representatives will be available when needed.
- At the end of each section, information sources are listed that could be used to establish relations with the religions that are more established and structured.
- In some cases the contact will have to be sourced from the person.

Diversity within religious traditions

Many religious groups, particularly the larger ones, are diverse in themselves, making the process of describing the expectations of their members quite complex.

In dealing with religious groups, staff need to remain open to additional cultural requests that may have their origins in national or ethnic culture.

Healthcare setting approach to diversity

Respect for the cultural and religious beliefs of diverse groups needs to be established and reinforced in the ethos of each healthcare organisation that is providing health services to the public. This ethos needs to be embodied in all aspects of healthcare practice.

A particular issue is the use of religious icons and symbols in the mortuary area, which is the sole facility for all persons in healthcare settings.

Some healthcare settings are already leading in the area of being sensitive to and respectful of all traditions.

- It is not appropriate to display icons of one religion when a deceased person and bereaved family from another religion are present in the mortuary.
- At a minimum, where an icon such as the crucifix (a cross with the figure of Christ) or cross is fixed to a mortuary wall and cannot be removed it should be covered when a deceased person and family from another religion are present in the facilities.
- The same respectful approach should be used for any nearby family facilities.

Overview of Headings and Themes

Each of the twenty-five groups profiled in this Guide have been allocated a specific section. Each section commences with a symbol associated with the group and a brief introduction.

Following is a summary of the headings and themes that have been used to present relevant and necessary information for the groups.

There are seven main headings (described below) that have been used to categorise information for each group and these are presented in each section. These are:

- Profile of the Group
- Care of the ill
- Care of the Dying
- Religious Icons and Symbols
- Additional Notes on Maternity and Paediatric Care
- Developing a Local Contact

An eighth heading General Cultural Features and Social Experience was added for the three ethnic/cultural groups, namely the Chinese, Roma and Traveller communities.

The headings and themes are described as follows.

Essential Practice Points

In each section, key points to be observed for the group are referred to as Essential Practice Points. These points are numbered and highlighted in each specific section. This presentation format eases access to important information in emergency situations.

At a minimum, staff should have a working knowledge of the Essential Practice Points for each group. Asking a patient/family about their religious beliefs needs to be treated sensitively.

Profile of the Group

This section indicates the general information about numbers in Ireland, the national or ethnic origin of members and information of specific sub-traditions within the overall group.

General Cultural Features and Social Experience (ethnic/cultural groups only)

Information is provided on key cultural features of the three ethnic/cultural groups that may have implications for healthcare delivery. Such features include particular beliefs (aside from particular health-related beliefs described in the next point), language and family bonds.

Care of the ill

This heading contains information on caring for those who are ill in in-patient settings. There are eight related themes, which are described below.

Beliefs about the treatment of illness and Traditional Medicine

Cultural and religious beliefs have implications for healthcare delivery. This theme notes particular beliefs and practices that are likely to have implications for healthcare practice.

Religious and personal contacts

Some religions have a formal system of clergy/spiritual leaders, others have non-formal arrangements and some groups have no religious leaders. This theme provides information on who should be contacted for the provision of religious and spiritual support. Where no formal religious leaders exist, it is advised that a specific spiritual or personal contact be sought directly from the person.

It is recommended that the chaplaincy department in a healthcare setting establish contact and develop relationships with local religious communities who have designated clergy/spiritual leaders, so that these can be called on as necessary.

Religious practices

This theme provides information for staff on religious practices for the group.

Food and the content of medicine

Some religions and cultures have particular food requirements. All of these needs are described in specific sections.

Ablutions and washing

Information has been given for those religions that have particular ablation rituals related to religious practice. In addition, some cultures have personal wash preferences and these have been highlighted.

Gender issues, modesty and treatment needs

This theme deals with three types of needs relating to how healthcare is practised. Firstly, groups that are likely to request treatment by a same gender healthcare worker are noted. Secondly, modesty requirements for both men and women are outlined where they have been indicated as a need for a group.

Family dynamics and decision making

In some cases, the person may follow a different religion/philosophy to their family and there may be a conflict of views regarding treatment. It is advised that the person's wishes are paramount. In some cultures, a spouse, particularly a husband, may expect to be consulted in decisions for a partner. While sensitivity should be shown in these cases, good practice in healthcare provision upholds the

person's right to determine their own healthcare choices.

Blood Transfusion and Organ Transplantation

This theme appears in every section indicating whether the group has any religious or other objections to these procedures.

Care of the Dying

This outlines information on caring for the dying, care practices for the deceased and family and cultural related death norms. This information is relevant for the diversity of disciplines who work with people around the time of death. Religious requirements for End-of-Life care need to be asked at the earliest possible point to maximise staff efforts to meet the person's cultural needs. There are seven themes see below:

Family and community visits

In many cultures, it is customary that family and community members will visit the dying person, often to bring closure to events. Groups who are likely to have several visitors at a bedside are identified so the situation can be managed in a culturally sensitive manner.

Death-related religious rituals

Specific requirements for religions and cultures as to the manner in which members are treated in death-related matters, are outlined here.

Customs to be observed at death

The nature of specific customs that need to be observed in the aftermath of death are outlined so that staff are aware of them.

Cleaning and touching the body

Each section clarifies the nature of the cleaning to be conducted for the deceased. Some religious groups have particular requirements in relation to how the body is treated after death.

Post-mortem requirements

Each section clarifies whether there are particular requirements in relation to post-mortem procedures for their specific group. Where there are requirements, the nature of these is clarified. Some religions may not agree with post-mortems however, it is a legal requirement under the Coroners Act 1962.

Interment ritual

Each section indicates the nature of interment practices across religions and cultures for information purposes.

Bereavement

This theme indicates how groups manage bereavement. Some religious groups and cultures observe particular bereavement practices, which may have implications for family visits by healthcare staff. These cultural practices have been highlighted.

Religious Icons and Symbols

This heading has two themes. The first relates to personal items that the person may be wearing that are of religious or cultural significance and the second relates to the appropriate use of symbols in a hospital mortuary.

Personal and religious items

Followers of some religions wear a range of items of a religious nature including jewellery, images that are considered holy and specific clothing. The nature of these items are outlined in specific sections.

Use of religious symbols

The mortuary needs to be used by families and communities from diverse religions in a time of grief. It is important that respect be shown in how the mortuary is presented. The symbols that are appropriate for each of the relevant groups contained in this Guide are indicated.

Additional Notes on Maternity and Paediatric Care

This heading provides additional select information suitable for maternity and paediatric care, particularly pertaining to care of dying children and their families.

Approach to child welfare

Some religious groups have beliefs that may cause members to not subscribe to particular Western medical interventions. The relevant groups' position on medical treatment for children is provided. However, staff have to be cognisant in providing care that is *child and family-centred*.

Birth rituals and practices

Some groups indicated birth rituals and related practices of a religious or cultural nature that they wanted Maternity staff to be aware of. These norms have been specified in particular sections.

Initiation ritual/infant baptism

Baptism, usually involving water, is a shared initiation ritual across Christianity. However, there are varying approaches to the ritual. These are outlined. In light of the issues related to infection control in healthcare settings it is advised that water used in infant baptism be sterile and that the person conducting the ceremony has washed (and/or disinfected) their hands. Some non-Christian groups practice other initiation rituals and these are outlined.

Foetal, infant and child death

Beliefs about foetal death vary across religions. The nature of practices in relation to foetal death for individual groups are outlined.

Note: See also Féileacáin (Stillbirth and Neonatal Death Association of Ireland (<https://feileacain.ie/>)).

Mementos of a deceased child

It is common in Irish hospitals to offer a memento of a child to a parent, such as a footprint, handprint or lock of hair. Restrictions relating to cultural/religious beliefs are outlined in this section. Generally, even where giving a memento is appropriate within a religion, the contributors indicated that it is advisable to check with the parents/family if they would like to have a memento.

Naming practices

Under this heading, different cultural or religious positions on naming conventions are outlined.

Developing a Local Contact

Information on contacts or sources of information are given. As indicated earlier, some groups do not have religious leaders and in these cases, a personal contact will need to be sought from the person. Also, of note is that not all hospitals have Chaplaincy departments; they often have visiting Chaplains.

Other Resources Available

Below are other resources and initiatives that are in place or developing at this time that can be used to enhance local capacity to respond to diverse needs.

Emergency Multilingual Aid

The Emergency Multilingual Aid is a multilingual and illustrated communication phrasebook for use by patients and staff. It has been updated and is available to order at www.healthpromotion.ie

The purpose of the Emergency Multilingual Aid is to assist staff in communicating more effectively with patients. It is intended for use prior to requesting the services of an interpreter or while awaiting the interpreter's arrival.

This resource is not intended to replace a professional interpretation service. Staff can also use this resource as a support in communicating with patients who may be deaf or who may not be functionally literate. It comprises of nine sections with dividers to facilitate easy use, including:

- Introduction and language identification card to provide assistance in ascertaining the language spoken by the patient.
- Seven sections are staff-led questions and cover relevant aspects of Admission, Registration, COVID-19, Assessment, Clinical Care, Maternity and Discharge.
- The final section contains a series of patient-led questions relating to their needs and comfort.

Translation in the HSE

The issue of quality and standards in producing and sharing translated information is particularly relevant for the HSE, where translated information needs to be accurate, reliable, consistent and easy to understand. The HSE National Social Inclusion Office supports a Translation Hub www.hse.ie/translated-health-info. This Hub provides guidance on translation as well as HSE multilingual resources and translated information

The HSE has also produced a guide to translating information materials into different languages (updated January 2024) available at www.hse.ie/eng/about/who/communications/branding/a-guide-to-translating-information-materials-into-different-languages.pdf

Accessible health information

Examples of translated health Information that are useful in the HSE include: (see Translation Hub at www.hse.ie/translated-health-info)

- Enabling access to the HSE
- Child Health
- Immunisation and Infectious Diseases
- Keeping well
- Mental Health and Wellbeing
- Domestic Sexual & Gender-based Violence

See also recent examples:

- Web content in Ukrainian: www.hse.ie/Ukraine

The document “About the Irish Health System: A guide for refugees and other migrants” is available with QR codes in 22 languages at www.hse.ie/translated-health-info. This guide provides a comprehensive overview of the HSE.

The HSE National Social Inclusion Office and Translate Ireland have also developed a series of videos entitled “My health, My Language” for migrants and International Protection Applicants to give them information on healthcare in Ireland. These are available at www.hse.ie/eng/services/mhml. This project won the Equality Initiative of the Year at the Irish Healthcare Awards 2022. The videos on 11 health topics are translated into 17 languages; English, Irish, Arabic, Czech, French, Georgian, Mandarin Chinese (simplified), Romanian, Russian, Lithuanian, Polish, Portuguese, Slovak, Spanish, Somali, Ukrainian and Urdu.

Intercultural Health and Cultural Mediation

This Guide is linked to other initiatives in the HSE that have a focus on cultural sensitivity in service provision to maximise the use of the Guide. See www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/ for details.

There is an Intercultural Awareness eLearning programme to help staff have a better understanding of the ethnic, cultural and religious diversity of people who use the HSE, and reduce the potential harm that unconscious bias may cause. The programme contains four modules and is available on HSeLanD at healthservice.hse.ie/staff/training-and-development/intercultural-awareness-elearning-programme.

For further information, contact the HSE National Social Inclusion Office at socialinclusion@hse.ie



The Nine-pointed Star is a common symbol in the Bahá'í religion. The number 9 is significant in the holy texts of the religion.

BAHÁ'Í

The Bahá'í Faith is the youngest of the world's independent religions. Its founder, Bahá'u'lláh (1817-1892), is regarded by Bahá'ís as the most recent in the line of Messengers of God that stretches back beyond recorded time and that includes Abraham, Moses, Buddha, Zoroaster, Christ and Muhammad.

The Bahá'í Faith is recognised as being the second most widespread religion in the world next to Christianity. There are Bahá'í communities throughout Ireland who are working to contribute their share to the betterment of society and to an increasingly unified and just world.

There is no clergy in the Bahá'í Faith. Elected bodies, known as Local Spiritual Assemblies administer the affairs of the community. The National Spiritual Assembly of the Bahá'í of Ireland is the administrative body for the Bahá'ís of Ireland.

Profile of the Bahá'í in Ireland

Census 2022 indicated that the number of Bahá'í in Ireland decreased by almost 14% between 2016 and 2022. Four hundred and forty-seven people indicated Bahá'í as their religious affiliation in the Census.

The majority of Bahá'ís in Ireland are ethnic Irish people, including those who have converted to the religion and whose children are being raised Bahá'í. Also, an Iranian community has settled in Ireland who are Irish citizens. There may also be Bahá'í visitors to Ireland who need healthcare during their stay.

Care of the ill

Beliefs about the treatment of illness

The Bahá'í religion encourages members to seek the guidance of a qualified doctor if necessary to maintain good health.

Religious contacts and religious practices

Essential Practice Point 1

There are no clergy in the Bahá'í religion. Community members are available to visit the ill and dying in healthcare settings. A local contact can be sourced through the Bahá'ís of Ireland contact details at the end of the section. This contact can be called on for guidance for the healthcare settings and personal support for ill and dying Bahá'í.

Food and the content of medicine

Bahá'í avoid mind-altering substances, including narcotics and alcohol. Medicines containing these ingredients are normally permitted.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point 2

- There is no formal religious ritual for Bahá'í. In the case of imminent death and where no family are immediately available, the community member designated by the person should be called to support the person.
- It is customary for Bahá'ís to place a ring on the finger after death and in no circumstances should it be removed.

Cleaning and touching the body

Essential Practice Point 3

- Healthcare staff may conduct the normal cleaning and washing practice on a deceased Bahá'í. Do not remove the ring placed on the finger after death.

Post-mortem requirements

There is no objection to a post-mortem conducted on compelling medical or legal grounds.

Interment ritual

Cremation is not permitted and burial should take place as near as reasonably possible to the place of death, certainly within the distance of an hour's transport.

Religious Icons and Symbols

Personal and religious items

- There are no particular items of religious significance worn by members.
- Bahá'ís may wish to have symbols such as a picture of a nine-pointed star present in their hospital room. It should be placed in a position of respect. Other objects may include a photograph of Abdul-Bahá, son of the Prophet Founder of the Bahá'í Faith, a prayer book, or other books containing Bahá'í Writings. No special room is needed for prayers.
- Some may carry holy books from the religion.

Use of religious symbols

It is not appropriate to display a crucifix (a cross with the figure of Christ), cross, candles or other Christian images in a mortuary area where a deceased Bahá'í is laid out.

Contributors

Ms Caroline Smith and Mrs Alison Wortley provided information for the original section.

Additional Notes on Maternity and Paediatric Care

Initiation ritual

Essential Practice Point 4

- There is no formal initiation into the religion, even in the case of imminent threat to life. Rituals such as the practice of baptism in some Christian traditions are not appropriate for Bahá'ís.

Foetal, infant and child death

- There are no formal practices / rituals required for stillbirth and miscarriage. The community may hold their own ceremony.
- Adult practices apply for deceased infants and children.

Memento of a deceased child

Check with the family if they require a memento of a child who has died, as there is no formal requirement in this area.

Developing a Local Bahá'í Contact

The names of local Bahá'í communities can be sourced from the Bahá'ís of Ireland website at <https://bahai.ie/contact>.

There are a number of ways to contact and connect with the local Bahá'í community. You can email at info@bahai.ie.

The National Office number is (01) 6683 150 and it is based at 24 Burlington Road, Dublin 4. For general information about the Bahá'í Faith check out the international website www.bahai.org. The number should be used solely for the purposes of sourcing religious support for Bahá'ís and seeking guidance in delivering healthcare to community members.

BAPTIST CHURCHES

Baptist Churches take their name from the belief that the initiation ritual of Baptism is a voluntary declaration of faith in and commitment to Christianity. The movement grew out of a reform within Christianity in the 16th century. The *Christian Bible* is the key holy book of the movement, which shares the principal beliefs of other traditions of Christianity.

There are over one hundred and ten million Baptists worldwide with large numbers in North America (approximately one in 5 US Christians is Baptist), Africa (including Nigeria and Democratic Republic of Congo), Asia (including India), Europe (including Romania) and Latin America (including Brazil).

Baptist Churches do not have a central governing authority.

Clergy are called pastors.

Profile of Baptist churches in Ireland

Baptists have been in Ireland since around 1650, initially establishing churches in Cork, Dublin, Kilkenny and Waterford. Census 2022 indicated that members of Baptist Churches in Ireland increased by 11% between 2016 and 2022. Four thousand and sixty-eight people indicated Baptist as their religious affiliation in Census 2022.

Those who are likely to belong to the Baptist movement may be Irish, English, North American and from new communities including Brazil, Romania and Nigeria. Currently there are at least twenty ethnic groups identified in Irish Baptist Churches.

Baptist Churches in Ireland tend to regard themselves as evangelical and many participate in associations of evangelical churches. There are Baptist Churches in a number of major urban centres as well as areas that are more rural. Many congregations, particularly in urban areas, have a mix of ethnic groups. In Dublin, there are two Romanian language congregations, in addition to the English speaking ones.

Care of the ill

Religious contacts and religious practices

Essential Practice Point 1

- The contact details at the end of the section can be used to develop a local Baptist Church contact for ongoing dialogue and relationship building with the community.
- The person is likely to wish to see their own pastor for religious and spiritual support. It is important to clarify the name of a religious contact, who can be called as necessary to provide support for the person and guidance for the healthcare setting.

- Baptists place less emphasis on religious ceremony, rituals and symbols. The Sacrament of Holy Communion, a religious ceremony common to Christian traditions, may be requested and can be administered by a Baptist pastor or a chaplain/clergy from the Methodist or Presbyterian Churches. Where a chaplain or minister from another church is called, the chaplain should be made aware of what is being requested and be agreeable to fulfilling the request. Additionally, where possible, the person should be notified that a chaplain from another church is being called.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point 2

- In times of critical illness or imminent death, a Baptist pastor should be called, so that the person and family can receive the spiritual support that they need.
- There is no formal death rite/ritual in the Baptist tradition. The pastor and/or other members may recite Christian hymns (songs) and prayers at the bedside. Holding the person's hand to give comfort and support is also common; these practices may be carried out even if the person is unconscious.

Cleaning and touching the body

Essential Practice Point 3

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There is no objection to a post-mortem conducted on medical or legal grounds.

Bereavement and Interment ritual

The pastor will become involved with the family to aid the bereavement process. Baptists tend to emphasise the support provided by community in times of bereavement.

Both burial and cremation are acceptable generally. Usually a funeral service is held and the community provide support to the family.

Religious Icons and Symbols

Personal and religious items

- The person may have a copy of the *Christian Bible* or may request one. Some may wear a plain cross, a common symbol in Christianity.
- Any other items are likely to be specific to the individual and the family and not have religious significance.

Use of religious symbols

- A plain cross is appropriate in the mortuary area.
- It is not appropriate to display a crucifix (a cross with the figure of Christ), images of saints or icons from other traditions in a mortuary area where a deceased Baptist is laid out.
- Candles are not necessary.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/Infant baptism

Essential Practice Point 4

- Baptism, the initiation ritual common to Christian traditions, is considered a voluntary declaration of faith conducted at a time when the person is ready to do so.
- Therefore, baptism of infants is not practised even in the case of imminent threat to life.

Instead of baptism, the pastor may hold an infant dedication service in the church in the form of a thanksgiving prayer for a new infant, the family and the support of the community for the new member.

Foetal, infant and child death

- There are no formal practices/rituals required for stillbirth and miscarriage. A service may be held at the request of the family.
- Normally a service is held for deceased infants and children, while the nature of the service depends on the age of the child and the parents' wishes. The pastor will be a resource in these matters.

Memento of a deceased child

Baptists emphasise the need for support and care for a family when a child dies and as such offering a memento of a deceased child is seen as a welcome and appropriate gesture.

Developing a Local Baptist Church Contact

The Association of Baptist Churches in Ireland comprises churches from all parts of the island. The Association is a useful starting point in developing a local Baptist contact.

The website address is <https://www.baptistsinireland.org/>

Association of Baptist Churches in Ireland Tel: +44 (0)2892619267 / Email: abc@thebaptistcentre.org

However, since each Baptist Church is autonomous not all of those present in the Republic of Ireland are members.

Contributors

Pastor Robert Dunlop, Pastor Robert Millar and Pastor John Samuel provided information for the original section.



The Dharmachakra or Wheel of Law is one of the most important Buddhist symbols.

BUDDHIST TRADITIONS

Buddhism originated in the teaching of Prince Siddhartha Gautama who was born approximately 500 BC in Nepal, near the border of present day India. Through the practice of meditation, he became the Buddha, the Enlightened One.

Buddhists do not normally speak in terms of an Absolute Deity or God but rather emphasise the practice of meditation and right behaviours in all areas of life in the process of reaching Nirvana, the enlightened state free of suffering. Particular emphasis is placed on non-violence and the development of love and compassion for all. There are a number of Holy Scriptures within the various traditions of Buddhism.

Six per cent of the world's population is estimated to be Buddhist.

The religion has a community of ordained monks and nuns, spiritual teachers as well as many lay spiritual advisers. There are a number of Buddhist centres supporting different traditions in Ireland.

Profile of Buddhism in Ireland

Census 2022 indicated that Buddhist membership in Ireland is nine thousand and fifty-three. The religion registered 6,516 members in 2006.

Buddhism developed in three distinct phases, each emphasising different aspects of the Buddha's teachings. The main branches, all of which have a presence in Ireland, are as follows.

- Theravada or Southern Buddhism is described as the oldest tradition and is strongest in southern Asian countries such as Sri Lanka, Cambodia, Thailand, Laos and Burma. There are some centres in Ireland supporting this tradition of Buddhist practice.
- Mahayana or Eastern Buddhism developed as a second phase and is found in China, Korea, Vietnam and Japan. Chan Buddhism developed in China as a specific tradition within this overall phase of development and spread throughout Asia where it is often called Zen Buddhism. Groups such as Zen Buddhism Ireland (based mainly at the Dublin Zen Centre), Mindfulness Ireland, other Soto Zen groups and the Long Van Temple in Clondalkin, Dublin, are examples of this overall tradition, which is represented throughout the country.
- Tibetan Buddhism is the best known school in Vajrayana/Tantric/Northern Buddhism. His Holiness the Dalai Lama is a key leader of Tibetan Buddhism, which builds on the Mahayana tradition and is practised in Tibet, Nepal, Siberia, Mongolia and Northern India. There are centres in several parts of Ireland supporting Tibetan Buddhist practices, some of which are supported by Tibetan Lamas.
- Various forms of Western Buddhism are also in existence, some of which may follow or be influenced by an Asian school. An example is the Dublin Buddhist Centre in Dublin.

Buddhist contributors have indicated that there is growing interest in Buddhism in Ireland. There are a number of Buddhist teachers, some of whom are Asian, visiting or living in Ireland. There are now also fully ordained Irish Buddhist teachers running centres and temples here. There is an increasing number of people visiting Buddhist centres to learn about Buddhism. Based on contributions to this section, Buddhist practice in Ireland can be categorised as follows:

- Those from Asia living in Ireland who were raised as Buddhists in a country where it is an established religion including China, Mongolia, Nepal, Tibet and Vietnam. They are continuing their practice in Ireland but may not have contact with Buddhist centres and groups in Ireland.
- Those from Ireland, the UK and the USA, who have become Buddhist and are following a specific Buddhist tradition. This group usually have contact with Buddhist groups and are likely to wish to avail of Buddhist practices when ill or near death.
- Buddhist teachers who often encourage people to learn from Buddhism without converting. As a result, many of this group may not choose to avail of Buddhist practices in healthcare settings.

Care of the ill

Beliefs about the treatment of illness

Buddhist traditions emphasise personal responsibility for all of one's actions and as a result, a Buddhist will wish to do all that is necessary to maintain health through positive means. They also emphasise the spiritual aspect and many may use prayer, chanting and meditation for pain relief.

Religious contacts and religious practices

Essential Practice Point 1

There are followers of all Buddhist traditions in Ireland (see the *Profile of Buddhism in Ireland* heading above for further information). Many Buddhists receive spiritual support from spiritual advisers including teachers, monks, priests, nuns and in some cases a community member.

The healthcare setting will need to clarify the tradition of Buddhism followed and the name of a spiritual contact.

- In emergency situations where the person has not been able to identify a spiritual adviser, contact the local Buddhist centre or one of the centres named under 'Developing a Local Buddhist Contact' section. Even if the centre is not from the person's tradition, they are likely to be willing to assist.

- Buddhists may wish to have a small altar/shrine beside their bed or in their room. The altar/shrine may contain religious symbols such as a small statue of the Buddha, religious images and objects, candles (can be unlit) and incense (can be unlit).
- Some Buddhists may use *prayer mandalas* (sacred symbols drawn on material) at the bedside.
- Many Buddhists will want to chant and meditate (on cushions on the floor and/or sitting in chairs) near the deathbed.

Food and the content of medicine:

Essential Practice Point 2

- Many Buddhists are vegetarian or vegan. Food needs should be discussed with the person and should meet recognised vegetarian or vegan standards.
- If medicines contain animal products, the person should be informed so that they can make an informed choice.

