

## **INFLUENCE OF RELIGIOUS BELIEFS ON HEALTHCARE PRACTICE**

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### **ABSTRACT**

The perceived role of God in illness and recovery is a primary influence upon the health care beliefs and behaviours of people. The religious beliefs of the people result in many health care beliefs and practices which are significantly different based on the persons religion. Only by understanding the religious beliefs of individuals can medical practitioners effectively meet the health care needs of patients of diverse religious beliefs. This paper seeks to discuss the various religions that people affiliate with and the beliefs and practices of such religions towards various health issues. This will enhance the knowledge of the society in general and the medical practitioners in understanding how religion and spirituality are felt, lived, and experienced by the people. This would help professionals release the old stereotypes and prejudices that they have about certain religious beliefs and practices. The religious freedom of the patients would not be infringed upon before, during and after treatment.

**KEYWORDS:** Beliefs, Healthcare, Practice, Religion, Spirituality, Healing

### **1.1 INTRODUCTION**

The purpose of this article is to consider the relationship between religion and healthcare in order to suggest how physicians and other health care providers should respond when the faith-based preference of a patient clashes with the medically indicated treatment modalities.

The patient and practitioner really need to understand each other's vantage point. In a nutshell, the patient knows that the doctor certainly intends what is best but the patient does not believe that "the doctor knows best" in this instance. Only God does. The doctor can clearly spell out what the symptoms mean, what test results show, and what medicine indicates by way of treatment and the patient understands this.

Religion is a subject that we encounter daily, because we follow a specific faith and the rules established by it. Religion is not only "researchable," but it is also of essential interest to clinicians, doctors, patients and health psychologists. Religion has the benefit of empowering the individual through connecting him/her to a community, and to a superior force, that might in turn give psychological stability (Basu-Zharku, 2011). This ability to empower could be used by health workers to help those who struggle with a disease or to promote a healthier lifestyle. This empowering happens through consciousness of religious principles, such as the sanctity of human life, shared identity, meaningful roles in the community and society at large, a variety of spiritual, social and economic support, social networks, and even leadership for social change and protection in time of conflicts. The field of health sociology at large should move towards promoting culture as a means of understanding between health care providers and patients and in the interest of prevention, as well.

## 1.2 CONCEPTUALIZING SPIRITUALITY AND RELIGION

In healthcare literature, religion and spirituality are most of the times used interchangeably, although they have different meanings (Adams & Leverlands, 1986). Spirituality is defined in individual terms, characterized by experiences involving meaning, connectedness, and transcendence, whereas religion is defined in communal terms, characterized by institutionalized practices and beliefs, membership and modes of organization. Thus, whereas spirituality is understood at the level of the individual, religion is more of a social phenomenon, and as such is included in the more overarching concept of spirituality. Religion can also be conceptualized as religiousness, as an individual phenomenon, characterized by the adherence of an individual to specific beliefs and practices ((Testerman, 1997).

### 1.2.1 SPIRITUALITY

Spirituality is more frequently described than defined. The word derives from the Latin word *spirare*, which means, to breathe. In modern usage it includes such a wide range of human experience: traditional religions, New Age teachings, personal mystical experience and the quest for meaning in life (Miller & Thorensen, 2003).

Spirituality appears to be a multidimensional construct in which a few core concepts repeatedly emerge. Spirituality implies that there is a deeper dimension to human life, an inner world of the soul. It assumes that humans are fundamentally spiritual beings living in a spiritual, as well as physical universe. Spirituality is about "the inner life or spirit of each of us as it relates to the unseen World of Spirit or of God. According to Thomas Merton, spirituality includes at least 2 basic concepts: "union with God" and "transformation of consciousness". The Desert Fathers experienced spirituality as the struggle for the divine encounter and for human identity. It has also been described as "that range of activities in which people cooperatively interact with God." The psychiatrist Andrew Sims (1994) proposes that spirituality includes at least 5 domains: meaning in life (what a person lives for), interrelatedness, wholeness, morality, and awareness of God.