Family dynamics and decision making

Essential Practice Point 3

- Some Buddhists living in Ireland were raised in Christian families. The family may not be familiar with Buddhist death-related customs, some of which are summarised in *Essential Practice Points 4 and 5*. As much as possible, this needs to be taken care of before the moment of death, as it is vital to maintain a peaceful environment. If deemed necessary, the healthcare setting could provide assistance to a family, through social work or family intervention, to resolve any issues.
- Here, as in other cases, the wishes of the person are paramount.

Blood Transfusion and Organ Transplantation

The approach to blood transfusions and organ transplantation varies depending on the tradition of Buddhism that is being followed. Some will be happy to accept the procedures, seeing them as an act of kindness. Others may be concerned about the spiritual consequences of accepting blood and organs from an unknown source and

may first wish to have spiritual guidance. Where the person has not left instructions, it is best to consult a family member or a spiritual contact.

Care of the Dying

Death-related religious rituals

Essential Practice Point 4

- Generally, Buddhist teaching views life and death as a continuum, believing that consciousness (the spirit) continues after death and may be reborn. Death can be an opportunity for liberation from the cycle of life, death and rebirth. Rituals and in some cases precise beliefs surrounding death, vary among Buddhist traditions.
 - » Tibetan and Zen Buddhism have defined practices and protocols that should be followed in times of death. For example, special prayers are said before death, during the dying process and for several days after death.
 - » In other Buddhist traditions, prayers are held during the dying process. The stages and the length of these prayers can vary.
 - » Individual Buddhists, even within the same tradition, may have specific wishes for the time of death, depending on their practice.
- Where possible, discuss individual needs with the person and clarify requirements with a spiritual contact. In an emergency follow these protocols:
 - » Buddhists from all traditions are likely to prefer to have a clear state of mind approaching death. As part of their preparation for death, the person may wish to reduce medication and will want to be fully involved and consulted at all stages, if possible.
 - » Prayer, chanting and meditation are an important support for a Buddhist who is sick or dying.

- » If death is imminent, the spiritual contact identified by the person should be called, so that the appropriate prayer practice can be initiated. A private area should be provided to allow prayers and chants to be conducted in privacy. If a recorded chant is available, this can be played now.
- All Buddhist traditions believe that awareness is retained for some period after clinical death.
 - » In the Tibetan and Zen traditions awareness may be retained for up to three days. The manner in which the body is treated is very important so that the spirit is allowed to leave correctly. In all circumstances maintain a calm, stable and compassionate atmosphere around the person before, during and after clinical death. Buddhists consider this highly important in facilitating the consciousness (the spirit) to leave the body.
- Friends and family may want to sit by the person to pray and chant immediately after death and this should be facilitated.

- Some Buddhist teachers have requested that the head of a Buddhist is not touched at any time during the post clinical death process by healthcare staff. A healthcare worker should not touch the head at any time, unless given permission to do so by a spiritual adviser, and then under guidance given by the adviser or another Buddhist.
- For some Buddhists, it is vital that one does not wash the body unless it is essential to do so. Conduct only essential cleaning for example clean excretions. Use as little touch as possible in any cleaning/washing.
- Other Buddhist traditions deem it better to wash the body. This is done with deep respect.
- Lavender oil or a herb may be added to the water. The body should be kept cool. After the body is bathed, it is dressed in clean clothing. The person may have specified what they would like to wear. If the deceased has received specific Buddhist robes, they should be placed on the body after washing.

Cleaning and touching the body

Essential Practice Point 5

- Delay moving and laying out the body for as long as possible. The minimum should be at least four hours to allow for prayers and chanting to be conducted.
- Some Buddhists believe that the spirit should be allowed to leave gently via the crown of the head. In some traditions they facilitate the departure of the spirit by tapping the crown of the head in a specific way and in a very specific frame of mind. Clarify with the spiritual leader if this practice is necessary and if so, it should be attended to before moving the body and before any cleaning is conducted. The practice should be carried out by the spiritual leader or another Buddhist.
- When the body has to be moved it should be done with care and gentleness.

Post-mortem requirements

Buddhists are likely to request that a post-mortem be carried out only if required on compelling medical or legal grounds. In such circumstances, a post-mortem should be delayed until awareness has left the body. Unless directed otherwise by a spiritual adviser, a post-mortem should be delayed for a minimum of four hours and preferably for three and a half days.

Bereavement and Interment ritual

In most Buddhist traditions, there will be a period of saying prayers, often throughout the day and night. The traditional Tibetan and Zen practices involve a forty-nine day prayer ritual during which the spirit moves through the afterlife and decisions are made regarding rebirth.

Cremation or burial takes place after a period of time, which varies across traditions. In the Tibetan and Zen traditions, interment takes place after three and a half days.

Religious Icons and Symbols

Personal and religious items

In some Buddhist traditions, followers wear religious items including amulets (items for protection), blessed items, specific garments, jewels, etc.

Essential Practice Point 6

- In the Tibetan and other traditions prayer mandalas (sacred symbols drawn on material) may be placed on the body after death by the spiritual leader or community. If prayer mandalas have been placed on the body, replace them after putting the deceased in the coffin.
- For Zen Buddhists, it is very important that certain robes and garments be placed on the body before placing the body in the coffin and preparing it for cremation or burial. Certain papers may also be placed inside the coffin. A Zen priest will need to remove a cutting of hair from the deceased before the coffin is closed.

Use of religious symbols

Buddhists use a variety of religious symbols including statues of the Buddha, candles and incense. The family or community can supply these items; alternatively, healthcare settings could consult with a local Buddhist centre and establish basic items to be held for use by Buddhists as necessary.

It is not appropriate to display Christian symbols in the mortuary areas when a Buddhist family/community is using the facility.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/Infant baptism

The following applies to all Buddhist traditions
Initiation ritual

Essential Practice Point 7

- There is no initiation ritual into Buddhism for a newborn infant. In the case of imminent threat to life of a newborn infant, no initiation ritual is necessary.
- Some Buddhist traditions have initiation rituals, which are usually conferred on those who are choosing Buddhism as their specific spiritual path.

Foetal, infant and child death

- Buddhist teaching generally considers life to be present from the moment of conception. Hence, in cases of miscarriage and stillbirth, Buddhists are likely to be respectful of the way the miscarried embryo/foetus is treated, irrespective of the stage of development.
- Parents are free to decide the course of action they wish to take. In the Zen tradition, there is a specific ritual that may be carried out on request in cases of miscarriage, stillbirth, the death of an infant or in cases where a foetus has been aborted.

Essential Practice Point 8

A child of a Buddhist is generally considered to also be a Buddhist until the child decides on their own path in adulthood. The death-related practices described in Essential Practice Points 4 and 5 need to be followed for children of Buddhists, unless a family or spiritual adviser directs otherwise.

Memento of a deceased child

It is advised to check with the family whether they wish to have a memento of a deceased child and if so if they might wish to take the memento themselves, particularly in light of requirements about not touching a deceased Buddhist.

Developing a Local Buddhist Contact

Centres and groups representing various traditions of Buddhism are operating in Ireland. These may be accessed for information purposes and may be able to assist, if an intervention is necessary for a person who indicates that they are Buddhist.

Tibetan Buddhism:

Rigpa Ireland, has centres in Athlone, Cork, Dublin and Limerick. Contact details for all centres can be found at www.rigpa.ie
See also: Dzogchen Beara Retreat Centre, Garranes, West Cork, which has a Spiritual Care Centre.
Tel: 027 73032
Email: info@dzogchenbeara.org
Website: www.dzogchenbeara.org

Western Buddhism:

Dublin Buddhist Centre, Unit 5, Liberty Corner
James Joyce Street
Dublin D01 N5H6
Tel. (01) 817 8933
Website: www.dublinbuddhistcentre.org

Theravada Buddhism:

Sunyata Retreat Centre, Sixmilebridge, Co. Clare
Email: info@sunyatacentre.org
Website: <https://www.sunyatacentre.org/>

Mahayana and Zen Buddhism:

Zen Buddhism Ireland has its headquarters at Dublin Zen Centre, in Dublin City Centre. It is led by Rev. Myozan Kodo Kilroy, a fully ordained and authorised Zen Buddhist priest in the Soto Zen tradition.

The organisation also has a number of ordained priests based throughout Ireland, who run associated Buddhist groups. See www.zenbuddhism.ie for more information.

Mindfulness Ireland is a collection of groups working under the guidance of the late Zen Master Thích Nhất Hạnh from Vietnam. Contact details for groups based in Cork, Dublin, Limerick, Sligo and Wicklow is available at a sub-site of the main website: www.mindfulnessireland.org/Sanghas_in_Ireland.html

Contributors

Buddhist representatives who reviewed this section and clarified information in relation to their tradition(s) of Buddhism were:

- Rev. Myozan Kodo Kilroy, (Zen Buddhism) - Dublin Zen Centre, Dublin City Centre
- Ms Christine Whiteside, (Tibetan Buddhism) - Dzogchen Beara



CHINESE COMMUNITY

Chinese culture is one of the world's oldest cultures, originating thousands of years ago. There are a number of ethnic groups in China. The majority ethnic group, the Han Chinese constitute approximately 92% of the population.

The Chinese Dragon is held in reverence and respect in Chinese culture and Folk Religion. The Dragon, long expressed in folklore and art, symbolises wisdom, power and luck. Temples and shrines have been built to honour the Dragon and many Chinese see divine attributes in the Dragon, which they aspire to.

Profile of the Chinese Community in Ireland

The number of people identifying as Chinese increased to twenty-six thousand, eight hundred and twenty-eight, as recorded in Census 2022.

The Chinese community has grown in Ireland as a result of immigration since the 1990s. The largest segment of the Chinese community is believed to be students from mainland China, especially students at language schools.¹

The Chinese community can be grouped in three ways:

- Chinese people born in the People's Republic of China are now the largest cohort of ethnic Chinese in Ireland. This group, most of who are from the Fujian Province in the Southeast of China and the Liaoning Province in the Northeast of China, are mainly university and language students, while there are also some professional workers. This newer community speak Mandarin as a first language, and many may not speak English fluently.
- Ethnic Chinese born outside People's Republic of China (mainland China): The earliest Chinese migrants to Ireland arrived from Hong Kong (reunited with China in 1997) from the 1950s onwards and spoke Cantonese as a first language. Later arrivals from the 1970s onwards came from other countries such as Malaysia and Singapore and spoke Mandarin as a first language.
- Irish born Chinese.

General Cultural Features and Social Experience

This section contains broad information that may be helpful for those with little familiarity with Chinese culture. This information needs to be applied recognising that each person is an individual; there is national/regional diversity among the ethnic Chinese in Ireland; and some of the Chinese community may be more Westernised as a result of having been born in Ireland or living here for decades.

Fusion of beliefs

Essential Practice Point 1

Chinese people are influenced by various belief systems that developed in China over previous millennia, some of which have also influenced the development of other parts of Asia.

Confucianism is believed to have the strongest influence on Chinese personal and societal development. Originating almost two thousand, five hundred years ago, Confucianism is a personal and social code governing personal behaviour, morality, ethics and societal functioning. Within the belief system, people are socialised to behave themselves with dignity in social settings, respect authority and obey their leaders.

Taoism developed at the same time as Confucianism and is a more philosophical and individualistic thought stream. Taoism speaks of the way of the Tao, a belief that there is a natural flow to the universe and remaining in harmony with this underlying flow will ensure positive wellbeing and good health. Taoism supports the need to maintain balance between the opposites of Yin and Yang. Chinese philosophy believes this to be part of all life over time. The principles of Taoism have influenced the development of Traditional Chinese Medicine, music, arts and practices such as Qi (Chi) Gong and Tai Chi.

Buddhism developed over two thousand years ago. Observers indicate that there has been a mutual influence between existing Chinese thought streams and the development of Buddhism. As Buddhism developed in China, it emphasised a religion relatively free of prescribed ritual and accessible to ordinary people and family life. Chan is the school of Chinese Buddhism popularly known as Zen elsewhere.

Chinese Folk Religion has been practised in much of China for thousands of years. It includes worship of the family ancestors; worship of the sun, moon, earth, heaven and various stars; and figures within Chinese mythology, among them the Chinese dragon.

¹ Mainland Chinese Students and Immigrants in Ireland and Their Engagement with Christianity, Churches and Irish Society 2008. <https://www.ireland.anglican.org/cmsfiles/pdf/news/Press/execsummconclus.pdf>

Communism: The Communist Party of China established the People's Republic of China in 1949 and its first leader was Mao Zedong (also known as Chairman Mao). Initially under Communism, thought streams that detracted from Communist thinking, such as religious practice, were not favoured. This has relaxed since the 1980s and many Chinese are practicing religions including Buddhist, Taoism and Christianity. Some Christian churches have mission programmes in China.

Family bonds: In Confucianism, one of the virtues to be cultivated is filial piety, a love and respect for one's parents and ancestors. This includes taking care of one's parents into old age, not damaging the good name of the family, and ensure heirs so that the family and ancestral name lives on. This virtue continues to influence those of Chinese origin, including young Chinese migrants, some of whom are supporting parents at home with money earned in Ireland.

Social Interaction norms

Essential Practice Point 2

Chinese people are socialised to conduct themselves to particular standards in public settings, some of which are different to the socialisation processes in the West. The norms are indicators of respect for the other in that society and not an indication of sociability or capability. With these caveats in mind, some Chinese people:

- May appear reserved when speaking with another.
- May be deferential to those in authority and may not always seek clarity on an instruction that is not understood in order to not cause offence.
- May hold personal feelings in check and avoid conflict with others, in order to maintain social harmony and avoid loss of dignity in social situations.
- May go to considerable lengths to avoid saying 'No' in order to not be impolite.

Naming convention

Essential Practice Point 3

In the written form, the surname usually comes first, followed by the family generation name (which may not be used) and finally the personal name. In Ireland, many Chinese reverse the order of the name so that it appears like a Western name. A female example is where Li (surname) and Lan (personal name) is written, as Lan Li in the West and a male equivalent is where Wang (surname) Chen (personal name) is written as Chen Wang in the West. If a hyphen is used in the written form, for example Lan-Yee Li, the first part continues to indicate the personal name and the second part the generation name. Check which name is the surname for patient information purposes.

Care of the ill

Beliefs about the treatment of illness and Traditional Medicine

Essential Practice Point 4

- Traditional Chinese Medicine, the system of medicine that developed in China some millennia ago, emphasises working with the natural processes of the body to alleviate illness. Traditional treatments including herbs (taken orally or as teas), acupuncture and diet management are used to prevent and cure illness. The natural processes advocated by this traditional system have been used effectively to cure illness for centuries.
- The older Chinese community in Ireland tend to use herbs to address illness and complement it with Western medicine. Younger Chinese are tending to use Western medicine as a first option. It may be useful to check if herbs are being used and that their content does not counter the effects of any medication prescribed.

Religious contacts and religious practices

Belief systems vary among the Chinese community. Some may subscribe to a fusion of beliefs influenced by Confucianism, Taoism, Buddhism and Chinese Folk Religion (described above) irrespective of identified religious affiliation or apparent absence of religious affiliation.

Essential Practice Point 5

- Contributors have indicated that the more established Chinese community follows Buddhism. There are also established ethnic Chinese Christian congregations in urban areas such as Cork, Dublin and Limerick. Some of the newer communities also follow Buddhism, while others describe themselves as having no particular religious affiliation.
- The religion followed will have implications for rituals and practices at major life events such as birth, critical illness and death. It is best to source the name of a spiritual contact for these purposes and if that is not available a personal contact who can advise the setting of the practices to follow.
- For those who are Buddhist and who do not have a formal contact the local Buddhist contact (see the Buddhist section in this guide).

Food and the content of medicine

Essential Practice Point 6

- Diet varies by region, hence food preferences need to be discussed with patients. Those from Northern regions mainly eat wheat including noodles, bread and dumplings while those from Southern regions include rice in the diet.
- At a minimum, the main meal each day should be culturally appropriate and arrangements need to be made to meet this standard.

Gender issues and modesty

Essential Practice Point 7

Chinese women may prefer to be treated by a female practitioner, particularly when intimate areas of the body are being examined.

Family dynamics and decision-making

Chinese people may prefer if a family member is not informed of a poor prognosis so that the person is given every opportunity to recover. Some may wish to have time to engage in spiritual practices, such as prayer and offering to the ancestors. It is advised to discuss with family how a loved one will be informed of a poor prognosis.

Blood Transfusion and Organ Transplantation

Contributors indicate that blood transfusion and organ transplantation will need to be discussed and clarified with a person of Chinese ethnicity, as there may be concern about these practices.

Care of the Dying

Community visits

Family and community will wish to be present at times of critical illness and imminent death.

Death-related religious rituals

There are no particular cultural rituals surrounding death and any rituals will be determined by the religion followed. Check what religion should be followed with the person, family or spiritual/personal adviser.

The requirements for Christian traditions are described in the relevant sections of this guide. Chinese people tend to follow Chan Buddhism, which tends to be freer from overt ritual than other traditions.

Cleaning and touching the body

The religious affiliation will guide how the body is prepared and any requirements will need to be checked with the person or family.

Post-mortem requirements

Traditionally a body would not have been cut. Modern Chinese society practices have changed. Buddhist groups indicate a preference that a post-mortem is conducted only if absolutely essential. The family need to be consulted before a procedure takes place.

Interment ritual and bereavement

Both cremation and burial are practised.

Traditionally, the family held a ceremony for the deceased person at home, which lasted for up to three days, ending with releasing the spirit of the person to the ancestor shrine, heaven and their grave.

The location of the grave traditionally was determined using the principles of an ancient practice called feng shui. This is an ancient Chinese traditional practice, which claims to use energy forces to harmonise with the surrounding environment. This approach may be used while others may prefer a simpler or religious ceremony.

Religious Icons and Symbols

Personal and religious items

Some Chinese may have statues of particular deities, for example Guan Yin, the Goddess of Mercy. Others may wear jewellery of significance in Buddhism. Christian followers may wear a plain cross.

Use of religious symbols

Christian symbols, such as a plain cross, will only be appropriate for Christian followers.

Additional Notes on Maternity and Paediatric Care

Birth rituals

Traditionally, Chinese women work within particular cultural norms after a birth and many may still follow these norms:

- According to Chinese custom, Chinese women should rest after giving birth to a baby. The custom is called zuoyuezi, which translates as 'stay in for one month'.
- No personal washing (shower or bath) is carried out after a birth for a period of time,

which can be up to two weeks or more and cold water in particular is avoided. They may also not drink cold liquids during this time and may avoid going outdoors.

- Family may wish to bring particular foods to the hospital that were traditionally used to recoup the new mother's energy.
- Chinese women are open to breastfeeding.

Initiation ritual/infant baptism

Essential Practice Point 8

Where there is imminent threat to a baby's life and the family is Christian it is best to check with the family if they would like the baby to be baptised. Infant baptism is not practised in the evangelical tradition and other Christian churches have individual requirements. A baby born to a Buddhist family will not need to be baptised.

Foetal, infant and child death

There are no particular cultural norms regarding miscarriage, stillbirth or child death. Any religious affiliation (most likely Buddhist or Christian) may determine how these processes are managed.

Naming convention

See Essential Practice Point 3.

Developing a Contact for the Chinese Community

First source a personal contact from the person, who can be called for support and for guidance should religious services be necessary.

Buddhist:

It is best to source the name of a spiritual contact from the person, as the Chinese form of Buddhism is relatively free of overt ritual. See also section on Buddhism.

Christian:

The website of the Chinese Gospel Church of Ireland provides details of a number of Chinese Christian groups in Ireland at <https://cgci.ie/>. See below:

Dublin:

9 Middle Abbey Street, Dublin 1
Tel: 087 9462750

Chinese Gospel Church of Ireland, Esker House,
Esker Road, Lucan, Co Dublin
Tel: 087 9933901

Limerick:

Limerick Protestant Young Men's Association -
97 O'Connell St, Limerick, V94 793X
Tel: 083 4840381

Louth:

Bachelors Ln, Lagavooren, Drogheda, Co. Louth
Tel: 087 2842647 / 087 2199881

Portlaoise:

Portlaoise Life Church, Unit A11, National
Enterprise Park, Co. Laois, R32 HA21
Tel: 087 9462750

See also:

Cork Chinese Christian Fellowship
Deerpark CBS, Saint Patrick's Road, Turners
Cross, Cork, Cork, Ireland, T12 XT96
Email: corkchinesechristianfellowship@gmail.com

Contributors

Two cultural informants from the Chinese community in Ireland reviewed this section. They were:

- Dr. Jun Ni, Chinese-Irish Intercultural Specialist and lecturer of Chinese, Technological University Dublin.
- Dr Nicole Lam, National Social Inclusion Office, HSE



A Celtic Cross is the symbol of the Church of Ireland.

CHURCH OF IRELAND/ ANGLICAN COMMUNION

The Church of Ireland belongs to the Anglican Communion, a worldwide grouping of self-governing churches, including the Church of England. In Scotland and the United States, members are known as Episcopalians.

The *Christian Bible* is the key holy book of the Church, which shares the principal beliefs of other traditions of Christianity.

Clergy are usually called priests or deacons. Those in charge of parishes are usually described as rectors.

Profile of the Church of Ireland/Anglican Communion

The Church of Ireland has the second largest (stated) religious affiliation in the state. Census 2022 indicated that the Church increased its membership to 124,749. This represented an increase of nearly 2% since 2016.

Those who are likely to belong to the Church of Ireland are mostly Irish but increasingly members may have been born outside the State. Many Anglicans in Ireland have come from the UK, mainland Europe, North America, Africa and Asia.

Some of the people in the healthcare setting, for example visitors to Ireland, may be members of churches in communion with the Church of Ireland. These include the Church of England. Scottish and United States' members refer to themselves as *Episcopalians*.

Lutherans from the Nordic and Baltic countries are also full members of the Church of Ireland. The Church of Ireland can act as a representative of Lutheran Church members from Estonia, Finland, Iceland, Latvia, Norway and Sweden. All practices/ceremonies are the same in both churches.

Care of the ill

Religious contacts and religious practices

Essential Practice Point 1

- Each healthcare setting has a designated Church of Ireland chaplain whose role assists in responding to the religious and spiritual needs of members of the Church of Ireland and other Anglicans. Clarify with the person if they would prefer to be visited by their own priest/rector or if they are satisfied that the chaplain administers religious services.

- Anglicanism contains a number of religious ceremonies, called sacraments, each of which has a specific purpose including aiding healing during illness, preparation for death and initiation of infants into the religion. Two commonly administered sacraments are those of *Holy Communion* and *Baptism* (described below). The chaplain or religious contact may administer any sacrament required.

Blood Transfusion and Organ Transplantation

There is no religious objection to these matters.

Care of the Dying

Death-related religious rituals

Essential Practice Point 2

In the event of imminent death, the chaplain or designated religious contact given by the person should be called to provide religious and spiritual support to the person and family.

- The Church of Ireland chaplain being called to offer prayers may comfort Anglicans and their families. At the request of the person or family, the chaplain will administer the *Sacrament of Holy Communion*. A request may be made to the chaplain to anoint the dying person. This may need sensitivity on the part of the chaplain to address the wishes of all concerned.
- Prayers may be said at the bedside of the dying patient. Following death, the family may wish to gather around the bed to commend the person to God and give thanks for their life. The Church of Ireland chaplain can assist these practices.
- Often a short service may take place in the mortuary chapel prior to the deceased leaving.
- Anglicans of Irish origin may expect a health practitioner to sit with them in the moments following the loss of a loved one. It is important to discern the family expectations in these matters and be sensitive to them. If in doubt, check with the chaplain.

Cleaning and touching the body

Essential Practice Point 3

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There is no religious objection to a post-mortem.

Interment ritual

Both burial and cremation are acceptable generally. Arrangements are usually made with the person's local Church of Ireland clergy.

Religious Icons and Symbols

Personal and religious items

Some Anglicans (and Lutherans) may wear a cross. This should be treated with respect and should not be removed without the consent of the patient/ family.

Use of religious symbols

- A plain cross and candles are appropriate in the mortuary area.
- It is preferable that the crucifix (a cross with the figure of Christ) is not displayed in the mortuary area when an Anglican family is using the facility.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 4

- In the Anglican tradition, the *Sacrament of Baptism* is the religious ceremony that initiates the person into the religion. This usually takes places in infancy. If a newborn infant is in danger of death it is important that the child be baptised.
- If the infant dies before baptism can be performed, a *Naming Ceremony* can be offered by a Church of Ireland chaplain or priest.

- In an emergency, any Christian, including a midwife or another healthcare practitioner, may perform a baptism. This is done by making the sign of the Cross on the child's forehead, pouring a little water on the forehead and saying the words "(child's name), I baptise you in the name of the Father and of the Son and of the Holy Spirit, Amen." Many parents will derive great comfort from knowing that their child has been baptised.
- Later, a surviving child can be publicly welcomed into the religion.

Foetal, infant and child death

- There are no specific religious requirements governing many areas of foetal, infant and child death. The chaplain can offer particular ceremonies based on the needs and wishes of the parents, which are of paramount importance in these sensitive situations.
- In the case of a stillbirth, the chaplain can offer a *Blessing or Naming Ceremony*. These rituals can also be performed in the case of miscarriage, based on a request from parents.
- A funeral service will be offered for all cases of foetal, infant and child death. The nature of the service is based upon the wishes and needs of the bereaved. Local clergy tend to work with the bereaved family in the preparation of the funeral service. The chaplain will be a contact person and a resource in these matters.
- Parents will value the knowledge that the remains are treated with respect.

Memento of a deceased child

There is no objection to offering a memento of a deceased child to the parents, be it a footprint, handprint, lock of hair, etc.

Developing a Church of Ireland Contact

Each healthcare setting has an appointed Church of Ireland chaplaincy resource. The chaplaincy department can provide details of the local contact.

- The annual publication *The Church of Ireland Directory* lists the names and contact details of chaplains assigned to hospitals.
- Website: <https://www.churchofireland.org/directory>.

Contributors

This section was reviewed by Rev Janet Finlay Church of Ireland chaplain for the Midlands Hospital, Portlaoise also Revd. Alec Purser and Revd. Canon Patrick Harvey.

Two Church of Ireland clergy contributed to the original section: Reverend Bruce Pierce and Canon Patrick Comerford, Church of Ireland Theological Institute



The trumpeting Angel Moroni, a Book of Mormon prophet, is a common symbol above Mormon temples.

CHURCH OF JESUS CHRIST OF LATTER- DAY SAINTS (ALSO KNOW AS MORMONISM)

The Church of Jesus Christ of Latter-day Saints is founded on the teachings of Jesus Christ as revealed to Joseph Smith Junior, a US American. Latter-day Saints regard Joseph Smith as a Prophet.

The movement emphasises that it is Christian, while it is regarded as holding distinctive beliefs. Latter-day Saints accept the *Christian Bible* and other sacred texts of the religion including *The Book of Mormon, Another Witness of Jesus Christ*, which contains revelations given to Joseph Smith.

There are approximately 17 million Latter-Day Saints in the world, with approximately 6.5 million living in the USA.

Profile of Latter-day Saints in Ireland

Census 2022 indicated that the number of members of the Church of the Latter-day Saints in the Republic of Ireland is 1,111.

The Latter-day Saints indicate that members are from a number of countries including Ireland, the UK, other EU countries, the Philippines, North and South America and African countries. Most Latter-day Saints are to be found in urban centres such as Dublin (four congregations), Cork, Limerick, Galway, Waterford, Dundalk, Bray, Sligo, Tralee and Mullingar.

Some Latter-day Saints were raised within the religion while others have converted. Both categories are represented within the current membership in Ireland.

The movement refers to members as Latter-day Saints and not 'Mormons'. The term Latter-day Saint should be used to describe the person for data purposes, etc.

Care of the ill

Religious contacts and religious practices

Essential Practice Point 1

- The movement has home teachers whose role includes visiting members in hospital. Church elders perform religious ceremonies. The person or family will normally know the name of their home teacher or the contact number for an elder. This contact needs to be sourced from the person on arrival so that appropriate support can be contacted as necessary. If these contacts are not known, a contact may be sourced directly by the healthcare setting through the number provided at the end of the section.
- Home teachers conduct blessings of the sick and dying, which involve anointing with oil and laying of hands upon the head of the sick person.

Family dynamics and decision making

Some members are converts from other religions. There is a possibility of conflict in relation to religious services if family members do not respect this choice. Here, as in other cases, the wishes of the person are paramount.

Blood Transfusion and Organ Transplantation

There is no religious objection to these matters.

Care of the Dying

Death-related religious rituals

Essential Practice Point 2

- The home teacher or elder should be called if a person is in danger of death to provide spiritual support to the person.
- There are no specific rituals for dying Latter-day Saints. The person may wish to receive a blessing from an elder. Latter-day Saints believe that the best preparation for death is to live righteously.

Cleaning and touching the body

Essential Practice Point 3

- Healthcare staff may conduct normal cleaning and washing practices.
- The *sacred garment* (described under *Personal and religious items*) may be removed when washing a body and should be replaced afterwards.

Post-mortem requirements

There is no religious objection to a post-mortem.

Interment ritual

Burial is preferable to cremation for Latter-day Saints, while it is a matter for the family to decide. A simple and dignified service is normally held at the meeting house, if that is the family's wish.

Religious Icons and Symbols

Personal and religious items

- Some Latter-day Saints, both male and female, may wear a sacred garment. This may be removed with consent from the person as required and should always be replaced.
- Members may carry a copy of the *Christian Bible* and other holy texts.

Use of religious symbols

Latter-day Saints do not use religious icons as part of their religious practices. It is not appropriate to display the crucifix (a cross with the figure of Christ), cross, or use candles in a mortuary area when Latter-day Saints are using the facility.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 4

Latter-day Saint children are usually baptised when they reach the age of eight. Latter-day Saints believe that little children are incapable of committing sin hence, infant baptism is not necessary.

Foetal, infant and child death

There are no specific religious requirements governing miscarriage, stillbirth, infant or child death. The home teacher or elders can provide solace to parents and other family members by offering prayer, reading scripture, giving sensitive counsel, providing blessings of comfort or otherwise being available to assist in any way required.

Memento of a deceased child

It is best to check with family before offering a memento of a deceased child.

Developing a Church of Jesus Christ of Latter-day Saints Contact

The name of the person's religious contact (home teacher and elders) should be sourced directly from the person. Requests for information and the contact details for the local home teacher and elders can be sourced from the Latter-day Saints headquarters. See also:

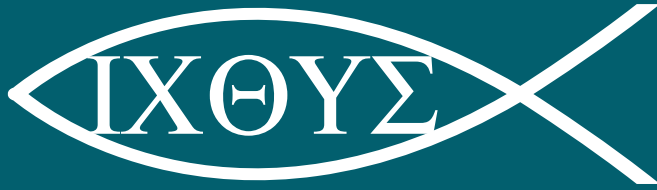
Website: <https://local.churchofjesuschrist.org/en/ie/dublin/11-the-willows>

Ireland Dublin Mission, The Willows, Finglas Road, Glasnevin, Dublin 11.

Tel: (01) 830 6899

Contributor

Mr John Connolly, Director of Public Affairs, Church of Jesus Christ of Latter-day Saints contributed to the original version of this section.



The *Ichthys*, an image of a fish and an early Christian symbol, is a recognised symbol in the evangelical movement. Other common symbols include a plain cross, the *Bible* or a dove, representing the Holy Spirit.

EVANGELICAL CHURCHES

Evangelicalism is a movement within Christianity distinguished by its distinctive emphases. These are the sole authority of the *Christian Bible*, the need for personal conversion and new birth through faith in Christ's death on the cross (hence the reference to 'born again Christians'), and the mandate for preaching the Gospel throughout the world. The movement also shares the principal beliefs of other traditions of Christianity.

An evangelical Christian may be a member of a Christian denomination or of an independent evangelical church or group, which is not part of any Christian denomination.

Pentecostalism is a closely related movement and is usually included in the category of evangelicalism. The evangelical movement has been growing steadily and presently numbers hundreds of millions on all continents.

The Irish evangelical movement developed its present form in the 18th century. A major early influence in evangelicalism was the Reverend John Wesley, an Anglican minister whose distinctive method of teaching and preaching later gave rise to the Methodist Church.

The movement uses a lower case e when writing the word evangelical.

Profile of evangelical Churches in Ireland

Evangelicalism is now expressed as a part of virtually every Christian denomination including Baptist, Church of Ireland, Methodist, Presbyterian and Pentecostal. There are also numerous independent evangelical churches in Ireland, some with congregations in excess of five hundred. A number of social, relief and mission agencies such as the Salvation Army and the Young Men's Christian Association (YMCA), TearFund Ireland, etc., work to evangelical principles.

Census 2022 recorded 8,646 people identifying themselves as evangelicals. As evangelicals in the major denominations tend to list as members of those churches, the actual figure in the Republic of Ireland may be larger. Evangelicals may be Irish and from new communities, particularly Africa, Asia (including the Philippines) and South America.

There are evangelical congregations throughout the country in major cities and other urban centres. As mentioned above, some of these are led by clergy or ministers from the major denominations.

Others are independent churches, groups, or fellowships, whose leaders are usually referred to as pastors, elders or sometimes-senior leaders. There are currently a number of evangelical and Pentecostal churches in Ireland including Chinese, Filipino and African (the last are detailed in the Pentecostal section).

Evangelical Alliance Ireland (EAI) is the largest movement of evangelical churches, organisations and individuals in Ireland. There are also other organised groupings of evangelical churches.

Care of the ill

Religious contacts and religious practices

Essential Practice Point 1

There are numerous evangelical congregations in Ireland. An evangelical Christian may not be easily identifiable in healthcare settings, while they will wish to have any religious practices conform to their belief system. They may identify themselves as part of a particular denomination, an independent church or simply a Christian. It is particularly important to clarify the name of the contact to be called for religious support for the person and guidance for the healthcare setting at critical points, such as death-related matters.

The evangelical movement places emphasis on the *Christian Bible*, prayer and personal faith in Jesus Christ. Relatively speaking, compared to some other Christian traditions there is less emphasis on ceremony, ritual and symbols. It is likely that religious and/or community members may sit at the bedside reading passages from the *Bible* and praying, and sometimes a group may request a room to worship with singing.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point 2

Rituals to prepare a person for death, where they exist, vary depending on whether the person is from a particular denomination or not. In case of imminent death, the named religious representative should be called, who will provide support as necessary.

Evangelical Christians do not pray for the dead; prayer at this time is usually thanksgiving for the life of the deceased person and comfort for the family.

Cleaning and touching the body

Essential Practice Point 3

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There is no religious objection to post-mortem.

Bereavement and Interment ritual

Both burial and cremation are acceptable generally.

The religious leader will generally facilitate the family with bereavement issues.

Religious Icons and Symbols

Personal and religious items

Plain crosses and the *Christian Bible* tend to be the most common symbols across the spectrum of the evangelical movement.

Use of religious symbols

- A plain cross is appropriate in the mortuary area.
- The crucifix (a cross with the figure of Christ) is not usually considered an appropriate symbol. It should not be displayed in a hospital mortuary unless the religious leader/family directs otherwise.
- Icons/images of Christ, Mary (Mother of Jesus) and saints as well as prayer beads are also not appropriate.
- It is advised to check with the religious leader or family before using candles, as they are not a common symbol across all denominations and groups in the evangelical movement.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 4

- Evangelicalism emphasises personal conversion at a time the person is ready. However, the practice of baptism, the initiation ritual common to Christian traditions, is likely to vary across the groups within the evangelical movement.
- Most independent (non-denominational) evangelical groups, Pentecostals and Baptists practice baptism (i.e. initiation into the religion) by full immersion in water at a time when the person is ready to choose the Christian religion. Therefore, infant baptism is not practiced, even in cases of threat to life of the infant.
- The Salvation Army does not practice baptism.
- The Church of Ireland, Methodist and Presbyterian sections of this Guide contain specific information about the views of the respective churches on infant baptism and the manner in which it should be carried out if necessary. Please consult these sections for specific guidance if the infant is a member of any of these traditions.

Foetal, infant and child death

- There are no specific religious requirements in cases of foetal death or stillbirth. The parents' wishes should determine what should happen.
- Normally a service is held for deceased infants and children, while the nature of the service depends on the age of the child and the parents' wishes. The religious contact will be a resource in these matters.

Memento of a deceased child

There are no religious restrictions on giving a memento of a deceased child to the parents such as hand/foot-prints, a lock of hair etc. It is appropriate to ask if families would find this helpful.

Developing a Local Evangelical Church Contact

Individual religious contacts need to be sourced from the person, given the scale and diversity of churches and organisations within the overall movement.

For information about the overall movement in Ireland or for information on local churches contact:

Evangelical Alliance Ireland,
Ulysses House, 22/24
Foley Street, Dublin 1.
Website: <https://www.evangelical.ie/>

Contributors

Mr Fergus Ryan, Senior Leader of Trinity Church Network (www.trinity.ie) provided information for the original version of this section.



The Cross and Crown motif encircled by the words of Jesus Christ is the symbol of the Christian Science movement. The motif is displayed on *Science and Health with Key to the Scriptures*. This work, together with the *Christian Bible* are the key holy books of the movement.

FIRST CHURCH OF CHRIST, SCIENTIST (ALSO KNOWN AS CHRISTIAN SCIENCE)

Mary Baker Eddy, an American author, teacher and religious leader, founded the Church of Christ, Scientist. She devoted her life to the practice of healing through prayer, resulting in a religious system she named Christian Science and described in her book, *Science and Health with Key to the Scriptures*.

Christian Science is a Christian denomination, though some of its beliefs differ from orthodox Christian doctrine. It is based on the *Bible* and the life and works of Jesus Christ. The Church subscribes to one God (who is Father and Mother) and to Christ as the Son of God.

Individuals who practice Christian Science endeavor to follow Jesus' example in seeking healing of all kinds of problems through gaining an increased knowledge of God and one's relationship with God. Christian Scientists believe healing occurs as a result of prayer and Scriptural study, linked with putting Jesus' teachings into practice in one's daily life. There is no ordained clergy. Members engaged in the full-time healing ministry are called Christian Science practitioners.

Profile of First Church of Christ, Scientist (Christian Science) in Ireland

There is no specific data for the number of Christian Science followers in the Irish State. There is a Christian Science Church in Dublin.

The First Church of Christ, Scientist (Christian Science) has had a presence in Ireland since the late 1880s when Marjorie Colles began the practice of Christian Science healing in Dublin after attending a series of classes in Boston conducted by founder Mary Baker Eddy. Christian Scientists in Ireland first began meeting formally in Dublin in 1902. Adherents of Christian Science are located in several parts of Ireland.

For nearly 150 years, Christian Scientists have relied on their religious practice to meet health needs. This is not out of opposition to medical practice, but because Christian Scientists have found the practice of their religion to be effective in preserving and maintaining their health. Christian Scientists and their family members are free to choose the care that they feel is best for them at any given time. There is no church policy mandating members' health care decisions.

Care of the ill

Beliefs about the treatment of illness and Traditional Medicine

Essential Practice Point 1

- Christian Scientists believe the biblical promise that 'God is our refuge and strength, a very present help in trouble' and that turning to Him in prayer can bring comfort, help and healing.
- Typically, individuals who practice Christian Science choose to rely on their religious practice, rather than on medical care, to meet their needs. However, they are always free to choose the type of healthcare they desire. These decisions are based upon a variety of factors, including life experience, effective past reliance on their religious practice, and family and community expectations and needs.

- Some individuals may only want to be told minimal details and may request the least invasive procedure or a lesser amount of medication. They may also ask for time to pray before making a decision. It is important that healthcare workers discuss with service users what information, level, and type of care they wish to receive.

Religious contacts and religious practices

Essential Practice Point 2

Christian Science does not have formal ordained clergy. It will be necessary to ask the person whom they would like to be contacted for religious support.

The religion has Christian Science practitioners who are in the full-time healing ministry. A Christian Scientist may wish to contact a Christian Science practitioner for prayerful support. Contact details are given at the end of the section. The person may need privacy and a quiet atmosphere for prayer and spiritual practice.

The person may need privacy and a quiet atmosphere for prayer and spiritual practice.

Family dynamics and decision making

Some Christian Scientists may have been raised in other traditions and may have family members who feel differently regarding medical treatment. The wishes of the person are always paramount and must be respected.

Blood Transfusion and Organ Transplantation

The individual is free to choose their health care options, and there is no church policy regarding blood transfusion and organ transplantation. The religion respects the person's wishes. With any medical procedure, particularly those of a more serious nature, a period for prayer may be requested before making a decision regarding proposed treatment or undertaking medical intervention.

Care of the Dying

Death-related religious rituals

Essential Practice Point 3

There is no specific ritual surrounding preparation for death in Christian Science. It is important to discern if the person wishes to have their designated religious contact person present if death is imminent.

Cleaning and touching the body

Essential Practice Point 4

- Healthcare staff may conduct normal cleaning and washing practices.
- It is a religious requirement that, wherever possible, female staff should handle females after death. However, there is no similar requirement for male patients.

Post-mortem requirements

Post-mortem is usually only agreed to where there are compelling medical or legal reasons.

Interment ritual

Cremation is often chosen in preference to burial, but it is entirely a matter of family choice.

Religious Icons and Symbols

Personal and religious items

- Religious icons and symbols are not part of Christian Science worship and members usually do not wear items of religious significance.
- The person may have their own copy of the *Christian Bible* and the book *Science and Health with Key to the Scriptures*. They may also wish to have other Christian Science literature.
- Where healthcare settings are compiling resources for various religions the book *Science and Health with Key to the Scriptures* should be included.

Use of religious symbols

Christian Scientists do not use or display religious icons but would not normally object to icons of other Christian traditions being displayed in a mortuary setting.

Additional Notes on Maternity and Paediatric Care

Approach to child welfare

The health and well-being of the child is uppermost in Christian Science families. Individual decision-making about healthcare needs is always left to families and the church has no involvement in them.

Initiation ritual/infant baptism

Essential Practice Point 5

Christian Scientists do not conduct baptism (initiation into the religion); therefore, infant baptism is not necessary, even in the case of threat to life.

Foetal, infant and child death

- There are no formal religious requirements or rituals required in relation to stillbirth, miscarriage or death among infants.
- Children's bodies should be treated in the same way as adults.

Memento of a deceased child

There are no restrictions on giving mementos for a deceased child and this will be an individual choice.

Developing a Christian Science Contact

The contact details are:

Nikki O'Hagan,
Christian Science Committee on Publication for
Ireland

Tel: (087) 278 1593

There is a worldwide directory of Christian Science practitioners. These practitioners are available on a round-the-clock basis and the directory may be accessed online at www.christianscience.com

Additional information about Christian Science may be obtained from the Church's representative in Ireland and from www.christianscience.com

Contributors

Kylie Sisson, District Manager, Christian Science Committees on Publication for United Kingdom and Ireland and Nikki O'Hagan, Christian Science Committee on Publication for Ireland contributed to this section.



The Om depicted here (also spelled Aum) is a well-known Hindu Sacred sound and symbol.

HINDUISM

Hinduism, which developed in the area of modern day India, is among the oldest of the world's religions. The religion originally derived from the Vedic scriptures (or Vedas), in existence for up to 6000 years.

Hinduism is a vast religion. Hindus worship One Supreme Reality (God) and believe that all souls ultimately become one (*self-realise*) with the Supreme Reality. Various divine qualities of the Supreme Reality are expressed through Gods and Goddesses. Spiritual well-being comes from leading a dedicated life based on non-violence, love, good conduct and selfless service, and ultimately from experiencing the existence of the Supreme Reality within. The Truth may be realised through devotion to a particular aspect of the Supreme Reality, hence the worship of Gods such as Lord Krishna and Goddesses such as Durga, and practices such as self-analysis, selfless service and meditation.

Hinduism has influenced other traditions such as Buddhism.

Fifteen per cent of the world's population are Hindus who live predominantly in India, Nepal and Sri Lanka.

Profile of Hinduism in Ireland

There has been a Hindu community in Ireland since the 1980s. Census 2022 indicates that the number of Hindus increased significantly between 2016 and 2022 to 33,043, an increase of 140%.

The main Irish Hindu community is of Indian ethnic origin, the main grouping is from the Indian sub-continent with others from Malaysia, Sri Lanka, Nepal, the Philippines and from South Africa.

The main communities in Ireland are in Dublin, Cork, Galway and Limerick with some in other urban centres.

There are also ethnic Irish Hindu followers, some of whom are married to people of Indian ethnicity and who follow the religion, and others who are part of groups such as the Hare Krishna movement.

Cultural norms in India have implications for how Hindus of Indian origin behave. As this is the dominant group in the Hindu community these norms are discussed here.

Vedic Hindu Cultural Centre Ireland (VHCCI) was launched in 2015 with a view to create an Indian Cultural Centre in and around Dublin. The first-ever Hindu temple was inaugurated in the capital Dublin on August 22, 2020. It's the first centre of its kind for Ireland's growing community of Hindus.

Care of the ill

Beliefs about the treatment of illness and Traditional Medicine

Hindu scriptures discuss *karma*, the law of cause and effect, where each individual creates their destiny through their thoughts, words and actions. Hindus believe that illness and health-related issues may result from their karma in this or past lifetimes. Illness and difficult situations provide the opportunity to purify the karma and evolve spiritually.

Essential Practice Point 1

- Some Hindus may follow the traditional Hindu system of medicine known as *ayurveda*, which treats imbalances with meditation, diet, exercise and herbal remedies. Some may prefer to continue these practices while undergoing western medical treatment.
- Check if the person is taking herbal remedies and determine if the content conflicts with any prescribed medication.

Religious contacts and religious practices

Essential Practice Point 2

A number of Hindu priests now live and work in Ireland who can lead religious practices. It is advised also to seek the name of a family or community contact who can attend to traditional rituals if needed and particularly in relation to death.

Religious practices may include prayer, meditation and the reading of scripture. A small picture or statue of a Deity may be used in prayer or a mantra (a sound vibration representing an aspect of the Divine) may be recited on a mala (prayer beads strung together). Some may wish to face North or East during religious practice.

Essential Practice Point 3

These practices do not need any specific accommodation from the healthcare setting unless a specific request is made.

Food and the content of medicine

Essential Practice Point 4

- Food requirements need to be discussed with the person and provision made to source culturally appropriate food, as necessary.
- Vegetarianism is recommended in Hindu scriptures and is widespread in India.
- Hindus are free to choose their own diet and many eat some types of meat. Beef should not be offered to a Hindu as the cow is sacred to Hindus. Some will not eat pork.
- Spices and salt are commonly used, yoghurt and sweets taken with meals and ghee (clarified butter) is used instead of oil in cooking.
- Eating with the right hand, without cutlery, is the traditional method, while in Ireland eating with cutlery is considered acceptable.
- A person should be advised if medication contains animal products so that they can make a choice about whether to use the medicine or not.

Ablutions and washing

Culturally, some Hindus may follow rules observed in many parts of Asia. The bed-bound may request water for washing before prayer, before eating and possibly after toileting.

- Most are likely to wash before prayer and before eating.
- Traditionally people wash after toileting, although in the West people may prefer to use toilet paper.
- Those of Asian origin tend to shower for daily washing and some may prefer to use running water rather than a bath to wash if a shower facility is not available.

Gender issues and modesty

Hindus may adhere to traditional modesty observances common among people of Asian origin. Both men and women may prefer to be as covered as much as possible during a physical examination and may prefer a physical examination to be as private as possible.

Women are increasingly being treated by male medical personnel in India and are unlikely to request a female practitioner.

Family dynamics, decision making and community visits

Essential Practice Point 5

Cultural norms in India relating to extended family bonds, community bonds, respect for elders and respect for private space have implications for how all Hindus of Indian ethnicity will behave in healthcare settings.

- The person may wish to consult family members in the making of any medical decisions, such as whether or not to operate, and some may expect to be automatically involved in decision-making.
- A woman may wish to consult her husband about medical decisions in line with traditional norms in India.
- Family and community will visit an ill person, sometimes in large numbers and these may need to be managed.
- When visiting an older relative, the visitor may stand until invited to sit by his/her elder.
- In India, a person normally removes their shoes before entering a home, a place of worship, and certain other places. Hindu visitors may choose to remove their shoes before entering the ill person's private space (room, cubicle, etc.).
- Most Hindus speak English but use their native language with others who speak the same language or dialect. Hindi is the major mother tongue of most Hindus.

Blood Transfusion and Organ Transplantation

Selfless giving is a virtuous act in Hinduism. Hindus therefore are likely to be extremely grateful for blood transfusion or organ transplantation.

Care of the Dying

Family and community visits

See points under the theme Family dynamics, decision making and community visits above.

Death-related religious rituals

Essential Practice Point 6

Hinduism subscribes to a belief in *samsara*, the cycle of life, death and reincarnation, until liberation (*moksha*) is achieved. Death is a hugely significant life event signalling either the attainment of liberation or the continuation on the pilgrimage of life. There are particular rituals involved in preparing for death. These include reading passages from holy texts, using holy water from the source of the Ganges River in India and offering blessed food (*prashad*).

- In the event that death is imminent and family is not available, it is advised to seek the name of a family or community contact who can attend to traditional rituals if needed and particularly in relation to death.

Customs to be observed at death

- Hinduism encourages family and mourners to not be excessive in their mourning so that the soul can leave and journey on. They are also encouraged to remember the deceased with happy thoughts as the soul will receive those positive thoughts.
- If the body has to be left alone, a light or a candle should be left burning (safely) near the head of the deceased as a mark of respect and to comfort their soul.
- It is practice for interment to take place within 24 hours. If there is a delay (for example if the death needs to be reported to the coroner) this needs to be explained to the family.

Cleaning and touching the body

Essential Practice Point 7

- Traditionally the family prepared the body according to customary practice; where family is available check their preference.
- In the event that family are conducting the customary preparation and are not immediately available, healthcare staff should only conduct essential tasks such as closing the eyes of the deceased, removing any tubes and cleaning any excretions.
- Where the person has no immediate family in Ireland, contributors have indicated that it is appropriate for healthcare staff to clean and wash the body.

Post-mortem requirements

- Most Hindus will not object to compulsory post-mortems, providing all of the organs are returned to the body.
- A post-mortem should be carried out as soon as possible so that arrangements can be made for interment to take place quickly.