### 1.2.2 RELIGION

Religion, however, is communal, particular and defined by boundaries. It is spirituality incarnated at the social and cultural level. Religion takes the boundless and binds it into the limitations of language and culture, even as it may also transform culture. "Religion" derives from *religio*, "to bind back or to tie." Like "spirituality," the term "religion" has suffered from a multiplicity of definitions. The term "religion" is increasingly used by scholars in the narrow sense of institutionally based dogma, rituals and traditions (Testerman, 1997). Kenneth Pargament (1997), defines religion broadly as "the search for significance in ways related to the sacred," encompassing both the personal and social, traditional and non-traditional forms of the religious search. Pargament uses the term, "spirituality" to describe what he calls the central function of religion that is, the search for the sacred.

A Researcher on religion and healthcare Dare Matthews (1996), define religion as "An organized system of beliefs, practices, and symbols designed to facilitate closeness to god." Religion is any set of beliefs and practices concerning our relationship with the sacred.

## 1.3 THE INFLUENCE OF SPIRITUALITY/RELIGION ON HEALTH

There are four prominent pathways in which religion influence health: health behaviours (through prescribing a certain diet and/or discouraging the abuse of alcoholic beverages, smoking, etc.,

religion can protect and promote a healthy lifestyle), social support (people can experience social contact with co-religionists and have a web of social relations that can help and protect whenever the case), psychological states (religious people can experience a better mental health, more positive psychological states, more optimism and faith, which in turn can lead to a better physical state due to less stress) and 'psi' influences (supernatural laws that govern 'energies' not currently comprehended by science but possibly understandable at some point by science). Because spirituality/religion influences health through these pathways, they act in an indirect way on health (Oman & Thorensen, 2002).

There is increasing recognition within contemporary western medicine of the significant links between spirituality/religion and health, and the need for health professionals to understand their patients' spiritual/religious beliefs and practices. Religion is usually seen as the institutionalisation of shared beliefs and customary practices (<http://www.sdhl.nhs.uk/documents/cultural.html>, 2005). It is often integrated into a community's cultural life. Most religions have traditional beliefs and practices relating to healthy living, illness and death. Religion differs from spirituality because spirituality is generally perceived as more fluid, eclectic and individualised. Spirituality and religion are not necessarily mutually exclusive because a significant proportion of the population identified as being spiritual but not be religious (Hilbers, 2001).

In identifying 'spiritual or religious needs' in the hospital context, health professionals are attempting to gain an understanding of two broad issues. Firstly, beliefs or practices which are significant to the patient's health that can affect decision-making, coping, support networks, commitment to treatment regimens, use of complementary health practices and general wellbeing. And secondly, patients' wishes about the way their beliefs and practices are acknowledged and supported while they are in hospital.

Health Personnel's inquiry about the spiritual beliefs and practices of patients should not offend those without such beliefs if inquiry is done in a sensitive and respectful manner. If patients indicate that religious or spiritual beliefs are not important in their lives, then the spiritual history should end and the Health Practitioner should explore what factors provide meaning, purpose, and support for the particular patient. Religion is certainly not the only source of fulfilment for basic existential and psychological needs during illness. Such a transition from a religious focus to a nonreligious one should be done so smoothly and seamlessly that the nonreligious patient hardly notices it. If there is indication that the patient has religious conflicts or struggles, however, then these need to be brought out into the open, because they may worsen the course of the illness and adversely affect medical outcomes, because the focus is always on maintaining and maximizing the health of the patient ((Koenig, 2007).

#### **1.4 PATIENTS EXISTENTIAL QUESTIONS**

It is common for patients to have existential questions about their illnesses, and many inquire "Why me?" when given a devastating diagnosis. A sick patient may feel that the medical illness is a punishment from God. This is so because, if devout religious faith is a pathway to good health and protection from all diseases, then it is believed that illness/sickness results from lack of devotion to the said faith. This notion can be harmful to the patient in question because the patient believes that the illness has come upon him/her as a result of lack of devotion and thereby affect how the patient

views the sickness, treatment modalities and gaining good health. In other words such questions as “Why Me” may affect health outcomes.

Physical and mental illnesses have many causes: genetic, developmental, accidental, traumatic, that have nothing whatsoever to do with religion or faith. Even the most devoutly religious people end up getting sick and dying. Are not all the saints and martyrs now dead? It is often not until a person becomes sick, experiences tragedy, or goes through some period of great suffering that deep religious faith emerges out of the struggle. Consequently, those with the most advanced illness often end up being those who are the most spiritual. Thus, it is impossible and often completely wrong to conclude that a patient's poor physical health is due to lack of faith and Health Practitioners should never imply this ((Koenig, 2007). Rather, proper arrangements should be made for counsellors, clergies etc who would counsel patients with such beliefs to make them accept their conditions as natural and not necessarily punishment form a Supernatural Being for lack of devotion towards them.