Religious Icons and Symbols

Personal and religious items

- Many Hindu practitioners are likely to carry images of Gods or Goddesses and holy beads. These items need to be treated with reverence.
- Female Hindus of Indian ethnicity wear wedding jewellery and this should not be removed without permission from the family.
- Hindu males may wear a sacred thread and this should not be removed without permission.
- If for any reason the sacred threads and jewellery needs to be removed, the family's permission must be sought and it should only be removed in their presence.

Use of religious symbols

It is not appropriate to display icons of Christianity in the mortuary area when a Hindu family is using the facility.

Interment ritual

Hindus will want to return the body of their dead relative to the earth as quickly as possible and before the next sunset if they can. The traditional method of disposal is cremation and the ashes scattered into a river. Some may return the ashes to the Ganges River.

Bereavement

Traditionally a Hindu family remain in mourning for a period of thirteen days, time secluded from the rest of their community and purifying themselves and their home. At the end of this period the community joins in a prayer service.

Additional Note on Maternity and Paediatric Care

Birth and initiation rituals

Traditionally, in the East a husband did not attend a birth while in the West the Hindu husband may wish to be present.

Hindu women breastfeed their children within their own culture.

Community members may visit the mother and newborn child and normally they bring gifts for the baby.

Essential Practice Point 8

Many Hindus consult their horoscope (placing of the planets, stars, etc., at the moment of birth) at various times throughout their lives. Noting the exact time of a baby's birth is important to precisely determine the child's horoscope.

On the 10th day after birth the child is named, blessed and given a Hindu name. This ritual is called *Namkaran Sanskar*.

Foetal, infant and child death

Miscarriage and stillbirth may be sensitive issues for a Hindu woman and her family. There may be beliefs that karmic processes influenced the events. The woman and her family may prefer to deal with the matters privately and quietly.

Traditional death rituals, including the preparation of the body, are carried out on foetuses that die from the third month onward, infants and children.

Developing a Hindu Contact

The name of a religious contact should be sought directly from the person.

For general information contact the Hindu Cultural Centre of Ireland:

Website: www.hindu.ie

Email: info@hindu.ie

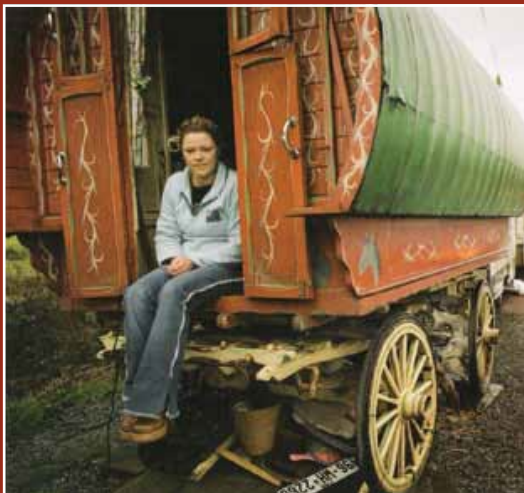
See also:

Irish Vinayaka Temple

<https://www.ivt.ie/>

Contributors

The contributors to the original section included Mr Vivekanand Sakaram, Irish Vinayaka Temple, Mr Sudhansh Verma, Mr Deepak Inamdar and Dr Hemant Kumar (General Practitioner) from the Hindu Cultural Centre of Ireland



IRISH TRAVELLER COMMUNITY

The wagon was the traditional home of nomadic Irish Traveller families. Traditionally Travellers burned the wagon in which the person had died. Nowadays, many may not wish to continue to live in the trailer, mobile home, caravan, those on Local Authority sites or the homes that nomadic families live in, if a person has died there.

Profile of the Irish Traveller Community

The number of usually resident Irish Travellers increased by 6% from 2016 to 32,949 as recorded in Census 2022.

Travellers are an indigenous minority who have been documented as being part of Irish society for centuries. The group has a long shared history, identity, language and value system, which makes them a distinct group.

While Irish Travellers are native to Ireland, they have much in common with European Travellers and Gypsies. Officially, the Irish Government recognises Travellers as an Ethnic Minority Group.

General Cultural Features and Social Experience

Travellers are distinguished by a rich storytelling and musical heritage. Many Irish musicians, for example Christy Moore, openly acknowledge their debt to Traveller musicians who retained the musical heritage of the land.

The Travellers' experience is one of exclusion from rights and privileges enjoyed by their settled counterparts. For example, Travellers have a higher stillbirth rate, a higher infant mortality rate and a lower life expectancy than the settled population.¹

Essential Practice Point 1

Travellers also experience discrimination and racism in service provision, largely as a result of inbuilt prejudices and stereotyping. Discriminatory and racist treatment of Travellers in healthcare provision is unlawful under the provisions of the Equal Status Acts 2000 to 2018, as they are recognised as an Ethnic Minority Group. Such experiences have implications for Travellers who present themselves to and interact with the HSE. For these reasons, dignity, respect and non-discrimination need to be part of the approach to Travellers in healthcare settings.

Some features of Traveller culture and social experience are given here for guidance. It is important to recognise that there is wide diversity and that each person is unique.

Religious devotion and cures: The vast majority of Travellers are Roman Catholic and they tend to be devout in religious observance. The community retain beliefs about cures to be found in various natural phenomena, discussed in Essential Practice Point 2.

Extended family: Extended family and community are key social institutions in the Traveller community. In addition to defining identities and roles, they provide important support and protection in the face of anti-Traveller discrimination and social exclusion. This point is important for family visits in hospital.

Language and literacy: While the group has a traditional distinct language, called Cant, Travellers use English as a main language in everyday life. However, many Travellers, particularly older group members, may have literacy difficulties. For example, Travellers may not be able to read the letter-based reading tests due to literacy difficulties and not eyesight issues.

Nomadism: Moving from one place to another is part of the lifestyle of many, though not all, Travellers. At times of the year, the population of Travellers increases overall as relatives return from England and the populations of particular towns increase as Travellers migrate.

Marriage age, birth rate and social position of women: Travellers now marry at an older age and have smaller families than was the traditional custom. Unmarried births among Travellers are unusual while there is now a small incidence of this pattern. Traveller women participate in social affairs on an equal footing with men and many have taken on leadership roles in the community.

Dress/jewellery: Traveller dress sense is similar to that of the rest of Irish society. Family will wish to retain any jewellery on the body of a deceased relative.

¹ <https://www.paveepoint.ie/publications-and-research/> See also 2010 All Ireland Traveller Health Study Our Geels - UCD at https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf

Care of the ill

Beliefs about the treatment of illness and Traditional Medicine

Essential Practice Point 2

- Many Travellers have strong beliefs about the power of prayer and many wear icons of religious figures and relics of various saints (See Personal and Religious Items for more information).
- There is a rich heritage of traditional or folk healing practices among Travellers, some of which are similar to practices indicated in the section on Traditional and Ancient Religions. Travellers also hold strong beliefs in the healing power of water taken from holy wells, as well as oils/ointments infused with particular herbal remedies prepared by traditional healers.
- Some community members have knowledge of cures for particular conditions, such as thrush, warts, etc. This is given by the healer as a service to others, usually without payment. Community members who have these ailments may visit the healers. Community members in hospital may have 'cures' sourced from healers for a particular condition.
- Travellers tend to respect medical opinion in addition to retaining their belief in the power of traditional cures and religious practices (detailed below), prayer and relics. It is advised to check if the person is using any traditional remedies in addition to medical prescriptions.

Situations may arise where traditional healers wish to use hands-on healing and this may conflict with medical requirements that necessitate that a wounded area is not touched. Should this arise, discussion will be needed, so that a mutual solution can be found.

Religious contacts and religious practices

Essential Practice Point 3

Travellers usually welcome the support of the Roman Catholic Chaplain who will also administer all necessary religious ceremonies, practices and rituals related to illness and death. Others may also wish to see a priest that they have developed a relationship with over the years.

Treatment needs

Essential Practice Point 4

Due to the literacy issues highlighted above, plain English is necessary in any communication about healthcare issues. Written instructions such as prescriptions need to be explained verbally.

Blood Transfusion and Organ Transplantation

- There are unlikely to be objections to these procedures.
- Consideration needs to be given to literacy issues, if documentation is to be signed or consent sought for any of these procedures.

Care of the Dying

Community visits

Essential Practice Point 5

A critically ill or dying Traveller is likely to have a number of visitors. Traveller representatives have indicated that it is important to ascertain who will represent the family in interactions with hospital staff. This will help in mediating between the needs of the healthcare setting and family visitation needs.

Some families may wish to bring the deceased home for a traditional wake (ritual surrounding the community viewing of the body in the home).

Death-related religious rituals

Essential Practice Point 6

The Catholic chaplain or, if preferred, the person's own priest should be called to administer the customary rituals preceding death.

Cleaning and touching the body

The body may be washed by mortuary staff and dressed in clothes provided by the family.

Post-mortem requirements

There are unlikely to be culturally specific objections to a post-mortem.

Interment ritual and bereavement

Travellers usually bury their loved ones and many prefer to be buried in the areas that families lived in and have an affinity with.

Religious Icons and Symbols

Personal and religious items

Many Travellers are likely to have a number of religious and personal items with them. These may include images of saints, medals, holy water, oils and ointments. Due to the rich religious and folk healing heritage in the community, these items need to be treated with respect, as do the beliefs surrounding these items. It is best to check with family before removing any item from a body.

Any personal jewellery should be given to family following a death.

Use of religious symbols

As most Travellers are Roman Catholic, icons such as the crucifix (a cross with the figure of Christ), cross, images of saints and candles are appropriate in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Birth rituals

Traditionally, pregnant Traveller women had no contact with dead bodies and this may still be the case among many.

Initiation ritual/infant baptism

Essential Practice Point 7

Travellers are likely to want to have their child baptised if there is a threat to life. (See Roman Catholic section for full details)

Foetal, infant and child death

- Miscarried foetuses and stillbirths are treated according to Roman Catholic teaching. Children usually receive a full funeral.
- Parents may need time and space to mourn with the child and this needs to be accommodated.
- Due to the literacy levels among some Travellers, issues of organ retention need to be carefully explained, so there is informed consent.

Developing a Contact for the Traveller Community

The HSE in partnership with Traveller representative organisations has established a number of projects that work specifically on Traveller Health issues, part of which involve Primary Health Care Projects for Travellers. The key contacts for each are given below.

HSE Traveller Health Unit (THU) Staff (for links to PHCTPs / Traveller Health and Culture):

THU South East

Counties: Carlow, Kilkenny, South Tipperary, Waterford and Wexford

Contact: Zoe Doheny

Tel: 087 1007232

Email: lzoe.doheny@hse.ie

THU North West

Counties: Donegal, Sligo, Leitrim, Cavan and Monaghan
 Contact Elaine Robinson
 Tel: 074 9123757 /087 23210673
 Email: elainet.robinson@hse.ie

THU Mid-West

Counties: Clare, Limerick and North Tipperary
 Contact: Josephine Fogarty
 Tel: 061 469144/ 0860434100
 Email: josephine.fogarty1@hse.ie

THU South West

Counties: Cork and Kerry Contact: Deirdre O'Reilly
 Tel: 022 31809/0879919792
 Email: deirdremary.oreilly@hse.ie

THU East

Counties: Dublin, Kildare and Wicklow
 Contact: Lynsey Kavanagh , Pavee Point
 Tel: 01 8780255/ 0858249621
 Email: lynsey.kavanagh@pavee.ie

THU West

Counties: Galway, Mayo and Roscommon
 Contact: Thelma Birrane
 Tel: 0949049223/ 0876182073
 Email: thelma.birrane@hse.ie

THU Midlands

County: Laois, Longford. Offaly and Westmeath
 Contact: Jimmy Todd
 Tel: 057 9359622/ 086 8062387
 Email: jimmytodd@hse.ie

THU North East

County: Louth, Meath
 Contact: Michelle Donnelly 087 9978748
 Email: Michelle.Donnelly@hse.ie
 County: Meath
 Contact: Eileen Gilsenan
 Tel: 046 9071679/ 087 6449544
 Email: eileen.gilsenan@hse.ie

The key contacts nationally are the Traveller Health Project Managers at the National Social Inclusion office; Brigid.quirke@hse.ie (087 9576073) and Michelle.Kearns2@hse.ie (087 4526587)

See also:

Pavee Point Traveller & Roma Centre
 46 Charles Street Great
 Dublin 1 (Eircode DO1XC63)
 Ireland
 Phone: +353 (01) 8780255
 Fax: +353(01) 8742626
 Email: info@pavee.ie

Contributors

- Ms Mary-Brigid Collins and Ms Doireann Crosson, Pavee Point Traveller & Roma Centre.
- Ms Mary-Brigid Collins, Coordinator of Primary Health Care for Travellers Programme, Pavee Point Travellers Centre, facilitated a consultation to review this section and provide feedback with a Traveller Women's Group based at Pavee Point. Some of these women are Primary Care Workers and/or leaders in their local communities.
- Ms Brigid Quirke and Ms Michelle Kearns, Traveller Health Project Managers at the National Social Inclusion Office (HSE).



The Crescent Moon and five-pointed Star became a prominent symbol of Islam from the 19th century onwards.

ISLAM (MUSLIMS)

Islam means *surrender to Allah's (God's) will* and followers are referred to as Muslims. The Qur'an (Koran), the Islamic key holy book, contains the stories of a number of prophets also contained in Jewish and Christian texts. These include Adam, Noah, Abraham, Moses and Jesus. Muslims view the Prophet Muhammad as the final prophet and the teachings given to him by Allah are contained in the Qur'an.

Islam is followed by approximately 21% of the world's population, in effect making it the largest single religion in the world.

The religious leader is referred to as an imam, literally translated as 'one who stands at the front'.

Profile of Islam in Ireland

Muslims have been living in Ireland since the 1950s and over the decades have become a significant minority religion, many of whom are Irish citizens. Census 2022 indicates that Islam was the fourth largest (stated) religious affiliation in the Irish state at 81,930 followers, having increased by 32% since 2016.

There are followers of both the Sunni and Shi'a Islam in Ireland, each having their own spiritual leaders and places of worship, while both traditions share the same core beliefs.

The Irish Council of Imams brings together the spiritual leaders of both the Sunni and Shia traditions.

Essential Practice Point 1

While Islam was founded in the area now referred to as the Middle East, among an ethnic group referred to as Arab, it is inaccurate to associate Islam solely with the Middle East and/or Arab culture. Muslims in Ireland come from a number of ethnic and national backgrounds.

Sunnis are in the majority in Ireland and the largest membership is from Pakistan, Algeria and Libya. The Sunni community have a number of mosques and centres around Ireland (details at end of section). The majority of Shi'a followers come from Pakistan, Lebanon, Iran and Iraq. The majority of the Shi'a community live in Dublin where there is a centre, while others live in major urban centres such as Cork and Galway.

There are also Muslims from a number of other areas of the world including Africa (Egypt, Nigeria and Somalia); Asia (Bangladesh, India and Malaysia); Eastern Europe (Bosnia and Kosovo); a Kurdish community; other Middle Eastern countries including Jordan, Kuwait, Saudi Arabia and Turkey.

In Ireland, children born to Muslims who have settled here are included, as well as Irish people who have converted to Islam.

Care of the ill

Beliefs about the treatment of illness

Islam views it as a duty to preserve life until Allah (God) decides that life will slip away. As a result Muslims will seek medical attention and co-operate with medical advice.

Religious contacts

Essential Practice Point 2

Clarify if the person is a Sunni or Shi'a follower and which religious leader should be called if necessary. Contact details for both communities are provided at the end of the section.

Religious practices

There are five pillars in the Islamic religion,¹ some of which have implications for healthcare practice as follows:

- **Salah**, ritual prayer, which must be performed five times a day. Praying is preferably carried out kneeling on a prayer mat or, in the case of the unwell, while sitting or lying down. The person may wish to pray while kneeling and if a suitable prayer facility (preferably with appropriate wash facilities and free of icons of other religions) is not available, privacy should be created at the person's bed.
- **Sawm**, fasting from food and liquid from dawn to dusk during the holy month of Ramadan. The Islamic religion does not require children, pregnant women or the ill to fast. Should someone decide to fast, food facilities need to be available after dusk. Food facilities need to be available for healthcare staff that are fasting during Ramadan.

¹ The three other pillars are a Declaration of Faith (Shahadah), giving alms to the poor (Zakah) and Hajj a pilgrimage to the Holy City of Mecca which a Muslim should endeavour to do at least once in a lifetime.

Ablutions and washing

Essential Practice Point 3

Cleanliness is emphasised among Muslims. The bed-bound may request water for ablutions before prayer, before eating and after using the toilet and this request needs to be met.

- In relation to toileting practices, Muslims wash after toileting. Disposable cups should be made available in bathrooms to facilitate this practice.
- Muslims pray 5 times a day. The Qur'an directs Muslims to wash before prayer. This needs to be facilitated.
- The same section of the Qur'an allows for dry ablutions using natural substances in particular circumstances, i.e. where no water is available or is available but one cannot use it (*tayammum*).

Food and the content of medicine

- The Islamic diet law prohibits the use of alcohol, narcotics and the ingestion of blood products.
- Medicines and treatment offered to Muslims should ideally be free of these ingredients. The religion recognises that if no alternative is available the person may use these products in order to save or enhance life.

Essential Practice Point 4

The Islamic dietary requirements categorise food as *halal* (lawful) or *haram* (unlawful). Halal food includes animals and poultry that have been ritually prepared and all seafood. See also https://islamicfoundation.ie/site/assets/files/1086/halal_food_and_certification_by_ifi.pdf (Islamic Foundation of Ireland). The local Islamic Centre can indicate a local source of halal meat.

Haram Food (forbidden food & drinks):

- ALL food products made from pigs e.g. pork, ham, bacon, pepperoni, pork sausage, chorizo, lard, pork gelatine in sweets or jelly, etc.
- ALL alcoholic drinks

Food that needs to be made halal, or lawful (at the time of slaughter):

- poultry, e.g. chicken
- cow meat e.g. steak, beef, beef burgers, beef sausages, etc.
- sheep products e.g. lamb

Allowed meats without halal certification:

- fish.

Alternatively, food prepared to vegetarian standards will be suitable for Muslims provided that utensils used in preparation have not been used in preparing non-halal food.

Gender issues, modesty and treatment needs

Essential Practice Point 5

Islam emphasises modesty for both men and women.

- Both men and women may prefer to be treated by a same gender healthcare practitioner, particularly for intimate physical examinations. This extends to all staff including medical, nursing, technicians, etc. The opposite gender should only be present if necessary. If a same gender practitioner is not available, the situation needs to be discussed with the person.
- Modesty should be observed for both men and women during physical examinations, x-rays, therapeutic treatments etc., exposing only necessary parts of the body and covering any areas that do not require examination.
- A Muslim woman may prefer to keep her hair, arms and ankles covered as much as possible. If a hospital gown cannot meet the woman's needs she should be given the option to use her own gown.
- Some Muslims may prefer to have the right hand used for intravenous treatments due to the left hand being used for washing, hence it is useful to clarify the preference.

Blood Transfusion and Organ Transplantation

Muslims are unlikely to have any religious objection to blood transfusions or organ transplantation.

Care of the Dying

Family and community visits

A dying Muslim is likely to have a high number of visitors as family, friends and community gather to show respect, resolve unfinished business and say a final farewell. The hospital will need to manage the numbers by offering a facility whereby the numbers at the bedside can be rotated.

Death-related religious rituals

Essential Practice Point 6

- If death appears imminent, relatives or, in their absence, the Imam from the person's tradition should be called and given facilities to perform the customary Islamic death rites. These rites include assisting the person to recite a declaration of faith (*Shahadah*), reciting chapters from the *Qur'an* (*Koran*) and praying for the peaceful departure of the soul.
- Just before death, the person should be turned onto the right side facing south east (in Ireland). When a patient is unable to be turned, they may be placed on their back with the feet in the south easterly direction and their head slightly raised. This is the direction of the *Ka'bah*, the structure at the centre of the Mosque in the holy city of Makkah (Mecca), towards which Muslims turn while offering daily prayers and is considered by them to be the holiest place on Earth.

Customs to be observed at death

Essential Practice Point 7

- Muslims believe that the deceased retains awareness. As a result the body must be handled gently and prepared for burial in a specific manner. If family is not immediately available to attend to this, the appropriate Islamic Centre/imam should be contacted so that they can make arrangements for the ritual washing, shrouding and burial in accordance with Islamic requirements.
- Islam requires that burial take place as soon as possible. Any reasons for delay should be explained to the family.

Cleaning and touching the body

Essential Practice Point 8

- Healthcare workers should not wash the body.
- Immediately after death only essential tasks need to be performed. In the absence of family or a community member any healthcare worker may conduct these tasks, as follows:
 - » The body should only be touched by same-gender healthcare staff.
 - » Wear disposable gloves and maintain a quiet composure.
 - » Close the eyes of the deceased.
 - » Remove any tubes and plug any incisions that may cause a flow of blood.
 - » Clean any excretions, i.e. excrement, blood, etc.
 - » Bandage the lower jaw to the head so that the mouth does not open.
 - » Flex the joints of the arms and legs to stop them becoming rigid so that washing and shrouding can be carried out properly.
- At all times the deceased's body must be modestly covered. If no relative or community member is immediately available, the family and community will appreciate healthcare staff ensuring this.

Post-mortem requirements

- In Islam the body should be buried whole and unharmed, therefore strictly speaking no part of the body should be cut or harmed. Post-mortems are acceptable only if law requires it. Islamic representatives view that post-mortems not founded on compelling medical or legal circumstances amounts to desecration of the body.
- The family is likely to want all the organs returned to the body before burial.
- Where a death has to be reported to the coroner it is important to explain that the person was Muslim and any necessary procedure needs to be expedited.

Interment ritual

A funeral prayer, called *Salaatul Janaazah*, is usually held for the deceased by the local Muslim community, asking for God's mercy and blessings. Bodies are buried and cremation is forbidden in Islam. Muslims are not buried in coffins, but rather the shrouded body will be placed directly in the earth. The grave is usually positioned so that the body, when turned on its right side, faces Makkah (Mecca).

Bereavement

- When the person passes, grieving is expected, while family and relatives are generally directed to not be overly demonstrative in their grieving behaviour.
- The healthcare setting will greatly ease the minds of loved ones by respecting religious norms in the way the body is treated after death and by allowing the body to be collected as quickly as possible for washing and burial.

Religious Icons and Symbols

Personal and religious items

- Muslims do not wear religious items or use any religious icons or symbols. Any items worn on the body are more likely to be of a personal nature.
- The healthcare setting could have copies of the *Qur'an* (*Koran*) available for use by Muslims.

Use of religious symbols

It is not appropriate to display icons of Christianity in the mortuary area when a Muslim family is using the facility.

Additional Notes on Maternity and Paediatric Care

Birth ritual

As soon as a child is born (usually) the father recites a ritual *prayer call* into the baby's right ear followed by a second *prayer call* into the left ear.

Foetal, infant and child death

Islamic representatives have indicated that rituals pertaining to miscarriage, stillbirth and death among Muslim children depend on age/stage of development. In all cases Muslim relatives or a religious representative will manage the process.

There is no washing ritual for a foetus that has not developed to the point that body form is evident. The opinion of an imam needs to be sought to confirm the stage of development of a foetus at the earlier stages of pregnancy.

Essential Practice Point 9

Full Islamic ritual is carried out for foetuses that have developed (see last point above for further clarity), infants and children. Follow the guidelines in *Essential Practice Points 6 to 8*.

Mementos of a deceased child

Muslims usually do not subscribe to the idea of keeping a memoir of a child.

Developing a Local Islamic Contact

The contact numbers for Imams throughout Ireland are provided here strictly for the purposes of providing religious services to Muslims or assisting the healthcare setting with overall Islamic-related services.

Sunni Community information and religious contacts

Dublin:

There are a number of Imams in the Greater Dublin area. They can be contacted through two main Islamic centres in Dublin.

Islamic Cultural Centre of Ireland,
19 Roebuck Road, Clonskeagh, D14
Email: info@islamireland.ie
Tel: +353 (0)1 208 0000
Website: www.islamireland.ie

Islamic Foundation of Ireland,
163 South Circular Road, Dublin 8.
Email: info@islamicfoundation.ie
Tel: (01) 4533242
Website: <https://islamicfoundation.ie/>

Galway:

Galway Islamic Society
<https://gicc.ie/>

Cork:

Islamic Centre Cork
<https://cicc.ie/>

Limerick:

Limerick Islamic Cultural Centre
<https://www.facebook.com/LICCDOORADOYLEIRE/>

Other places:

There are smaller communities of Muslims in other areas of the country while there is no designated imam available to attend to the religious needs of members in these areas, this situation may change over time. The Islamic Cultural Centre of Ireland has indicated its willingness to be a first point of contact for areas outside of those listed above and they can direct the healthcare setting as appropriate.

Shi'a Community

For general information and religious needs of Shi'a members contact:

The public worship facility for the Shi'a community is at Ahlul Bayt Shi'a Islamic Centre, Milltown, Dublin.

Website: <http://homepage.tinet.ie/~ahlulbyteassociation/>

Outside of Dublin the community pray in private facilities.

Contributors

Ms. Fathima Zielinska Cork University Hospital reviewed this section and provided updated content.

The original section builds upon the work of Mr. Ali Selim, (Irish Council of Imams), (Sunni Community), Dr Mustafa Alawi (Shi'a Community) and Dr Abdul Bulbulia, GP and Chair of Traveller Health Advisory Committee.

JEHOVAH'S WITNESSES

Jehovah's Witnesses are a Christian tradition sharing many of the principal beliefs of Christianity while also having distinctive beliefs. The *Christian Bible* is the key Holy Book of the faith. There are close to 9 million members in two hundred and thirty nine lands around the world.

Some beliefs held by Jehovah's Witnesses have implications for healthcare practice, while the movement emphasises its belief in modern medicine. It has taken measures to create understanding of members' needs, co-operation with healthcare professionals and encourage the use of new medical advances that meet the needs of all parties. Among these measures are a network of Hospital Liaison Committees made up of specially trained elders (Church ministers) who are specialised in enabling healthcare settings to practice healthcare in a manner consistent with the beliefs of the faith, including facilitating communication between medical staff and Witnesses. This resource, which is available free of charge on a round-the-clock basis, is explored below.

Profile of Jehovah's Witnesses in Ireland

Census 2022 indicates that Jehovah's Witnesses membership in Ireland is 6,332. The movement itself indicates that there are 8,859 members and associates in 121 congregations across the country. This figure is higher than the Census one.

Jehovah's Witnesses have congregations in several places in Ireland.

Many of the congregations are multi-ethnic including Irish (largest membership), African, Brazilian, Chinese, Filipino, Polish and Romanian.

Care of the ill

Beliefs about the treatment of illness

- Jehovah's Witnesses believe that taking blood into one's body is contrary to Biblical teaching and therefore is morally wrong. The implications of this belief are detailed under *Blood Transfusion and Organ Transplantation* below.
- Religious contacts emphasise that the Jehovah's Witnesses movement believes in modern medicine.
- In all circumstances, individual Witnesses make their own personal choices regarding medical procedures.

Religious contacts and religious practices

Essential Practice Point 1

- There are four Hospital Liaison Committees in Ireland who are available at any time to provide support to a Witness undergoing medical procedures, guidance to the treating team, and to assist/mediate in the event of challenging situations. The contact details for these personnel are provided at the end of the section.
- Patient Visitation Group members regularly visit hospitals in order to provide personal support and if necessary religious services to Witness patients. A contact for the local Patient Visitation Group can be sourced from the local Hospital Liaison Committee.

- Generally religious practices are free of ceremony, ritual and symbols. Patients who are terminally ill will no doubt appreciate pastoral visits from their elders (ministers) and would be grateful for a place of quietness where they can pray together. They may also wish to listen to recordings of congregational meetings.

The Hospital Liaison Committees can arrange educational presentations for healthcare staff on Witness needs and the support that is available, as well as information on medical advances that have been pioneered using alternative non-blood medical management strategies. Research supporting these medical advances is produced in peer-reviewed medical research papers also available through the Hospital Liaison Committees. This work is coordinated by the Hospital Information Service at the national headquarters (contact details at the end of the section).

Food and the content of medicine

Essential Practice Point 2

Jehovah's Witnesses will refuse any food or medicine that may contain whole blood or the four primary components (red cells, white cells, plasma and platelets); for example black pudding.

Family dynamics and decision making

Family members may not share the religious views of the patient. If this affects the views of medical treatment, then the wishes of the patient must be paramount.

Blood Transfusion and Organ Transplantation

Essential Practice Point 3

- Jehovah's Witnesses absolutely refuse the transfusion of blood and primary blood components (red cells, white cells, plasma and platelets). This is a deeply held core value, and they regard a non-consensual transfusion as a gross physical violation.
- Each Witness is free to decide whether to accept procedures involving *Autologous Transfusion* (their own blood). This includes all forms of perioperative/ intraoperative blood salvage (cell saver), haemodilution, and postoperative blood salvage (wound drains). While machines, systems, and arrangements vary, each patient must decide how his or her own blood will be handled in the course of a surgical procedure, medical test, or current therapy.
- Autologous predeposit (i.e. own blood deposited in a blood bank, etc.) is not acceptable.
- The use of *blood fractions* (such as albumin, coagulation factors, *immunoglobulins*) is a personal decision for each patient.
- Baptised Jehovah's Witnesses usually carry an advance care directive document, directing that no blood transfusions be given under any circumstances. This document releases the hospital from responsibility regarding the consequences of this decision. It also outlines their personal treatment choices regarding blood products and autologous (use of own blood) procedures. A copy of this document is generally lodged with the patient's G.P. Some Witness patients will refuse all blood products, others may accept some and not others. With regard to autologous procedures (using a patient's own blood), some accept and some do not. It is important to discuss and clarify with each patient what blood products and procedures are personally acceptable.
- Organ transplantation is a matter of personal choice for Jehovah's Witnesses. This would apply to solid organs as well as bone, tissue, muscle, etc. Organ donation is similarly a matter of personal choice.

Care of the Dying

Death-related religious rituals

Essential Practice Point 4

The local Patient Visitation Group representative should be contacted if death is imminent. Jehovah's Witnesses believe that suffering is over for the person who has died but concentrate on giving support to the family.

- There are no special rituals or practices to perform for those who are dying and there are no special requirements to be observed by medical or nursing attendants at the time of death.
- Witnesses will appreciate a quiet space to say their farewells to family and friends.

Cleaning and touching the body

Essential Practice Point 5

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There are unlikely to be any objections to a post-mortem ordered on medical or legal grounds.

Interment ritual

Jehovah's Witnesses may either be buried or cremated, depending on personal or family preferences and local circumstances.

Bereavement

The booklet *When Someone You Love Dies*, produced by the Jehovah's Witnesses, provides practical suggestions for those who have lost a loved one or for those comforting surviving relatives.

Religious Icons and Symbols

Personal and religious items

- There are no particular items worn by members.
- Jehovah's Witnesses are likely to want to have their personal copy of the *Christian Bible on hand* along with perhaps some of their *Bible*-based literature.

Use of religious symbols

- Jehovah's Witnesses are likely to be uncomfortable in the presence of religious icons. Symbols and icons such as the crucifix (a cross with the figure of Christ), plain cross, candles and images of Mary (Mother of Jesus), icons of saints, etc., are not appropriate within the tradition.
- No Christian or other icons should be displayed in the mortuary areas when in use for the funeral of a Witness.

Additional Notes on Maternity and Paediatric Care

Approach to child welfare

Representatives have indicated that Jehovah's Witnesses want their children to make their own decisions when they are old enough. However, Witness parents will want the same standard of treatment for their children as they would for themselves. Witness parents seek clinicians who are able to provide non-blood treatment.

Birth rituals and practices

- With maternity care, it is advisable that the healthcare setting notes early in the care process that the mother is a Witness. Care issues, including anaesthesia, need to be discussed and agreements reached. See Clinical Strategies for Avoiding and Controlling Hemorrhage and Anemia Without Blood Transfusion In Obstetrics And Gynaecology <https://www.jw.org/en/medical-library/medical-information/ob-gyn-hemorrhage-anemia/>
- The publication *Anesthesia and peri-operative care for Jehovah's Witnesses* is published by The Association of Anaesthetists. The document is available online at [https://anaesthetists.org/Home/Resources-](https://anaesthetists.org/Home/Resources-publications/Guidelines/Anaesthesia-and-peri-operative-care-for-Jehovahs-Witnesses-and-patients-who-refuse-blood)

[publications/Guidelines/Anaesthesia-and-peri-operative-care-for-Jehovahs-Witnesses-and-patients-who-refuse-blood](https://anaesthetists.org/Home/Resources-publications/Guidelines/Anaesthesia-and-peri-operative-care-for-Jehovahs-Witnesses-and-patients-who-refuse-blood).

- The National Headquarters has indicated that there can be potential legal and ethical challenges and therefore full and open discussions with the parents and the Hospital Liaison Committee will prove helpful. The Hospital Liaison Committees are available as a resource to the treating team and the parents. Mutual cooperation and dialogue will create a positive environment for medical personnel and the person.

Initiation ritual/infant baptism

Essential Practice Point 6

Jehovah's Witnesses practice the initiation ritual of baptism common across Christianity. They do not believe in infant baptism even in the case of imminent threat to the life of the newborn. They are baptised when they understand the implications and responsibilities that baptism carries.

Foetal, infant and child death

There are no religious views or obligations in matters of foetal, infant or child death. The wishes of the parents need to be sought and followed.

Memento of a deceased child

The parents need to be consulted regarding their wish to have a memento of their child.

Developing Jehovah's Witnesses Contacts

Information regarding Jehovah's Witnesses in Ireland can be accessed at: <https://www.jw.org/en/jehovahs-witnesses/worldwide/IE/>.

The Hospital Liaison Committee (HLC) of Jehovah's Witnesses have been established worldwide for many years. They are here to assist with advanced preparation for having a Witness patient, and are available 24/7 to provide support. Their services are free of charge and not of a religious nature.

The Hospital Liaison Committees (HLC) can be contacted for contact details for Patient Visitation Groups, healthcare seminars and healthcare research.

See below contact details for representatives of the Hospital Liaison Committee Network in your locality. This free service is available 24 hours a day to health-care professionals who treat Witness patients. Free presentations can also be organised, either on an individual basis or for a group at your institution.

- Ireland South HLC: Craig Quin.
Tel: +353 872881902
Email: craig.quin@hlc.ie
- Ireland Mid-West HLC: Peter Smith.
Tel: +353 86 8159839.
Email: psmith@hlc.ie
- Dublin HLC: Mark Scully.
Tel: +353 87 1209019.
Email: mark.scully@hlc.ie
- HLC for Co. Donegal: Ciaran Nixon
Tel: +447950 950492
Email: cnixon@jwhlc.org

See also for details: <https://www.jw.org/en/medical-library/hospital-liaison-committee-hlc-contacts/ireland/>

For overall information relating to Jehovah's Witnesses and HLCs please contact:

Mr. Gary McGuinness, Director of Hospital Information Services,

Tel: +353 699 2500 / +44 20 89062211 / +44 20 8371 3415 (this is the out of hours number).

Email: hid.gb@jw.org

Website: www.jw.org/medical

Contributor

The original section was written by Mr. Mark O'Malley, Co-ordinator, Hospital Information Services. Updated information was provided by the Dublin Hospital Liaison Committee for Jehovah's Witnesses.

Published materials on non-blood procedures in the treatment of Jehovah's Witnesses are also accessible at <https://www.jw.org/en/medical-library/>



The *Star of David* is a widely recognized symbol of the Jewish religion.

JUDAISM

Judaism is one of the oldest of the world's religions, a description for a race of people and a way of life whose followers can be found all over the world. Jews follow the beliefs of Jewish Law, found in the Torah (the first five books of the *Hebrew Bible*) and the Talmud. The Law governs areas such as diet, worship, marital relations, etc.

The religion's leaders, referred to as rabbis, are considered to be the most prominent figures in any Jewish community. They are experts in the Law, lead worship in the Synagogue (the place of Jewish worship), give guidance in Jewish practice and often act as a mediator in their community.

Profile of Judaism in Ireland

There has been an established Jewish community in Ireland for some centuries. Census 2022 indicated that Jewish membership grew by 14% between 2016 and 2022, with approximately 2,193 members. Most members are Irish Jews.

The two main branches of the religion are present in Ireland:

- **Orthodox Jews** emphasise the unchanging, eternal and all-encompassing nature of the Torah, and so abide by a strict and literal reading of the Laws it contains. This group also strictly observe the rules of the Sabbath, the key holy day, and other festivals.
- **Progressive Jews** (which includes Liberal and Reform Jews) who tend to adapt tradition to the needs of modern society while retaining the spirit of their religion.
- The Republic of Ireland currently has three synagogues in Dublin,¹ two *Orthodox*, Dublin Hebrew Congregation and Machzikei Hadass – and one *progressive* – Dublin Jewish Progressive Congregation (DJPC).² There is a synagogue in Belfast in Northern Ireland.

Some of those who describe themselves as Jewish may not have contact with the community and synagogue. Therefore, it is important to check needs with the person or their family.

Care of the ill

Beliefs about the treatment of illness

Jewish representatives have indicated that as much as possible Jewish Law should be respected in healthcare practice by both practitioners and Jewish followers. Where necessary, aspects of law can be balanced with the religious requirement to maintain good health. For example, there are leniencies in Sabbath observance, dietary laws, etc., in cases of serious illness and where there are no alternatives. Where possible a rabbi should be consulted.

Essential Practice Point 1

Aspects of Jewish Law may create conflicts with modern medical treatment. Healthcare settings should seek the advice of a rabbi when dealing with issues such as life-threatening prognosis, life support, organ donation, resuscitation, etc. Matters should then be discussed with the patient and family as early as possible.

Religious contacts

For Jewish people in hospital, they can contact the Synagogue Office to arrange for hospital visitation, by clergy and/or by caring volunteers. The office can arrange for special hospital visits during festivals (South Dublin only), so that patients can hear the shofar blown, wave a lulav or watch a menorah being kindled. The Synagogue Office also has hospital-friendly Sabbath lights, for women and girls who want to keep this special mitzvah. (See <https://www.dublinhebrew.org/hospital-stays-for-details>).

Religious practices

- Jews hold the *Sabbath* as a time of holiness. Sabbath begins at sunset on Friday and lasts until nightfall on Saturday. The times vary depending on the time of year. In midsummer, Sabbath will start not later than 8pm on Friday and run until approximately 11pm on Saturday. In midwinter, Sabbath will start by 3.30pm on Friday and run until approximately 5pm on Saturday. Traditionally no work of any nature was undertaken for the entire period of the Sabbath, which includes driving. Religious Jews will not use electrical appliances on the Sabbath such as telephones, email, turning lights on and off, etc.
- Sabbath observant visitors that arrive on Friday may need to be accommodated if they do not manage to leave before the sun sets; they will not be able to travel once the Sabbath begins. At a minimum, they may need to be provided with a pillow and blanket.
- The same rules and restrictions apply on the festivals, most of which are clustered around September/October and *Passover* which is usually in March/April.
- Jewish women may request to light two candles/tea-lights at the onset of the Sabbath.

¹ <https://www.worldjewishcongress.org/en/about/communities/IE>

² <https://www.liberaljudaism.org/category/dublin-jewish-progressive-congregation>

This is an important ritual and should be respected.

- Jewish males over thirteen may wish to do morning prayers wearing a prayer shawl (*tallit*) and phylacteries (*tefillin*). They might need privacy for half an hour while doing so.

Ablutions and washing

Essential Practice Point 2

Jews may wish to wash before prayer and before food. The bed-bound will need running water for this purpose; if this is difficult to provide, a jug of water and a bowl will suffice.

Food and the content of medicine

Essential Practice Point 3

Jewish dietary laws, kosher rules, need to be respected in food provision to patients and in the application of medicines. Settings can buy in kosher food; a recommended supply source is provided at the end of the section. Many non-observant Jews will still be quite strict about kosher food. A lack of appropriate kosher food might mean they can only eat uncooked fruit and vegetables.

Medicines given to a Jewish patient should not contain any animal products. Where no alternative is available, the person should be informed so that they can make an informed decision, possibly after discussion with a rabbi. If the illness is of a life-threatening nature and there is no alternative available then the medicine may be used.

Blood Transfusion and Organ Transplantation

There is no religious objection to receiving a blood transfusion or organ transplantation. The donation of certain organs can be very problematic and a rabbi should be consulted.

Care of the Dying

Family and community visits

A dying Jewish person may want to see as many of their family and friends as possible, hence family visitation may need to be managed by hospital staff.

Death-related religious rituals

Essential Practice Point 4

If it is considered that a person is close to death the Synagogue can put you in touch with the *Chevra Kadisha* (the Orthodox Burial Society). They can be contacted at any time of the day or night or, if unavailable, the communal rabbi should be contacted to ensure that they can recite the appropriate prayers. The contact details are at the end of this section.

- The person may wish to recite or hear special psalms and prayers and may wish to hold the page where the words are written.
- According to Jewish tradition a dying person should not be left alone and many families will wish to sit with their relatives during the last days/hours.

Customs to be observed at death

Essential Practice Point 5

The *Chevra Kadisha*, should be informed immediately on the death of a Jewish person so that they can prepare the body and bury it in accordance with customary rituals. The contact details are at the end of this section.

Essential Practice Point 6

Jewish Law necessitates the carrying out of a funeral as soon as possible after death. It is therefore important to assist in the provision of a Death Certificate at the earliest possible opportunity, thereby enabling arrangements to be commenced.

- Family may wish for the deceased body to be placed on the floor with the feet pointing towards the doorway and to light a candle, if safe to do so.
- They may ask for a window to be opened in the room in which the patient passed away.
- Traditionally, a *watcher* stayed with a deceased Orthodox Jew until the body was collected, either at the bedside or after the body has been removed to the mortuary. The family may request this and will make the arrangements with the community.

Cleaning and touching the body

Essential Practice Point 7

Healthcare workers should **not** wash the body. They should only perform the following essential tasks in all cases.

- Close the eyes of the deceased.
- Bandage the lower jaw to the head so that the mouth does not open.
- Straighten the fingers and limbs so that they are parallel with the body.
- The body must be buried whole, which includes any item that has the hair, flesh or blood of the person on it. Leave in place any catheters, drains, tubes and wound dressings for the Burial Society to remove. Cover tubes, etc., with gauze or bandages and any other open wounds must be covered.
- Any excess dirt should be wiped away or washed off.
- Cover the body with a sheet.
- If death occurred during surgery, check with the rabbi and family if hospital gowns, etc. that have blood on them should also be kept by the family for burial.

Post-mortem requirements

- Jewish Law regards the carrying out of a post-mortem as a desecration of the body. A post-mortem must be avoided unless required by law.
- Jewish representatives have indicated a preference for non-invasive post-mortem procedures so that the body can be buried whole.
- Where the death needs to be reported to the coroner it should be advised that the deceased is Jewish, so that any necessary procedure can be expedited.

Interment ritual

Orthodox Jews can only be buried, as cremation is forbidden.

Bereavement

A funeral is followed by a seven day mourning period where a family do not cook meals or carry out any of their community or work responsibilities.

Only family members and close friends visit with gifts of food. This needs to be borne in mind in approaching care plans.

Religious Icons and Symbols

Personal and religious items

Jews do not wear religious items or use any religious icons or symbols. Any items worn on the body are more likely to be of a personal nature, such as a *Star of David* (i.e. the six-pointed star displayed on the introductory page) or necklace.

Use of religious symbols

It is not appropriate to display Christian icons such as a crucifix (a cross with the figure of Christ) or cross in the mortuary area when a Jewish family is using the facility. Candles are appropriate in the Jewish tradition.

Additional Notes on Maternity and Paediatric Care

Foetal, infant and child death

Jewish representatives have indicated that rituals pertaining to miscarriage, stillbirth and death among children depend on age/stage of development. In all cases Jewish representatives will manage the process.

- Where the foetus is less than three months it can be disposed of by the HSE.
- The placenta and other fluids from a miscarriage can be disposed of.

Essential Practice Point 8

Foetuses miscarried after the first three months of pregnancy, infants and children must be buried under the full Jewish ritual. Contact the Synagogue or, if unavailable, the communal rabbi at the details at the end of the section.

Memento of a deceased child

Essential Practice Point 9

Do not offer the parents a lock of hair from a deceased child as the body must be buried whole.

Developing a Jewish Community Contact

Dublin Hebrew Congregation

Email: dublinhebrew@gmail.com

Text/Whatsapp: 083 207 6415

Web: <https://www.dublinhebrew.org/>

Jewish Burial:

The Synagogue can put you in touch with the Chevra Kadisha (the Orthodox Burial Society), to help through the time of loss.

Tel: 083 207 6415

Email dublinhebrew@gmail.com

See <https://www.dublinhebrew.org/bereavement-services>

Irish Jewish Community Office

Communal rabbi and General Information

Telephone: (01) 5461096

Email: office@jewishireland.org

Website: <http://www.jewishireland.org/>

Kosher food source:

Kosher food sources in Dublin are outlined at <https://www.dublinhebrew.org/kosher-food> as well as guidance notes for Kosher in Ireland.

Contributors

A number of contributors provided information and reviewed the original section Cantor Alwyn Shulman, (Jewish Burial Society), Mr. Stewart Barling, Secretary to the Chief Rabbi, Dr Yaakov Pearlman, Rabbi Zalman Lent.



The Luther Rose, designed by Martin Luther, is a recognised symbol for Lutheranism.

LUTHERAN CHURCH

Lutheranism is a branch of Western Christianity that identifies with the teachings of the 16th century German reformer Martin Luther.

The *Christian Bible* is the key holy book of the Church, which shares the principal beliefs of other traditions of Christianity.

Lutheranism is the largest religion in areas of Northern Europe and has a significant presence in North America and some African countries.

Clergy are called pastors.

Profile of the Lutheran Church in Ireland

There has been a Lutheran Church in Ireland since the 1700s.

Essential Practice Point 1

The membership of Lutheranism in Ireland in Census 2022 was 3,391.

Present day members are mainly of German origin while there are also some members from other more northerly European countries and from the USA. The Lutheran Church holds regular services in St. Finian's Church in Dublin, as well as at premises of other Christian traditions in Cork, Galway, Killarney, Limerick, Mullingar, Sligo and Wexford.

The Church of Ireland can act as a representative of Lutheran Church members from Estonia, Finland, Iceland, Latvia, Norway and Sweden. Ceremonies are similar in both churches.

- Lutheranism contains a number of religious ceremonies, called sacraments, each of which, has a specific purpose including aiding healing during illness, preparation for death and initiation of infants into the religion. Two commonly administered sacraments are *Holy Communion* and *Baptism* (described below).

Blood Transfusion and Organ Transplantation

There is no religious objection to these matters.

Care of the Dying

Death-related religious rituals

Essential Practice Point 3

A dying person may wish to receive the *Sacrament of Holy Communion*, may need spiritual support, may want prayers at their bedside and possibly may wish to be anointed. Contact a Lutheran pastor, a Church of Ireland chaplain or, if necessary, any other chaplain by agreement with the person/family.

A short service may take place in the mortuary chapel prior to the deceased leaving.

Cleaning and touching the body

Essential Practice Point 4

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There is no religious objection to post-mortem.

Interment ritual

Both burial and cremation are acceptable generally. Arrangements are usually made with the person's pastor or, if necessary, the Church of Ireland will facilitate arrangements.

Care of the ill

Religious contacts and religious practices

Essential Practice Point 2

- The person may prefer to see a Lutheran pastor and have a ceremony performed in a mother tongue such as German or Latvian; contact details for current Lutheran clergy who are available to lead ceremonies in English, German and Latvian are provided at the end of the section.
- Alternatively, the Church of Ireland chaplain can act as a resource for Lutherans from the above named countries, as requested or required. Where possible, the person should be informed if the Church of Ireland chaplain is being called to provide religious services.

Religious Icons and Symbols

Personal and religious items

Some Lutherans may wear a cross or carry a copy of the *Christian Bible*. These should be treated with respect.

Use of religious symbols

A plain cross and candles are appropriate in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 5

- In the Lutheran Church the Sacrament of *Baptism*, initiation into the religion, takes place in infancy, where the child's parents and Godparents pledge vows on behalf of the child. Receiving baptism before death is often considered important. As a result, it can be important that a newborn child born to Lutheran parents is baptised, if in danger of death.
- A midwife or other healthcare practitioner may be asked to baptise a baby if no religious representative is available. This ritual can be performed by any Christian, and it is done by making the sign of the Cross on the child's forehead, pouring a little water on the forehead and saying the words "(child's name), I baptise you in the name of the Father and of the Son and of the Holy Spirit. Amen". Many parents will derive great comfort from knowing that their child has been baptised.

performed in the case of miscarriage, based on a request from parents.

- A funeral service will be offered for all cases of foetal, infant and child death. The nature of the service is based upon the wishes and needs of the bereaved. A religious representative will be a contact person and a resource in these matters.
- Parents will value the knowledge that the remains are treated with respect.

Memento of a deceased child

There is no objection to offering a memento of a deceased child to the parents, be it a footprint, handprint, lock of hair, etc.

Developing a Lutheran Church Contact

German and English language services:

Pastors Anja und Florian van Issendorf are Dublin based and lead services across Ireland. They can be contacted at:

Lutherhaus, 23-24 Adelaide Road, Dublin 2, D02 XP21

Tel: +353 (0)1 676 6548

Website: <https://www.lutheran-ireland.org/en/contact>

Email: info@lutheran-ireland.org

Email: Anja von Issendorff: anja@lutheran-ireland.org

Email: Florian von Issendorff: florian@lutheran-ireland.org

Contributor

Pastor Corinna Diestelkamp provided information for and approved the original section.

Foetal, infant and child death

- There are no specific religious requirements governing many areas of foetal, infant and child death. The Lutheran pastor or Church of Ireland chaplain can offer particular ceremonies based on the needs and wishes of the parents, which are of paramount importance in these sensitive situations.
- In the case of a stillbirth, a Blessing can be offered. These ceremonies can also be



An Orb and a White Cross
is the present symbol of the
Methodist Church in Ireland.

METHODIST CHURCH

(ALSO KNOWN AS
METHODISM)

Methodism began in England in the 18th century as a revival movement within the Anglican Church and was led chiefly by John Wesley and his brother Charles. The *Christian Bible* is the key holy book of the Church, which shares the principal beliefs of other traditions of Christianity.

The Church has approximately 75 million members worldwide. The Methodist Church in Ireland extends throughout the island and has its own governance structure.

Methodist clergy are called ministers.

Profile of the Methodist Church in Ireland

Methodism has been practised in Ireland since the 18th century. Reverend John Wesley, whom followers consider as the most significant leader of early Methodism, had much contact with Ireland.

Methodism is the sixth largest (stated) religious affiliation in the Irish State.

Census 2022 indicated that there are 5,106 people identifying as members of the Methodist Church.

Members are from Ireland, UK and North America, and recent members are mainly from new communities including Africa.

Care of the ill

Religious contacts and religious practices

Essential Practice Point 1

- Most healthcare settings have a designated Methodist chaplaincy resource whose role assists in responding to the religious needs of members. A person may wish to see a Methodist chaplain or indeed their own minister, hence a religious contact needs to be established.
- Some hospitals operate on-call rotas for members of a group of Christian churches including Church of Ireland, Methodist and Presbyterian, who provide appropriate pastoral care when requested. When a non-Methodist minister/chaplain is called the chaplain should be made aware of what is being requested and be agreeable to fulfilling the request. Additionally, where possible, the person should be notified that the chaplain being called is from another denomination.

The Methodist Church, relatively speaking, places less emphasis on religious ceremony. Methodism recognises two sacraments common to some Christian churches, namely the Sacrament of Baptism and the *Sacrament of Holy Communion* (or Eucharist). If a person wishes to receive the Sacrament of Holy Communion a Methodist Minister should normally be called. Where this is not possible, it may be acceptable for a chaplain/clergy from another Christian church to administer

Holy Communion, for example the Church of Ireland, Presbyterian or Baptist. The family/patient should be asked if the arrangement is suitable for them.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point 2

When death is imminent the family may request that the person's Minister or the Methodist chaplain be called to the hospital, while there is no formal rite/ritual that needs to be performed. The minister, on request, will lead prayers at the bedside.

Often a short service may take place in the mortuary chapel prior to the deceased leaving the healthcare setting.

Customs to be observed at death

Methodists of Irish origin may find it helpful for a health or religious practitioner to sit with them in the moments following the loss of a loved one.

Cleaning and touching the body

Essential Practice Point 3

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There is no religious objection to post-mortem.

Interment ritual

Both burial and cremation are acceptable generally.

Religious Icons and Symbols

Personal and religious items

Methodism is relatively free of religious symbols. Members may wear a plain cross and appreciate a copy of the *Christian Bible*. Any other jewellery or personal items are unlikely to have religious significance.

Use of religious symbols

- It is not appropriate to display a crucifix (a cross with the figure of Christ), images of Mary (the Mother of Jesus), saints or icons from other traditions in a mortuary area where a deceased Methodist is laid out.
- It is advised to check with the family about the use of candles. If in doubt, it is best to not use candles.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

The sacrament of Baptism, the initiation ritual common in Christianity, normally takes place in infancy. Some Methodists prefer to let their children wait until they are old enough to make up their own mind. In the latter case there may be a dedication ceremony, without water.

Essential Practice Point 4

Most Methodists would wish to have an infant in danger of death baptised. It is preferable that this be conducted by a Methodist minister. In an emergency, the baptism can be conducted by a Minister or lay person of another Christian church. A midwife or other healthcare practitioner may therefore be asked to baptise a baby. Should this happen, the baptism may be performed by pouring a little water on the child's forehead three times, whilst saying the words "(child's name), I baptise you in the name of the Father and of the Son and of the Holy Spirit. Amen". The baptism is concluded by making the sign of the Cross on the child's forehead.

- In some situations, such as when a baby is very small and/or in an incubator, it may be more appropriate to anoint the baby's forehead once with the baptismal water, using the words above and the sign of the cross.
- Should a child die before the baptism is carried out, prayers can be said, but a baptism cannot be performed. A Methodist minister can perform a naming ceremony with the parents' consent in these circumstances.

Foetal, infant and child death

- There are no specific religious requirements governing miscarriage and stillbirth. A Methodist chaplain/minister will be willing to perform a religious ritual or service that will be sensitive to the situation on request from the parents. It will be necessary to discern the parents' wishes in these cases and call the Methodist chaplain/minister as appropriate.
- Normally a service is held for deceased infants and children, while the nature of the service depends on the age of the child and the parents' wishes. The chaplain will be a resource in these matters.

Memento of a deceased child

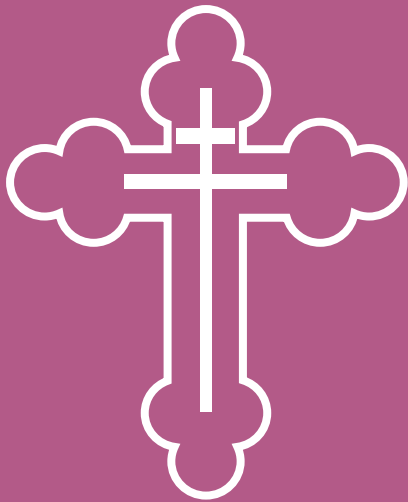
Some families greatly appreciate mementos of their child, such as photographs, hand/ foot-prints, a lock of hair, etc. It is appropriate to ask if families would find this helpful.

Developing a Methodist Church Contact

The designated Methodist chaplain serving particular healthcare settings is available at: <https://irishmethodist.org/>

Contributors

Two Methodist Church clergy jointly contributed to this section and approved the final content. They were Reverend Conrad Hicks, formerly Hospital Chaplain and Superintendent of the Dublin North Methodist Circuit and Reverend Derek J Johnston, Lead Chaplain Belfast Health and Social Care Trust and Convenor Methodist Church in Ireland Prison and Healthcare Chaplaincy Committee.



The Cross of the Romanian Orthodox Church is the symbol of the Irish branch of the Church and one of a number of crosses venerated across the Orthodox Traditions.

ORTHODOX CHURCHES

Orthodox Churches trace their roots to the twelve apostles who, according to Christian teaching, were chosen by Christ to continue his teaching. The Orthodox Church consists historically of the local Churches of the Eastern Roman Empire, including Constantinople, Alexandria, Antioch, and Jerusalem, as well as the Churches beyond the Roman world such as the church in India which came into being as a result of the mission of apostle Thomas (in A.D 52). The Orthodox Churches today are classified into two traditions: The Byzantine Orthodox (Russian, Romanian, Greek, etc.) and The Oriental Orthodox Churches (Indian, Ethiopian, Egyptian, Syrian, etc.). The Orthodox Churches share with the other Christian Churches the belief that God revealed himself in Jesus Christ, and a belief in the incarnation of Christ, his crucifixion, and resurrection. The Orthodox Church believes in the intercession of saints and prayers for the deceased.

Clergy are referred to as priests.

Profile of the Orthodox Churches in Ireland

The Orthodox movement has had a presence in Ireland for some decades. Census 2022 indicates that members (Greek, Coptic and Russian) in Ireland grew by 65% between 2016 and 2022, with 100,165 members recorded in 2022. This makes the Orthodox movement the third largest (stated) religious affiliation in Ireland.

Essential Practice Point 1

Contributors indicate that there are churches corresponding to two Orthodox traditions in Ireland, namely the Greek and Oriental Orthodox. The traditions are based on historical development, while they share core Christian beliefs.

Orthodox membership in Ireland is highly culturally diverse. The membership of individual churches is outlined below. In summary, members come from Ireland, European and Eastern European countries, parts of the Middle East, parts of Asia, parts of Africa and North America.

The *Greek Tradition* has five main churches operating in Ireland:

- **Antiochian (Syrian) Orthodox Church:** This Church is currently developing with a mainly English speaking following from Ireland, England, the USA, Canada and South Africa.
- **Georgian Orthodox Church:** This Church has a following from Georgia and other Eastern European countries.
- **Greek Orthodox Church:** The Greek Orthodox Church developed in Ireland 25 years ago and has had a base in Arbour Hill, Dublin 7, for the past ten years. Members come from countries such as Greece, Cyprus, Romania and Palestine with small numbers from other national/ethnic backgrounds including the United Kingdom, United States and Ethiopia.
- **Romanian Orthodox Church:** The Romanian Orthodox Church currently has branches in Dublin and Cork. Members come from Romania, some Roma communities, France, Lithuania, other Eastern European countries and Nigeria.
- **Russian Orthodox Church:** St Peter and Paul Church in Dublin was founded in 2001.

Since then, churches have developed in Cork, Galway and Waterford. Members come from Eastern European countries including Russia, Moldova, Ukraine, Estonia, Latvia, Serbia, Macedonia, Bulgaria and Poland.

The following three churches in Ireland arose out of the *Oriental Orthodox Tradition*:

- **Coptic Orthodox Church:** This Church originated in Egypt and has a mainly Egyptian following in Ireland. The group meets in Bray, Co. Wicklow.
- **Jacobite Syrian Orthodox Church:** This Dublin based Church has a number of followers of Indian origin.
- **St Thomas Indian Orthodox Church:** This Dublin based Church has a following of Indian origin and comprises some healthcare staff.

Care of the ill

Religious contacts and religious practices

Essential Practice Point 2

- The Orthodox Churches practise a number of religious ceremonies, called *sacraments*, each of which has a specific purpose including aiding healing during illness, preparation for death and initiation of infants into the religion. The churches share core beliefs, rituals and ceremonies. Representatives indicate that there are nuances based on language and culture. The diversity of origin of practitioners supports this view.
- It is preferable for service users to meet a priest from their own church who can discuss and discern the rituals and ceremonies that are necessary for the person. It is advised to check with the person which church they attend. Contact details for each of the Orthodox Churches in Ireland are presented at the end of the section.

The anointing of the sick is an important sacrament in both Byzantine and Oriental Orthodox Churches. People sometimes preserve the blessed oil (or water) for the sick in their homes provided by the Churches. Some ecumenical agreements are important to note such as between the Catholic Church and the Malankara Orthodox

Syrian Church (Indian Orthodox) to administer the anointing of the sick.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point 3

In the event of imminent death an Orthodox priest should be called who will perform the required sacrament.

Cleaning and touching the body

Essential Practice Point 4

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

The Orthodox Churches prefer that the body is buried whole and undamaged.

Interment ritual

- The coffin is usually left open to reveal the head and shoulders until the moment of burial. An icon, for example the Mother of God (Jesus Christ), will be held in the hands and the family or priest will give these items as necessary to the healthcare setting.
- Burial is preferred in the Orthodox Churches.

Religious Icons and Symbols

Personal and religious items

- Orthodox followers may wear relics (images) of saints.
- Mary, the Mother of God (Jesus Christ) has a particular following and members may have images of her.
- Many Orthodox believers wear a baptismal cross, which has been blessed at baptism, throughout their lives.
- Some Orthodox believers may have their baptismal candle at their bedside.

- There may also be personal items that are specifically culturally related that need to be respected, for example jewellery.

Religious symbols/Icons

Symbols/ Icons are of great importance to Orthodox Christians. These beautiful and elaborate paintings are described as “windows into the kingdom of God”. They are used in worship both in the decoration of the church and for private homes. The icon is seen as both a form of prayer and a means to prayer.

A crucifix (a cross with the figure of Christ), plain cross and candles are appropriate in the Orthodox traditions and can be used in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 5

- Baptism, the initiation ritual common among many Christian churches, is usually conducted at forty days old. In the case of a threat to the life of an infant the Orthodox movement prefers that the child is baptised. This should ideally be done by an Orthodox priest.
- If no priest is available it is preferable that the parents baptise the child themselves, immersing/sprinkling the child three times with pure water, using the words: “The servant of God [Name] is baptised in the name of the Father (immerse/sprinkle once), and of the Son (immerse/sprinkle once), and of the Holy Spirit (immerse/sprinkle once), now and ever and unto ages of ages. Amen.”

Foetal, infant and child death

- In matters of miscarriage and stillbirth an Orthodox priest will give guidance on the ceremonies to be conducted.
- Children usually receive a funeral service and an Orthodox priest will advise.

Memento of a deceased child

There are no particular requirements in relation to giving mementos of the child to the parents, though this should be discussed with parents.

Developing a Local Orthodox Church Contact

The Romanian Orthodox Church currently has worship centres in a number of cities and the Coptic Orthodox Church is based in Bray, Co Wicklow. All of the other churches currently have bases in Dublin and some outside of Dublin. See below for contacts and websites

Greek Tradition

Antiochian (Syrian) Orthodox Church, Dublin:

Has three parishes in Belfast, Dublin and Tralee.
Contact Fr John Hickey
Mobile: 086 791 36 89
Website: <http://saintignatiusbelfast.org/services>

Georgian Orthodox Church, Dublin:

Website: <https://www.facebook.com/Georgianorthodoxchurchireland/>

Greek Orthodox Church, Dublin:

The Greek Orthodox Church of the Annunciation
46 Arbour Hill, Dublin 7.
Telephone: 01 677 90 20
Website: <https://www.hellenic.ie/church/>

St Thomas Indian Orthodox Church, Dublin

Website: <https://indianorthodoxireland.ie/>
Email: office@indianorthodoxireland.ie

Romanian Orthodox Church, Dublin, Cork, Galway, Limerick and Sligo:

Website: <https://romanianorthodox.ie/>

Russian Orthodox Church Dublin:

Church of the Holy Apostles Peter and Paul
Patriarchal Metochion of the Russian Orthodox Church - Ireland, Dublin
Website: <https://stpeterstpaul.net/>
Email: russianchurch.dublin@gmail.com
Mobile: 086 734 79 34

Oriental Orthodox Tradition

Coptic Orthodox Church, Bray, County Wicklow:

E-mail: contact-us@stmaryandstdemiana.ie
Website: <https://stmaryandstdemiana.ie/>

Jacobite Syrian Orthodox Church, Dublin:

Website: <http://www.jacobitechurhdublin.com/>
St Mary's College Chapel Rathmines, Dublin.

See also:

Orthodox Monastery Ireland

Monastery of the Life-Giving Spring, Ard Ciaran, Raghrabeg, Shannonbridge, Co. Roscommon, N37 Y153.
Email: m.iosifia@yahoo.co.uk
Telephone: Sister Iosifia: 089 483 18 02
Website: <https://orthodoxmonasteryireland.ie/>

Contributors

The original section was contributed to by Reverend Fr George Zavershinsky, (Russian Orthodox Church), Reverend Fr Godfrey O' Donnell and Reverend Fr Calin Florea (Romanian and other Orthodox Churches).

This chapter was reviewed and updated by Reverend Fr. Dr. Abraham Koshy Kunnumpurathu.



The Dove depicting the Holy Spirit is a symbol of Pentecostalism.

PENTECOSTAL CHURCHES

(ALSO KNOWN AS PENTECOSTALISM)

Pentecostalism is a Christian movement that takes its name from the event of *Pentecost*, when the Holy Spirit descended on Christ's first disciples and they were 'baptised in the Holy Spirit'. Key beliefs in Pentecostalism are: that the Holy Spirit continues to be present in the world guiding their actions; the need for a personal experience of conversion; and the authority of the *Christian Bible*.

Pentecostalism shares the principal beliefs of other traditions of Christianity. It is closely related to and usually included in the category of evangelicalism.

Pentecostalism is one of the fastest growing faith movements worldwide, claiming approximately 500 million followers in North America, South America, Africa and Europe. The churches are self-governing and are led by clergy, who may be called pastors or ministers.

Profile of Pentecostal Churches in Ireland

Census 2022 indicated that there are 13,500 members of the Pentecostal (or Apostolic) Church in Ireland.

Essential Practice Point 1

There are networks of Pentecostal Churches in Ireland, each having numerous members:

- **African Pentecostal Churches:** These churches have congregations in a number of places across Ireland including Dublin, Cork, Galway, Limerick, Waterford and other major urban areas. The largest is the Redeemed Christian Church of God.
- **Christian Churches Ireland (Assemblies of God Ireland)** is a Pentecostal denomination and a part of the World Assemblies of God Fellowship, the world's largest Pentecostal denomination.
- **The Elim Pentecostal Association** (<https://www.elimchurchireland.com/>) and the Apostolic Church Network (<https://www.apostolicwork.ie/>) are also represented in Ireland.

Care of the ill

Beliefs about the treatment of illness

An African minister has indicated that culturally, African Pentecostals may believe that illness and medical conditions can be caused by unseen evil forces. The person may request a pastor to help them address these matters through calling on Divine intervention in addition to the person co-operating with medical treatment. The pastor will assist the person through prayer, possibly anointing with oil and helping them re-affirm their trust in the healing power of Jesus Christ. These practices are in the tradition of *healing through faith*. A private space may be requested to perform these religious rituals.

Religious contacts and religious practices

Essential Practice Point 2

- There are numerous Pentecostal Churches in Ireland. The person is likely to wish to see their own pastor for religious and spiritual support. It is important to clarify the name of a religious contact who can be called as necessary for support for the person and guidance for the healthcare setting. This will be particularly important in times of critical illness and death-related matters.
- See also contact details and websites that can be used to source the name of local Pentecostal Churches for dialogue purposes and relationship building.

Pentecostalism generally places less emphasis on ritual and ceremony while there is a strong emphasis on personal faith and prayer. Hymn singing is a regular part of worship.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Family and community visits

Essential Practice Point 3

Community members are likely to come to the bedside to pray with the patient and in the case of serious illness this may be round-the-clock. Religious leaders have indicated that it is acceptable to request from visitors that a few remain at the bedside while others go to the hospital prayer room to continue the prayers.

Death-related religious rituals

Essential Practice Point 4

There is no established ritual to prepare a person for death. In case of imminent death the named pastor should be called. The pastor will enable the person to reaffirm their relationship with God in preparation for death and will lead prayers at the bedside. Prayers will also be held for the family.

Customs to be observed at death

- An African minister has indicated that due to the community nature of African society, an African family is likely to expect healthcare staff to be empathetic to them in their grief and provide as much assistance as possible with meeting cultural norms (see next point).
- In African culture a deceased person should not be left alone. Many families will wish to sit with their relatives during their time in the hospital mortuary and this will need to be facilitated.

Cleaning and touching the body

Essential Practice Point 5

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There is no religious objection to post-mortem.

Interment ritual

Both burial and cremation are acceptable generally.

Religious Icons and Symbols

Personal and religious items

Some Pentecostals may wear a plain cross or have their own copy of the *Christian Bible*.

Use of religious symbols

- Candles and a plain cross are appropriate in the tradition and can be used in the mortuary area when a Pentecostal family is using the facility.

- The crucifix (a cross with the figure of Christ) is not a symbol of the tradition and preferably should not be displayed in a hospital mortuary when a Pentecostal family is using the facility.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 6

Pentecostalism emphasises personal conversion at a time the person is ready and baptism takes place when the child is ready. Even in cases of threat to life, infant baptism is not necessary.

A child is usually dedicated in church and prayers held for the child and family.

Foetal, infant and child death

- There are no specific religious requirements governing miscarriage and stillbirth. The pastor will be willing to perform a religious ritual or service that will be sensitive to the situation on request from the parents. It will be necessary to discern the parents' wishes in these cases and call the named pastor as appropriate.
- Normally a service is held for deceased infants and children, while the nature of the service depends on the age of the child and the parents' wishes. The pastor will be a resource in these matters.

Memento of a deceased child

There are no religious restrictions on giving a memento of a deceased child to the parents such as hand/foot-prints, a lock of hair, etc. It is appropriate to ask if families would find this helpful.

Developing a Local Pentecostal Church Contact

There are numerous churches involved in the various networks of Pentecostal Churches and there are also independent churches. Contact details for the person's pastor should be sourced directly from them, if known.

Pentecostal Churches:

Redeemed Christian Church of God

Website: <https://www.rccgireland.org/>

Christian Churches Ireland (Assemblies of God Ireland). A movement of pentecostal churches in voluntary cooperation.

Email: office@ccireland.ie

Website: <https://ccireland.ie/>

Solid Rock Centre

Website: <http://solidrockdublin.org/contact-us/>

Romanian Pentecostal Church

Biserica Sfânta Treime Dublin

Website: <https://sfantatreime.ie/contact/>

Praise Tabernacle Apostolic Faith Mission

Website: <http://praisetabernacle.ie/>

Indian Pentecostal Church of God:

Telephone: 087 069 42 57

Email: ipcchurchireland@gmail.com

Website: https://www.facebook.com/ipcireland08/about/?_rdr

Contributors

Contributors to the original section included Reverend Remba Osenga, Dr Miriam A. Kelly and Reverend Gary Davidson,



The Happy Humanist is an emblem of the Humanist Association of Ireland and is the Irish version of the international symbol of Humanism.

PEOPLE WITHOUT RELIGIOUS BELIEF

This section gives information on people with an absence of prescribed religious beliefs and rituals. There is no intention by the HSE to suggest uniformity between the groups mentioned in this section.

Sources indicate that up to 10% of the world's population is without any religious belief and these people are distributed across the continents.

Profile of People Without Religious Belief in Ireland

Essential Practice Point 1

People without religious belief include those who use the following descriptors:

- **Agnostic:** In the modern world agnosticism is taken to involve scepticism or doubt about the existence of a God presence.
- **Atheist:** Generally atheism involves an absence of belief in a God presence or other deities.
- **Humanist:** Humanism believes that striving for the greater good of humanity need not depend on belief in a God presence or any particular practices; rather it requires reason, compassion and a concern for the welfare of others. The Humanist Association of Ireland was established in the 1960s.

In Census 2022, 186,000 persons indicated *No Religion*. An additional 2,881 people indicated that they were *Agnostic* and 942 people indicated that they were *Atheist*.

A further 339,562 were categorised as *Not Stated*, although it is not clear how many of these may have been indicating that they did not have a religious belief.

There are no Census figures available for the number of Humanist followers in Ireland. The Humanist Association of Ireland indicates there are potentially a quarter of a million people in Ireland who do not have a religious belief.

Collectively people from these traditions may be Irish, from new communities or visitors from other countries to Ireland.

Care of the ill and Care of the Dying

In the HSE we value patient-centered-ness and parity of treatment for all, irrespective of religious belief or no religious belief. We cannot make assumptions about people without religious belief and must seek clarity from the person or a personal contact provided by the person if in doubt.

Personal contacts and death-related practices

Essential Practice Point 2

- Source the name of a personal contact that can be called upon to support the person in times of critical need and who can give guidance to the healthcare setting on appropriate practice for the person as needed.
- Do not assume that the person will wish to speak to a hospital Chaplain or avail of any religious services. Contributors to this section have indicated the embarrassment caused to members at having to 'opt out' of religious services offered to them in Irish healthcare settings.
- Do not assume that the person, due to an absence of religious belief, will not want any personal support in times of illness or approaching death.
- Clarify with the person or the personal contact if there are any particular requirements in relation to death.

Family dynamics and decision making

Essential Practice Point 3

It is possible that family may not be aware of the absence of religious belief. The wishes of the person must be respected in these situations.

Blood Transfusion and Organ Transplantation

There are unlikely to be objections to these procedures.

Cleaning and touching the body

Essential Practice Point 4

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There is unlikely to be objection to post-mortem.

Religious Icons and Symbols

Any items worn by the person are likely to be of a personal nature.

Essential Practice Point 5

It is not appropriate to use icons from the Christian or other traditions in the mortuary.

Additional Notes on Maternity and Paediatric Care

Initiation ritual

Essential Practice Point 6

There is no initiation ritual among these traditions and baptism of newborns in imminent danger of death is not appropriate.

Accredited Humanist Association of Ireland celebrants can provide baby-naming services.

Foetal, infant and child death

- There are no particular requirements in relation to foetal death and stillbirth. The personal contact will advise of any particular needs.
- Washing can be conducted as for an adult.

Memento of a deceased child

There are no restrictions on giving a memento of a child.

Developing a Contact for People Without Religious Belief

The Humanist Association of Ireland can facilitate non-religious funeral ceremonies. Further information and contact details available at <https://www.humanism.ie/>

Contributors

The original section was contributed to by Mr Brendan Sheeran, (Humanist Association of Ireland).



The Burning Bush witnessed by Prophet Moses is the symbol of the Presbyterian Church in Ireland, and is embodied within the logo.

PRESBYTERIAN TRADITIONS

(ALSO KNOWN AS
PRESBYTERIANISM)

Presbyterianism, a Christian movement, owes its origin to John Calvin, a 16th century French reformer.

The *Christian Bible* is the key holy book of the Presbyterian Traditions, who share the principal beliefs of other traditions of Christianity.

Presbyterianism is now a worldwide Christian movement. Clergy are called ministers.

Profile of Presbyterianism in Ireland

Presbyterianism on the island of Ireland dates back to approximately the 1600s.

Census 2022 indicates that the Presbyterian Church membership is 22,699.

Essential Practice Point 1

Presbyterianism is the fourth largest (stated) religious affiliation in Ireland. Members may come from the Republic of Ireland, Northern Ireland, Scotland and new communities including Europe, Africa, South America and Asia.

The family of churches in Ireland and the United Kingdom includes the Presbyterian Church of Ireland, the Church of Scotland, the United Reformed Church and the Presbyterian Church of Wales.

- The Presbyterian Church, relatively speaking, places less emphasis on religious ceremony and ritual. The *Sacrament of Holy Communion*, a religious ceremony common to some Christian traditions, is practiced. If the person wishes to receive the Sacrament of Holy Communion the Presbyterian chaplain should be called. Where this is not possible, it may be acceptable for a chaplain from the Church of Ireland or Methodist Church to administer the sacrament.

- The person's family may also wish to be present.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point 3

- When death is imminent the family may request that the person's minister or the Presbyterian chaplain be called to the hospital but there is no formal rite/ritual that needs to be performed.
- After the person has died, if requested, prayers would be said with the family if they are present but there is no formal rite/ritual that needs to be performed. Such prayers would be for the comfort of the bereaved because the deceased is now *in the hands of God*. Therefore, it is not necessary to call the minister or chaplain if the person has died alone.

Customs to be observed at death

Presbyterians of Irish origin may expect a health practitioner to sit with them in the moments following the loss of a loved one. It is important to discern the family expectations in these matters and be sensitive to them. If in doubt, check with colleagues or the chaplain.

Care of the ill

Religious contacts and religious practices

Essential Practice Point 2

- Each healthcare setting has a designated Presbyterian chaplaincy resource whose role is to assist in responding to the religious needs of members.
- Some hospitals operate on-call rotas for members of a group of Christian churches including Church of Ireland, Methodist and Presbyterian who provide appropriate pastoral care when requested. When a non-Presbyterian chaplain is called, the chaplain should be made aware of what is being requested and be agreeable to fulfilling the request. Additionally, where possible, the person should be notified that the chaplain being called is from another denomination.
- A person may wish to see a representative of their own religion, or, if possible, their own minister.

Cleaning and touching the body

Essential Practice Point 4

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There is no religious objection to post-mortem.

Interment ritual

Both burial and cremation are acceptable generally. It is customary for a funeral service to be held in the person's own home, place of worship or crematorium and the arrangements would be made by the next of kin with their own minister and the funeral director. A religious service in the hospital would only be provided if specifically requested by the family.

Religious Icons and Symbols

Personal and religious Items

- The person may wish to have a copy of the *Christian Bible*.
- Any other items are likely to be specific to the individual and the family rather than have religious significance.

Use of religious symbols

- A plain cross (symbol of Christ as *the risen Lord*) may be present.
- Candles, prayer beads or a crucifix (a cross with the figure of Christ) are not appropriate within the tradition and none should be displayed in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 5

- The Presbyterian Church practise the *Sacrament of Baptism*, the initiation ritual common across Christian traditions, in infancy. If a newborn child is in imminent danger of death it may be important for the parent(s) that the child be baptised, and in such cases it is necessary to call a Presbyterian minister. An ordained chaplain from the Church of Ireland or Methodist Church may perform the baptism if a Presbyterian Minister is not available. A non-ordained chaplain or family member may pray for the child, including naming the child, but they cannot perform the Sacrament of Baptism.
- However, should a child die before being baptised the child is deemed to be safe *in the hands of God* and baptism is not essential.

Foetal, infant and child death

- In the case of miscarriage or stillbirth the wishes of the parent(s) should be followed regarding contacting a chaplain.
- Normally a service is held for deceased infants
- and children. The arrangements would be the same as for an adult and would be made by the next of kin with their minister.

Memento of a deceased child

Religious representatives indicate that it is important that parents are helped in their grieving and from a religious perspective, mementos of a child are acceptable.

Developing a Presbyterian Contact

The principal healthcare facilities have an appointed Presbyterian chaplain who can be contacted through local chaplaincy/pastoral care departments. Website: <https://www.presbyterianireland.org/Resources/General-Resources-and-Publications/Guidelines-and-Reports/Hospital-Pastoral-Visitation-Protocol.aspx>

Other settings, such as long-term care facilities, may depend on the local minister to provide pastoral care services.

Information on churches and contacts can be found at <https://www.presbyterianireland.org/>

Contributors

The original section was contributed to by three Presbyterian chaplains who provide pastoral care services in Irish hospitals (Reverend C. Mary Hunter, Mrs Susan Dawson and Reverend Denis Campbell).

RELIGIOUS SOCIETY OF FRIENDS (ALSO KNOWN AS THE QUAKERS)

The Religious Society of Friends, a Christian Church, was founded in the mid-17th century. The founder, George Fox, believed that each person could experience communion with God for themselves, without a need for mediation by clergy or others.

The *Christian Bible* is the key holy book of the movement, which shares the principal beliefs of other traditions of Christianity.

The term *Quaker*, now commonly used and accepted by the movement, was originally a nickname, referring to George Fox's guidance to 'tremble at the name of the Lord'. Members are referred to as *Friends* within the community.

The Religious Society of Friends has a worldwide membership of 370,000, with much diversity in religious opinion and practice.

Profile of the Religious Society of Friends in Ireland

The Religious Society of Friends has had a presence in Ireland since 1654. Since its establishment the movement has been active in humanitarian activity in Irish society and many Friends have owned businesses renowned for positive employee well-being practices.

Essential Practice Point 1

Census 2022 registered 804 Friends in Republic of Ireland. Most members are of Irish origin. There are four communities (referred to as *meetings*) of Friends in Dublin with others in Cork, Galway, Limerick, Waterford and other places in Ireland.

Members are referred to as *Friends* within the community while the term *Quakers* is also acceptable.

Care of the ill

Religious contacts and religious practices

Essential Practice Point 2

- Friends do not have formal clergy. Each meeting (community) of Friends has elders and overseers, who try to visit members who are ill or in distress. The person may wish to be visited by a specific elder or community member and hence the name of a religious contact should be sourced from the person. In emergency situations an elder can be contacted through the numbers at the end of the section.
- Religious practices are free of outward rituals, ceremonies, symbols and icons. Friends worship in silence with occasional spoken ministry.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point 3

There are no special rituals or practices for the dying. There is no particular need to call an elder if death is imminent, although they will be happy to assist if the person or family so request. Friends are appointed by the community to support and advise families after a death and to assist with practical arrangements.

Cleaning and touching the body

Essential Practice Point 4

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There is no religious objection to post-mortem.

Interment ritual

- The wishes of the deceased are respected. These may include cremation or donation of body or organs for medical purposes.
- A funeral takes the form of a silent meeting for worship. Spoken messages may offer thanks for the grace of God as seen in the life of the departed or prayer that the bereaved will be comforted.

Religious Icons and Symbols

Personal and religious Items

There are no items of religious significance in the religion. A Friend admitted voluntarily to a healthcare setting may have a copy of the *Christian Bible* for personal use; in an emergency a *Bible* might be requested.

Use of religious symbols

Friends do not use religious symbols. Contributors have indicated that there is no need to remove the crucifix (a cross with the figure of Christ), cross, candles or images of saints if they are present in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 5

Friends do not practice baptism for either children or adults. Infant baptism is not necessary if there is a threat to life for a newborn infant.

Foetal, infant and child death

Stillborn children, infants and children are buried in the same way as adults and the same guidelines apply.

Memento of a deceased child

There is no restriction on giving of mementos of a deceased child.

Developing a Contact for the Religious Society of Friends

During office hours an elder can be contacted through the main office:

The central offices of The Religious Society of Friends in Ireland (Quakers) are at:

Quaker House, Stocking Lane, Dublin 16. D16 V3F8

Telephone: 01 499 80 03

e-mail: office@quakers.ie

Website: <https://quakers-in-ireland.ie/contact/>

Contributors

The Dublin Monthly Meeting of Elders contributed to the development of the original section.



ROMA COMMUNITY

The Roma Chakra was adopted in 1971 at the First World Romani Congress as the official symbol of the Roma people.

The symbol honours the Roma's Indian heritage. This symbol is integrated in to the flag of the Roma people.

The sixteen spoked wheel reminds the Roma of the wheels of the Vardo, or Wagon, which was home for Roma families for more than a hundred years.

Profile of the Roma Community in Ireland

The word Roma means people. They are the largest ethnic group among EU member states. The Roma may also have had a historic link to India. The community have been living in Europe for the last thousand years as citizens and have no current connection with India. The Roma have migrated widely across Europe, to the Americas and to North Africa.

Census 2022 records that there are 16,059 Roma living in Ireland. It was the first census to include a specific question for recording Roma ethnicity. The majority of the Roma in Ireland are from Romania. (It is estimated that approximately 8.32% of the population in Romania are Roma¹). Other Roma have migrated from Eastern European countries including Slovakia, Poland and Hungary. All of this population are now full EU citizens.

The Roma tend to adopt the main religion of the country they live in. The three most common religions that the community living in Ireland practise are Pentecostal, Orthodox and Roman Catholic. There are a few specific Roma Pentecostal Churches and others of the community attend the Romanian Pentecostal Churches. There are also those who attend Orthodox and Roman Catholic Churches.

General Cultural Features and Social Experience

The Roma are distinguished by a rich cultural and musical heritage, which has influenced classical music, etc. At the same time, the Roma communities are diverse; hence the need to be cautious in any generalisations that are made about the culture. For example, while the Romani language has its origins in some of the languages of India, there are now various dialects, some of which have been influenced by countries that the Roma settled in.

The Roma are widely recognised as among the most discriminated ethnic groups in history and have suffered at the hands of a number of political

regimes over the centuries. The community continues to experience misunderstanding, intolerance, discrimination and racism across EU member states. This has implications for how many Roma will present themselves and interact with the HSE and for their ability to trust interpreters who come from the settled communities of their countries of origin.

Some features of the Roma culture and social experience are given here for guidance. These need to be applied recognising that there is wide diversity and that each person is unique. Additionally, the Roma are changing their lifestyles, as is evident from the following points regarding the Romani² /Romanes language

Essential Practice Point 1

Language: While the group has a traditional language, Romani/Romanes, there are language and literacy issues that have implications for communication.

- Some Roma may only speak some dialect of Romani/Romanes (the traditional language), many may not speak English and some may speak the language of the country they last lived in. So this will vary.
- Some Roma may indicate that they are from the last country they lived in, for example Romania, out of fear of discrimination, while they may not speak its language well.
- A common mistake is to confuse Romani/Romanes with the Romanian language; they are two completely separate languages with different origins.
- Where an interpreter is required it is important to clarify what language will meet the person's needs best and to ascertain if there are issues of trust. This may be the language of the country of origin, be it Romania, Slovakia, etc.

1 [https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/combating-discrimination/roma-eu/roma-equality-inclusion-and-participation-eu-country/romania_en#:~:text=Contact%20Point%20\(NRCP\)-,Facts%20and%20figures,8.32%25%20of%20the%20population](https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/combating-discrimination/roma-eu/roma-equality-inclusion-and-participation-eu-country/romania_en#:~:text=Contact%20Point%20(NRCP)-,Facts%20and%20figures,8.32%25%20of%20the%20population)

2 The word Romani is based on the Council of Europe use of the word as in 'During the first Romani Congress in 1971, Romani was officially recognised as the language of Roma in Europe. This led to its inclusion in various international regulations, including Council of Europe's European Charter for Regional and Minority Languages'. <https://coe-romact.org/article/international-romani-language-day#:~:text=During%20the%20first%20Romani%20Congress,for%20Regional%20and%20Minority%20Languages>.

- While there are differences within the Romani/ Romanes language those, who only speak Romani/Romanes will follow an interpreter speaking the standard dialect.
- Due to the complexities of the language and cultural issues, it may be more beneficial to source a Roma cultural mediator/ interpreter where possible.
- Some Roma may have literacy difficulties in any language that they speak; hence, plain language is necessary in any communication about healthcare issues. Written instructions, such as prescriptions, may need to be explained verbally.

- **Marriage and birth:** Roma women tend to marry young, often before 20 years of age, and tend to have high birth rates.
- **Family and tribal bonds:** Roma tend to identify with their particular tribe. Extended family is of particular importance with a strong sense of family loyalty and duty. This point is important for family visits in hospital. Cultural mediation may be needed to manage the high number of visitors.
- **Role of Women:** Traditionally the culture was patriarchal, few women worked in paid employment outside the home and it was not unusual for a male to speak on behalf of his wife or the family. At the same time Roma women in Ireland and elsewhere are participating in education and development activities set up for them and are speaking for themselves. Both the traditional and developing ways of life co-exist among the Roma.
- **Clothing:** The distinctive traditional clothing of a colourful blouse, long skirt, scarf and jewellery is continued by some Roma women. However, dress sense is changing and many Roma are no longer identifiable by their clothing. Many wear what they wish and prefer Western style clothes. Some Pentecostal followers, in particular, have a modest dress sense in line with the views of their religion.

Care of the ill

Religious contacts and religious practices

Essential Practice Point 2

As noted in the Profile section, the Roma community living in Ireland practice three main religions; Pentecostal Orthodox and Roman Catholicism. All religious practices, including illness and death-related rituals, will be determined by the religion followed.

- It is important to clarify the religion of the person and the name of a religious representative who should be contacted if requested or needed.

Gender issues

Essential Practice Point 3

Some Roma may prefer to be treated by a same gender practitioner, in particular women. Preferences will need to be checked.

Family dynamics and decision-making

Essential Practice Point 4

Gender roles are changing among the Roma.

The traditional norm of a man speaking on behalf of his partner may continue to exist, while many women now speak for themselves. As with all of these situations, the woman needs to be allowed and enabled to determine her healthcare choices.

Blood Transfusion and Organ Transplantation

Roma will follow their religious view on the matter.

Care of the Dying

Family and Community visits

Essential Practice Point 5

Where a person is quite ill or nearing death there are likely to be many visitors from the community. Roma representatives have indicated that it is important for the healthcare setting to enquire who will represent the family, so that large numbers can be managed by rotating the visitors at the bedside and to ensure that any cultural needs can be attended to.

Customs to be observed at death

Essential Practice Point 6

The Roma tend to have a preference for bringing the body home as soon as possible. Any delay needs to be explained to the family

Cleaning and touching the body

Essential Practice Point 7

The body may be washed by mortuary staff and dressed in clothes provided by the family.

Post-mortem requirements

The Roma have a preference for burying the body whole and undamaged. Any delay necessary for post-mortem will need to be explained sensitively in light of this and the preference for bringing the person home for the traditional viewing of the body.

Interment ritual

- Traditionally the family host a viewing of the body in the home for two nights and this tends to be followed irrespective of religious affiliation.
- Burial is the norm among the Roma.

Bereavement

Traditionally, black clothing is worn for up to one year following the death of a close relative and men do not shave. This tends to be followed irrespective of religious affiliation.

Religious Icons and Symbols

Personal and religious items

Jewellery is a symbol of status among Roma who more closely observe traditional customs. Traditionally men and women wear jewellery that has family and cultural significance. All jewellery needs to be returned to the family on death.

- Orthodox followers may have a baptismal candle at the bedside as well as statues and icons.
- Catholic Church followers also may have statues and icons at the bedside.
- Pentecostal followers may have a copy of the *Christian Bible*.

Use of religious symbols

- Pentecostals do not use the crucifix (a cross with the figure of Christ) as part of their tradition. The crucifix may be displayed for Orthodox or Roman Catholic followers but not Pentecostals.
- Candles and a plain cross are appropriate for all Roma.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 8

The approach to infant baptism varies depending on the religion followed.

Infants born to Roman Catholic parents are normally baptised if in danger of death.

In the case of a threat to the life of an infant, Orthodox Churches prefer that the child be baptised. Specific instructions are given in each of the relevant sections.

Pentecostal followers normally do not baptise an infant even if there is a threat to life.

Foetal, infant and child death

There are no particular cultural practices beyond those religious practices described in the relevant sections.

Mementos of a deceased child

There are no religious objections/guidance from the Roman Catholic, Orthodox or Pentecostal Churches in giving a memento of a deceased child (lock of hair, handprint or footprint) to parents. This should first be checked with the parents.

Developing a Roma Community Contact

For information about the Roma Community:

Cairde³, 19 Belvedere Place, Dublin 1, D01 X2E4.
Tel: (01)8552111

Websites: www.cairde.ie
www.healthconnect.ie

The *National Roma Infoline* is funded by the HSE and run by Cairde.

Service providers and Roma can contact the Infoline, Monday to Friday, from 9:00am to 5:00pm and a Roma Operator can respond to their query in Romani, Romanian, or English.

The Infoline number: 087 126 4606

The *Roma Education Programme* was established in 2022 by Cairde and coordinates online classes for a group of Roma participants, many of whom are single parents living in emergency accommodation with limited formal schooling experience.

Pavee Point Traveller and Roma Centre is part of a project with 90 NGOs across Europe, working to monitor the implementation of National Traveller and Roma Strategies (NTRIS and Roma Civil Monitor). This is being led by the Central European University. See for further details: <https://www.paveepoint.ie/our-priorities/>

Roma Programme Coordinator: Ms Jenny Liston
- jenny.liston@pavee.ie

Website: www.paveepoint.ie

HSE - Roma Health Advocacy projects information: <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/roma/roma-health-advocacy-projects/>

Contributors/Reviewers

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HSE National Social Inclusion Office, Health Service Executive

Cairde

Ms Marianna Prontera, Roma Project Coordinator, Cairde.

Feedback from the Roma Education Programme (Cairde) - Cultural Content

In May 2023, Cairde staff organised a focus group with participants of the Roma Education Programme to review the Roma cultural content of the Intercultural Guide. This focus group was attended by four participants, all women. Overall, the feedback was very positive, and the participants felt that the diversity of Roma culture was well-represented. The group especially appreciated the distinction between Romani and Romanian language and mentioned that they think it is very important to have Roma working as translators and mediators. The group also appreciated that the effort of Roma women to participate in educational programmes was recognised.

³ Cairde is a community development organisation working to tackle health inequalities among minority ethnic communities by improving their access to the HSE and their participation in health planning and delivery. In the past 10 years, Cairde has been working with an increasing number of Roma and now has a dedicated Roma Project within the organisation. The Roma Project is comprised of two key programmes: the National Roma Infoline and the Roma Education Programme.



The Crucifix (a cross with the figure of Christ), the body of Christ on the cross, is a key symbol in Catholicism.

ROMAN CATHOLIC CHURCH

The Roman Catholic Church traces its lineage to the male apostles who, according to Christian teaching, were chosen by Christ to continue his teaching. Research indicates that it is the world's largest Christian church, representing just over half of all Christians and one-sixth of the world's population.

The *Christian Bible* is the key holy book of the movement, which shares the principal beliefs of other traditions of Christianity.

The Catholic Church has a developed governance structure. The head of the Church is the Pope and Bishop of Rome. Clergy are called priests.

Profile of the Roman Catholic Church in Ireland

Census 2022 indicates that Roman Catholicism is still the largest religion in Ireland. However, the number identifying as Roman Catholic has fallen from 88.4 per cent in 2002 to 84.2 percent in 2011, but recently the fall from 79 per cent to 69 per cent (Census 2022) in six years is the biggest reduction by far.

Essential Practice Point 1

Service users are usually Irish as well as from several countries including Poland, other EU member states, the Philippines, India, other Asian countries, various African countries, Brazil and other countries in South America. The majority of Irish Travellers and some of the Roma community are also Roman Catholic.

Followers may refer to themselves simply as *Catholic* without the Roman qualification.

Due to the growing ethnic diversity in Roman Catholicism it is important to check if there are any additional cultural customs in addition to the religious customs in this section. The Roma section provides additional information on cultural customs for Roma members who are Roman Catholic.

Care of the ill

Religious contacts and religious practices

Essential Practice Point 2

- Each healthcare setting has a dedicated Roman Catholic chaplaincy resource whose role includes responding to the religious needs of ill Catholic followers.
- Roman Catholicism contains a number of religious ceremonies, called *sacraments*, each of which has a specific purpose including aiding healing during illness, preparation for death and initiation of infants into the religion. The chaplain will facilitate these matters.

- Common sacraments are *Holy Communion* and *Confession*. The person may also wish to receive the *Sacrament of Anointing of the Sick*, believed to be an important aid to

healing, which may be administered at the beginning of an illness or before a major operation.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point 3

In the case of imminent threat to life the chaplain should be contacted immediately to administer a specific sacrament (called *Viaticum*).

- Relatives may wish to pray at the bedside for/ with a person who is dying or who has died.

Customs to be observed at death

Essential Practice Point 4

Roman Catholics of Irish origin may expect a healthcare practitioner to sit with them in the moments following the loss of a loved one, particularly if a chaplain or priest is not present. This may also be the case for families from some of the new communities. It is important to discern the family expectations in these matters and be sensitive to them. If in doubt check with colleagues or the chaplain.

Cleaning and touching the body

Essential Practice Point 5

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There is no religious objection to post-mortems.

Interment ritual

Both burial and cremation are acceptable generally.

Bereavement

A Roman Catholic chaplain normally provides support for family and friends at the time of death.

Religious Icons and Symbols

Personal and religious items

Essential Practice Point 6

- Roman Catholics may wear crosses, images (relics) of saints or a garment called a *shroud*. These items need to be treated with respect.
- Members may wish to have religious objects at their bedside, such as the *Christian Bible*, prayer books, holy water and images of saints. Some may wish to hold their prayer beads (*called rosary beads*). Assistance may be sought with using a religious item. For example, a person may ask a healthcare practitioner to pass their rosary beads. It is important that sensitivity is shown in these matters.
- A family member may request an item of jewellery, such as a parent's wedding ring, when a family member dies. If this request is made it should be respected.

Use of religious symbols

The crucifix (a cross with the figure of Christ) (image at the beginning of the section), a plain cross and candles are all appropriate in Roman Catholicism and can be used in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 7

- *The Sacrament of Baptism*, the initiation ritual into the religion, takes place in infancy where the child's parents and Godparents pledge vows on behalf of the child. For Roman Catholics, receiving baptism before death is extremely important and therefore a newborn child in danger of death should be baptised. The Roman Catholic chaplain can perform the Sacrament of Baptism.

- If the infant dies before baptism can be performed, a *Naming Ceremony* but not a baptism can be offered by a Roman Catholic chaplain.
- A midwife or other healthcare practitioner may be asked to baptise a baby, rather than risk a chaplain or priest arriving too late. Should this happen it is preferable if a Roman Catholic or another Christian practitioner carries out the ritual. This is done by making the *sign of the cross* on the child's forehead, pouring a little water on the forehead and saying the words "(child's name), I baptise you in the name of the Father and of the Son and of the Holy Spirit. Amen". Many parents will derive great comfort from knowing that their child has been baptised.

Foetal, infant and child death

- There are no specific religious requirements governing many areas of foetal, infant and child death. The Roman Catholic chaplain can offer particular ceremonies based on the needs and wishes of the parents.
- In the case of a stillbirth, the chaplain can offer a *Blessing or Naming Ceremony*. These rituals can also be performed in the case of miscarriage, based on a request from parents.
- At the parents' request the chaplain can confer the *Sacrament of Confirmation*, an initiation ceremony that normally takes place in adolescence, on infants and children who die before they have received the sacrament. Where the infant or young child has died the chaplain can perform a Blessing if requested by the parents.
- Religious services for older children are based on the child's age and the parents' wishes. The Roman Catholic chaplain will also be a resource in these matters.

Memento of a deceased child

It is appropriate to offer a memento of a deceased child to parents (a footprint, handprint, lock of hair, etc).

Developing a Roman Catholic Contact

Each healthcare setting has a designated Roman Catholic chaplain.

The National Association of Catholic Chaplains has a website available at: <https://www.nacc.org/>

Contributors

The contributors to the original section include Fr Gerry Byrne, (Dublin Hospital Chaplain Association), Sr Julie Buckley, (Childrens' University Hospital, Temple Street), Dublin; Fr Martin Chambers, (Coordinator of Chaplaincy Services), Mr Kevin McNamara and Ms Kathleen Doherty, (Letterkenny General Hospital).



An open *Bible*, a cross, and the burning flame of the Holy Spirit is the symbol of the Adventist Church.

SEVENTH-DAY ADVENTIST CHURCH

The Seventh-day Adventist Church was born out of a movement influenced by the writings of William Miller (1782-1849), an American Baptist lay leader. The writings of Ellen White, a second key figure, are also highly regarded by Church members. The movement, commonly called the Adventist Church, is regarded as a Christian movement with some unique beliefs and the *Christian Bible* is the key holy book of the religion.

The movement has a worldwide membership of approximately 15 million people in over two hundred countries and territories that are ethnically and culturally diverse.

This Church has always taken a special interest in health concerns, including playing a major role in health research. Clergy are called pastors.

Profile of the Seventh-day Adventist Church in Ireland

Census 2022 indicates that the Church has 1,451 members in the Republic of Ireland. An increase of 23% since 2016.

Essential Practice Point 1

There are a number of congregations throughout the country. About 20% of members are Irish and other members come from African countries, such as Brazil, and the Philippines. All congregations are of mixed ethnicity, some are led by pastors from Minority Ethnic Communities and some services are held in Portuguese and Romanian.

The Seventh-day Adventist Church has had a presence in Ireland since the late 1800s.

Care of the ill

Beliefs about the treatment of illness

Adventists emphasise the relationship between spirit, body and mind and place importance on the well-being of the whole person.

Religious contacts and religious practices

Essential Practice Point 2

- The contact details for all Adventist clergy in Ireland are available at the website address at the end of the section. This can be used to develop a local Adventist contact for religious services for members and relationship building with the community.
- The person is likely to wish to see an Adventist pastor for religious and spiritual support.
- Adventists observe Saturday as their weekly Sabbath (from Friday sunset to Saturday sunset) and restrict activity during this time. Adventist clergy will be available as needed.

- The Adventist Church, relatively speaking, places less emphasis on religious ceremony, rituals and symbols. The *Sacrament of Holy Communion*, common in many Christian churches, is usually administered by an Adventist pastor or lay elder of the church. If the sacrament is administered by clergy from another church, wine must be non-alcoholic, for example pure grape juice.

Food and the content of medicine

Essential Practice Point 3

- Adventists, similar to Jews, avoid *unclean foods*. Adventist representatives indicate that followers are more likely to follow a vegetarian or vegan diet and not consume alcohol. A *kosher diet* (as in Judaism) is not likely to be requested. Food needs should be clarified with the person.
- Kosher rules may apply to medicines and these should be free of gelatine, blood and pig products. If no alternative is available the person should be informed so that they can make an informed decision.

Ablutions and washing

Some Adventists may request water for washing before the Sabbath, sunset Friday to sunset Saturday.

Blood Transfusion and Organ Transplantation

There are no religious objections to these procedures.

Care of the dying

Death-related religious rituals

Essential Practice Point 4

- In times of critical illness or imminent death an Adventist pastor should be called, so that the person and family can receive the spiritual support that they need.
- Family may request that the pastor anoint the person which comprises a short ceremony including the placing of a small amount of oil on the forehead, a prayer and a short reading.

Cleaning and touching the body

Essential Practice Point 5

Healthcare staff may conduct normal cleaning and washing practices.

Post-mortem requirements

There is no religious objection to post-mortem.

Interment ritual

Both burial and cremation are acceptable generally.

Religious Icons and Symbols

Personal and religious items

Adventists may carry a copy of the *Christian Bible*, while there are no other particular items of a religious nature worn by members.

Use of religious symbols

- A plain cross is appropriate in the mortuary area.
- It is not appropriate to display a crucifix (a cross with the figure of Christ), images of Mary (the Mother of Jesus), saints or icons from other traditions in a mortuary area where a deceased Adventist is laid out.
- Candles are not necessary.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 6

Baptism, the initiation ritual common to Christian traditions, is conducted by full immersion after the *age of accountability*, preceded by instruction and a personal acceptance of Christian teaching. Therefore, baptism of infants is not practiced even in the case of imminent threat to life.

- There are no particular religious requirements in relation to foetal death and stillbirth. The pastor will be willing to lead a ritual or service if requested by the family.
- Normally a service is held for other infants and children, while the nature of the service depends on the age of the child and the parents' wishes.

Memento of a deceased child

There are no restrictions on giving a memento of a child.

Developing an Seventh-day Adventist Church Contact

Adventist clergy:

The names and contact details of Adventist clergy in Ireland can be found at:

<https://adventist.ie/>

E-mail: communications@adventist.ie

Mobile: 085 848 59 22

Contributors

The contributors to the original section were Pastor Douglas McCormack and Pastor David Neal.



The Khanda, composed of four images, is the universal Sikh symbol. In the centre is a double-edged sword called a Khanda, surrounded by the Chakar (circle) and at the outer part two curved interlocking swords. Each aspect reflects ideals of the Sikh religion.

SIKHISM

Sikhism was founded by Guru Nanak in the late 1400s in the Punjab district, an area now spanning parts of India and Pakistan. Sikhism is a monotheistic faith.

The Sikh holy book is called the *Guru Granth Sahib*, and it is a collection of teachings and writings by former Sikh Gurus as well as some inclusion from Hindu and Muslim saints. Sikhism believes in One God (*Ek Onkar*) and Oneness with the Creation of the Creator, Karma, which in simplified form is the future consequences of current actions, the potential for rebirth, leading a strict and moral life, justice, equality, service to humanity, and acceptance of God's will.

The Guru lineage has been discontinued and a democratic structure and the Holy Scriptures now guide the religion. There are an estimated 25 million Sikhs in the world, most living in Punjab, New Delhi, and other main cities and states of India. There are also Sikhs in many other countries.

Profile of Sikhism in Ireland

Sikhs have been living in Ireland since the 1970s. Census 2022 indicates that there are 2,183 Sikhs in Ireland, an increase of 28% on the number in 2016.

Essential Practice Point 1

They are primarily of Punjabi descent and have migrated to Ireland mainly from the Punjab region, India, Malaysia and South Africa.

The main membership lives in the Dublin area and there are also communities in other areas including Cork, Clare, Limerick, Sligo, and Roscommon. The sole Gurdwara (place of worship) in the Irish State is in Dublin and others worship in private spaces.

Care of the ill

Beliefs about the treatment of illness

Sikhs emphasise personal conduct and responsibility and are likely to seek and follow medical advice.

Religious contacts and religious practices

Essential Practice Point 2

There are no clergy in Sikhism. The names of two community elders who are willing to be available to Sikhs who need assistance are given at the end of the section.

The *Khalsa Brotherhood* is the name of the collective of Sikhs who are initiated into the religion through a baptism ceremony, involving the drinking of *amrit* (holy water). Initiation takes place at an age that the person can understand the significance of the ceremony.

Baptised Sikhs (see *Initiation ritual*) wear a specific dress code, known as the 5 Ks, as part of religious observance. The 5Ks are detailed in *Essential Practice Point 8* and need to be respected in all treatments in healthcare settings.

Ablution and washing

Essential Practice Point 3

- Sikhs may wish to wash their hands before the three daily prayers (dawn, evening and before sleep). A bed-bound person may request water for this purpose.
- Washing the hands before eating and washing after toileting are also common practice in the culture of the Punjab. In the West, Sikhs generally use toilet paper after using the toilet. Some may wish to also wash. Wet tissues or disposable cups can be made available for this purpose.

Food and the content of medicine

Essential Practice Point 4

- There are some dietary restrictions, including ritually prepared meat (e.g. halal and kosher). Most Sikhs are unlikely to eat beef or pork. Some do not consume products such as meat, fish, eggs or dairy products. Food preferences need to be clarified and discussed with the person.
- Where possible, medicines and treatment offered to Sikhs should not include narcotics, intoxicating drugs or alcohol. Sikhs avoid the use of these substances in their code of conduct. If no alternative is available the person can use these.
- Products, for example morphine, can be taken in order to enhance life. It is prudent to discuss the content of medication with the person or family if necessary.

Gender issues and modesty

Essential Practice Point 5

- Sikhs tend to adhere to traditional gender and modesty common among people of Asian origin.
- Women may prefer to be examined by female healthcare staff; where this is not possible a female member of staff should be present.
- Both men and women may prefer to be as covered as possible during a physical examination and may prefer a physical examination to be as private as possible.

Blood Transfusion and Organ Transplantation

There are no religious objections to blood transfusion or organ transplantation once family consent is received.

Care of the Dying

Family and community visits

If a Sikh knows they are about to die they will want to see as many of their friends and family as possible.

Death-related religious rituals

Essential Practice Point 6

The family/community may wish to say prayers and recite hymns, especially if the person is too weak to recite. Some may bring holy Water (Amrit) and blessed food (Prashad) with them to comfort their loved one.

- Sikhs prefer that a light is left on in a room until the body leaves it.
- Traditionally the deceased is viewed by the family before interment.

Cleaning and touching the body

Essential Practice Point 7

- Most Sikhs are satisfied that the healthcare setting conducts the wash procedure. Some families may wish to wash and lay out the body themselves either at home or in the hospital mortuary. Consultation is necessary to discern the preference.
- If the healthcare setting is conducting the wash procedure:
 - » Females should wash a female body and males a male body.
 - » Observe the guidelines regarding the five *Ks* under the point *Personal and Religious Items*. All of these items are left on the body during washing, the funeral process and at cremation.

Post-mortem requirements

There is no religious objection to post-mortems. If it is necessary to cut the hair the family need to be informed and consent sought.

Interment ritual

Sikhs are usually cremated and the ashes scattered in flowing waters. Older Sikhs who have died in Ireland have had their ashes returned to the family homeland for the traditional ceremony while others have had the ashes scattered in waters here.

Bereavement

Following a funeral, prayers are continued, usually at the Gurdwara. Traditionally the family observe a mourning period.

Religious Icons and Symbols

Personal and religious items

Baptised Sikhs wear 5 symbols known as *panj kakaars* (termed the 5 *Ks* as each starts with the letter *K*) that are considered sacred gifts from the Guru. Each object reminds the person of an aspect of their heritage and the code of honour that they live by. Each *K* is explained and guidance given on how it should be treated.

Essential Practice Point 8

None of the 5 Ks should be removed or altered at any time unless required and then only after consultation with and consent from the person or a family member. This applies to children and babies as well as adults.

- **Kesh (uncut hair):** All hair, head, facial and body hair is uncut throughout life. Men cover the head with a turban that is regarded as part of the person and not a garment. Women may wear a turban or scarf. In no circumstance should the hair be cut, at any time, without permission from the person or family. Where it is cut with permission, the person or family should also be asked if they wish to have it returned to them for disposal. The person must be asked to remove their own turban if it is necessary to remove it for examinations, etc.
- **Kanga (wooden comb):** The semi-circular wooden comb is worn in the hair and used for combing the hair. The person needs to be asked to remove the *Kanga* themselves and store it where they wish.
- **Kaach (undershorts):** Sikhs wear these specially patterned and stitched undershorts at all times. The person must be requested to remove the *Kaach* themselves and will normally wish to replace a removed *Kaach* as quickly as possible.
- **Kara (iron bracelet):** The iron bracelet is worn on the wrist. The person needs to be asked to remove the *Kara* themselves for X-ray and similar treatments and store it where they wish.
- **Kirpan (strapped sword):** A miniature sword is worn around the waist strapped with a strip of cloth called a *gatra*. The person needs to be asked to remove the *Kirpan* themselves for examination and treatment and store it where they wish.

Sikhs are regarded as a tolerant and flexible group who are willing to adjust or remove a K if required following information and consultation; recent developments in airport security have rendered it necessary for many to make such adjustments as a normal part of living.

Use of religious symbols

Sikhs do not subscribe to religious icons. It is not appropriate to display icons of other religions in the mortuary area when a Sikh family is using it.

Additional Notes on Maternity and Paediatric Care

Initiation ritual

Initiation into Sikhism, through a baptism ceremony, takes place at an age that the person can understand the significance of the ceremony. The ceremony involves the drinking of Amrit (holy water). An infant in danger of death will not require religious initiation but some families prefer to give or sprinkle Amrit (holy water).

Foetal, infant and child death

Traditionally there is no ritual for foetuses miscarried in the early stages of pregnancy. If in doubt check with the contacts below.

Essential Practice Point 9

Developed foetuses, infants and children receive a full funeral in accordance with Sikh tradition. Wrap the body of the child in a clean white cloth and give it to the parents for interment.

Memento of deceased child

Essential Practice Point 10

A Sikh must not have their hair cut; therefore, do not offer the family a lock of hair from their deceased child. Usually no memento is necessary.

Naming convention

- Sikhs normally source the name of the child from the holy book at the Gurdwara and hence there will be a delay in naming a child.
- Females are always given a middle name *Kaur* (Princess) and males the middle name *Singh* (Lion).

Developing a Sikh Contact

The sole Sikh public place of worship in Ireland is based in Dublin and can be contacted at: Gurdwara Guru Nanak Darbar, 78 Serpentine Avenue, Sandymount, Dublin 4.

Telephone: 01 667 82 39

Email: contact@gurunanakdarbar.ie

Website: <https://www.gurunanakdarbar.ie/>

If the Gurdwara is not contactable, the following Sikh elders are available to respond to queries from healthcare settings and facilitate arrangements for Sikh members.

Dr Jasbir Singh Puri Tel: 086 246 5919

Mrs. Rominder Kaur Tel: 086 044 6843

Contributor

Dr. Jasbir Singh Puri, Former Trustee Gurdwara Guru Nanak Darbar, provided information and guidance for this section, and approved the finalised content. Dr.Puri also provided us with (unpublished) written material that he had developed for the purposes of assisting others to understand the Sikh religion.

TRADITIONAL AND ANCIENT RELIGIONS

DRUIDRY, CELTIC SPIRITUALITY, WICCA/WITCHCRAFT AND SHAMANISM

This section contains information about spiritual traditions that are based on or influenced by ancient spiritual practices in Ireland and elsewhere. The traditions profiled are Druidry, Celtic Spirituality, Wicca/ Witchcraft and Shamanism.

The traditions included in this section share some common ground about the nature of the Deity and associated beliefs. They have been grouped for this reason; there is no intention to suggest that they are a cohesive collective. Some groups within these traditions have structures and nominated clergy while others meet in low-key groups that have no overall governing structure.

These traditions tend to observe the Celtic Calendar that commences on the festival of Samhain, the Celtic New Year (October 31st) and observe seven other additional festivals, namely Imbolg (February 1st), Bealtaine (May 1st), Lughnasa (August 1st), the two Equinoxes (spring and autumn), and the two Solstices (summer and winter). Each of these and the time between each has particular significance.

Estimates indicate that approximately 5% of the world's population continue to follow indigenous religions.

Profile of Traditional and Ancient Religions in Ireland

There are a growing number of people exploring ancient indigenous spiritual lineages and in some cases returning to these traditions as their *religious* preference. Some Irish people have trained in traditions viewed as spiritual practices similar to that of ancient Ireland, for example Native American, Central and South American, etc., while teachers from some of these traditions have been visiting Ireland, facilitating spiritual practices here.

Essential Practice Point 1

The following traditions are well established in Ireland. Each one has a distinct lineage, history and belief system. There may also be differences within the groups. Contributors have indicated that members are Irish, English, Welsh and Scottish as well as some members of new communities.

- **Druidry:** Druidry is a spiritual path based on the beliefs and practices of the spiritual leaders of pre-Christian Ireland. Among the beliefs were a respect for the feminine as well as masculine nature of the Deity, a reverence for nature and a belief in an interconnected web of all of life. Some of these beliefs were absorbed into early Celtic Spirituality (next tradition) in Ireland. Some druids in Ireland meet in structures that have developed to support their spiritual practices.
- **Celtic Spirituality and Celtic Christians:** Celtic Spirituality refers to the religion that emerged in Ireland (that also extended to Scotland and other places) from the first century, when the beliefs of the ancient ways blended with Christian beliefs to form a new expression of spirituality. Members include those who emphasise the ancient tradition more, those who emphasise the integration of the ancient and Christian traditions in perfect harmony, and those who emphasise the Christian tradition more. A number of members refer to themselves as *Celtic Christians* and many observe key Christian festivals as well as the Celtic holidays outlined in the introductory note. There are a number of teachers and ceremony leaders in Ireland supporting Celtic Spirituality.

- **Shamanism:** Shamanism refers to a collection of beliefs and practices, some of which embody ancient/indigenous spirituality from ancient Ireland, South America, Native America and other places. There are also more modern forms of shamanism that embody therapeutic practices, such as breath work, to facilitate healing of the mind, body and spirit. This area of spiritual work is growing in Ireland with a number of teachers and ceremony leaders leading groups.
- **Wicca and Witchcraft:** Some observers consider Wicca as a reconstruction of ancient religions whose practices included the honouring of nature (the Earth Mother). Some Wiccans are satisfied to be referred to as *witches*. Others see Wicca and Witchcraft as distinct traditions. The Aquarian Tabernacle Church, an international Wiccan Church, has legal status in Ireland and has dedicated clergy who attend to the religious needs of members (see website at end of section).

The descriptions used by followers of these traditions to refer to themselves vary, hence awareness and discernment is needed in the use of language. A number are comfortable with the term *pagan*, understanding it to refer to a spiritual tradition that honours a female as well as a male aspect to the Deity, is non-Christian but not anti-Christian and observes a code against harming others. Those who use the description *witch* have a clear understanding that they are working with the natural healing power of herbs, plants and the earth in their spiritual practices. A number of followers of Celtic Spirituality use the term *Celtic Christians* and may not wish to associate with the term *pagan*.

There has been societal misconception and prejudice about the beliefs and practices of some of these groups, which has had consequences for some members identifying their spiritual affiliation. Where a person indicates one of these groups as their spiritual affiliation that should be noted and respected.

Care of the ill

Beliefs about the treatment of illness

- Followers of these traditions hold beliefs, such as the influence of the spiritual on all aspects of life, the mind/body connection and personal responsibility for health, which are similar to beliefs in Buddhism and Hinduism. As a result, they will expect to be fully consulted and informed of their care plan so that they can decide which options to choose.
- Some may use folk healing practices, herbs, etc., in addition to Western medicine. It is useful to check the content of any herbs being taken so that they are compatible with any medicine prescribed.

Religious contacts and religious practices

Essential Practice Point 2

- Traditional religions tend to be rich in symbolism, ritual and ceremony. Life in general and major events, such as birth, critical illness and death are normally mediated with specific rituals and ceremonies. Many followers have a spiritual teacher/adviser or a personal contact to assist them in their personal practices.
- Some may wish to conduct a ceremony or spiritual practice with the assistance of a community member or spiritual adviser in private. If so this should be accommodated.
- Some groups, for example the Wicca, have established clergy, while others do not have formal clergy. It is advised to source the name and contact details of a spiritual adviser/personal contact who will be a source of support as necessary. Sources for some traditions are provided at the end of the section and can be used if the person does not specify a contact.

- Everyday spiritual practices may include prayer, blessings, chant and meditation.

Food and the content of medicine

Essential Practice Point 3

Some followers of these traditions may be vegetarian or vegan. Food needs should be clarified. If medicines contain animal products the person should be informed so that they can make an informed choice on the use of the product.

Family dynamics and decision-making

Some Irish practitioners may not have informed their families of their belief system. Where a conflict of views exists, as an ongoing principle the individual and not the family has the right to decide medical care choices.

Blood Transfusion and Organ Transplantation

The approach to these procedures may vary. Some will be happy to accept the procedures seeing them as an act of kindness. Others may be concerned about the spiritual consequences of accepting blood and organs from an unknown source and may first wish to have spiritual guidance. Where the person has not left instructions, it is best to consult the spiritual contact.

Care of the Dying

Death-related religious rituals

Essential Practice Point 4

The cycle of life, death and rebirth is observed in these traditions. The person will most likely wish to have their own spiritual adviser lead any rituals in the preparation for death. Privacy may be needed to allow these practices be carried out.

Customs to be observed at death

Essential Practice Point 5

Many from these traditions believe that the person retains awareness after death until the spirit leaves for its journey through the afterlife. The manner in which the body is treated is very important so that the spirit is allowed to leave correctly. In all circumstances, maintain a calm, stable and compassionate atmosphere around the deceased.

Cleaning and touching the body

Essential Practice Point 6

The person or spiritual adviser needs to be consulted about who will wash the body and the amount of touch that is permitted for healthcare staff. There is often a requirement that special herbs are used in the preparation of the body, which will be carried out by the spiritual adviser or someone designated by the person. If the person's designate is to conduct the preparation, or if in doubt, conduct only essential cleaning, for example cleaning any excretions such as blood or excrement using as little touch as possible.

- When the body has to be moved it should be done with care and gentleness.

Post-mortem requirements

People from these traditions are likely to want the body to be whole at the time of interment. They are likely to only consent to post-mortem examination if there are compelling legal and/or medical reasons for it. Any organ, etc., removed from the body must be returned with the body to the family.

Interment ritual

Respect for the environment and ecological processes are part of these traditions. Those who wish to be buried may require access to alternative burials systems including ecopods. Many may choose cremation and have the ashes spread at a place they consider sacred.

Religious Icons and Symbols

Personal and religious items

- Followers may wear amulets (items that protect the spirit) including gemstones, beads, etc. Consent should be sought before removing any personal items from the body and these should be replaced if removed.
- Some may use other spiritual resources, or have altars, with images of Gods and Goddesses, images/carvings of animals, holy water, oils, candles, incense, etc.

Use of religious symbols

- Symbols such as the crucifix (a cross with the figure of Christ) or cross should not be displayed in the mortuary area when family and community from these traditions are using the facility.
- Candles in the mortuary area will be appropriate.

Additional Notes on Maternity and Paediatric Care

Birth rituals

- There is reverence for motherhood and childhood within these traditions. Some may wish to use natural pain relief methods during childbirth and many are likely to have a specific birth plan.
- Women from these traditions may request to bring the placenta home and dispose of it ceremonially.

Initiation ritual

Essential Practice Point 7

In the case of threat to life of the infant there may be a requirement for a Blessing, which will be carried out by the spiritual leader or someone designated by the parent(s). There is no requirement for a chaplain or healthcare setting to conduct a baptism or initiation ritual in these circumstances unless specifically requested to do so. Please consult the parent(s) regarding needs.

- Parents from these traditions conduct initiation ceremonies, such as a *Naming Ceremony*, at home, often aided by spiritual teachers.

Foetal, infant and child death

- In relation to miscarriage or stillbirth, these traditions are likely to be respectful of the way that the body is treated, irrespective of the stage of development. It is advised to consult with the person or spiritual adviser in the event that there are specific spiritual practices.
- The body of an infant or child should be treated in the same way as an adult after death.

Developing a Local Contact for Traditional and Ancient Religions

Many of these traditions do not have formal clergy. The name and contact details of a spiritual adviser/personal contact can be sourced using the websites/contact details below.

Druidry and Shamanic traditions:

See the following websites for contact details:

<https://www.shamanismireland.com/contact>

<https://druidry.org/get-involved/groups-groves/groves/groves-in-the-uk-and-ireland>

<https://www.kilkennydruidry.com/>

Wicca/Witchcraft:

The Aquarian Tabernacle Church, an international Wiccan Church, has formal clergy.

See international website for contact details:

<https://www.atcwicca.org/affiliate-network>

Contributors

Representatives of the various traditions profiled in this section contributed to the original section including Ms Annette Peard, (Shamanism and Druidry), Ms Anne-Marie Murphy, (Druidic Practitioner), Ms Patricia Cameron, (Celtic and Native American traditions), Ms Dolores Whelan, (Celtic Spirituality). Ms Janet Farrer and Mr Gavin Bone, (Aquarian Tabernacle Church, Wicca/Witchcraft

Acknowledgment of Images and Symbols used in the original Document

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- **Church of Ireland:** The *Celtic Cross* symbol was provided by Canon Patrick Comerford, Church of Ireland Theological Institute.
- **First Church of Christ Scientist:** The image of the *Cross and Crown motif* displayed on the holy text *Science and Health with Key to the Scriptures* was provided by the Christian Science Committees on Publication for the United Kingdom and Republic of Ireland
- **Irish Traveller Community:** The image of the wagon was photographed by Derek Spiers for Pavee Point Traveller and Roma Centre ©. Pavee Point provided us with the image with Mr Spiers permission.
- **Orthodox Traditions:** The *Cross of the Romanian Orthodox Church* is the symbol of the Church in Ireland and was kindly supplied by Reverend Fr Godfrey O'Donnell.
- **Presbyterian Traditions:** The logo of the Presbyterian Church, embodying the *Burning Bush* image, was sourced from the Church's website with consent.
- **Traditional and Ancient Religions:** The image of the *sun entering the chamber at Newgrange on the winter Solstice* was photographed and kindly provided to us by Con Brogan, Department of the Environment, Heritage and Local Government (DEHLG) ©.
- **Bahá'í:** the *nine-pointed Star*
- **Buddhist Traditions:** the *Dharmachakra*
- **First Church of Christ, Scientist:** the *Cross and Crown motif*
- **Hinduism:** the *Om sacred sound*
- **Islam (also contained in Figure 2):** the *Crescent Moon and five-pointed Star*
- **Lutheran Church:** the *Luther Rose*
- **Methodist Church:** the *Orb and a White Cross*
- **People without religious belief:** the *Happy Humanist*
- **Roma Community:** the *Roma Flag*
- **Seventh-day Adventists:** An *open Bible, a cross and the burning flame of the Holy Spirit*

The images used in the following sections are artistic impressions of symbols associated with each group. The drawings are based on images of the symbols publically available on official websites and literature produced by or on behalf of each group. The contributors for each of these section indicated that the image was appropriate for use for their group.

Images:

- **Chinese Community:** the Chinese Dragon
- **Church of Jesus Christ of Latter-day Saints:** the trumpeting Angel Moroni
- **Evangelical Churches:** the Ichthus
- **Judaism:** the Star of David
- **Pentecostal Churches:** the Dove depicting the Holy Spirit.
- **Roman Catholic Church:** the Crucifix (a cross with the figure of Christ), the body of Christ on the cross
- **Sikhism:** the Khanda.

APPENDIX 1 - Contributors

Social Inclusion

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Diarmuid Ó Coimín, HSE National Lead for End of Life and Bereavement Care

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- Margaret Ryan, St Luke's General Hospital, Kilkenny
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- Edel O'Neill, Mercy University Hospital
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Traveller Health

Ms Brigid Quirke, Project Manager, Traveller Health, HSE National Social Inclusion Office

Ms Michelle Kearns, Project Manager, Traveller Health, HSE National Social Inclusion Office

Tallaght University Hospital

Mr John Kelly, Director of Pastoral Care

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