## **1.5 DIVERSE RELIGIONS AND THEIR BELIEFS ABOUT HEALTH, DIET, ILLNESS AND DEATH**

### **1.5.1 THE BAHÁ'Í**

The Bahá'í Faith began in the Near East in the middle of the last century, since when it has established itself throughout the world. Its founder, Bahá'u'lláh (a title meaning the ‘Glory of God’) lived from 1817-1892, and is regarded by Bahá'ís as a Messenger of God. His teachings centre on the unity of humankind and of religions, and include the harmony of religion and science, the equality of women and men, and the abolition of prejudice.

The faith has no clergy, and its affairs are in the hands of elected administrative bodies known as ‘Spiritual Assemblies’.

Although the Baha'i faith has its roots in Babism, a Muslim denomination, it is a separate religion? Its teachings centre on the unity of mankind, the harmony of religion and science, equality of men and women and universal peace. It has no set doctrines, no priesthood, no formal public ritual and no authoritative scriptures. However a patient may wish to have a visitor from the Spiritual Assembly of Baha'i. There are no unusual requirements for a Baha'i patient in hospital. He or she accepts usual routines and treatment (McCabe, 2005& Multi-Faith Group for Healthcare Chaplaincy 2005).

#### **1.5.1.2 HEALTH AND HEALING**

Bahá'ís believe that we are placed in this world to grow and develop spiritually. Illness, like other tests, may be a means to such growth, and it should be approached on both the material and the spiritual planes. Thus they believe in the power of prayer but have no objection to medical practice, seeing them as different aspects of the same God-given healing process. Bahá'u'lláh instructed his followers: ‘Whenever ye fall ill, refer to competent physicians.’

Under normal circumstances Bahá'ís abstain from alcohol (and from other harmful or habit-forming drugs) but it is permitted when prescribed as a bona fide part of treatment. Narcotics would similarly be permitted for medical reasons like the control of pain, as prescribed by a doctor.

Bahá'ís are encouraged by the teachings of their faith not to smoke, for their own good and that of others.

Bahá'ís have no special requirements as far as food and diet are concerned. Some are vegetarians, but this is a matter of individual choice. The abstention from alcohol is strict and extends to cooking

as well. Wine sauces, sherry trifle, etc. are forbidden. Such items do not usually form part of the hospital diet.

Members of the faith observe a period of fasting each year. Members of the Baha'i faith fast for a period from 2nd March – 21st March. The fast is from sunrise to sunset. The ill are exempted, as are children, the elderly and expectant and nursing mothers. If a patient is fasting, arrangements need to be made to make food available before dawn and after dusk. There is no objection to the giving or receiving of blood transfusions or of organ transplants. Donations of organs after death for transplanting to others in need is regarded as praiseworthy. Termination of pregnancy is permitted only where there are strong medical grounds such as risk to the life and health of the mother. It is not regarded lightly and is not permitted as a social or contraceptive measure. Whether it is acceptable in any specific case is for consultation between the patient and her medical attendant in the light of this guidance.

The rearing of children is regarded as one of the main reasons for the institution of marriage, but the details and extent of contraceptive practice are left to the conscience of the couple. Many Bahá'ís will not use the intra-uterine device for contraception as they regard it more as an abortifacient than a contraceptive.

There are no specific Bahá'í teachings on withholding or removing life support in disabling or terminal illness where this support is being given merely to prolong life. It is also left to the conscience of the individual whether or not to subscribe to a "living will."

Bahá'ís believe that after death the body should be treated with respect. Baha'is believe in Afterlife and therefore they treat the body with great respect after death. Routine Last Rites are appropriate. Embalming is not allowed. 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. There is no objection to necessary post-mortem examination provided these stipulations are met.

As Bahá'ís believe in the essential unity of the world's faiths, its members will welcome for themselves and for others, the dedicated efforts of clergy and lay people of other religions. We believe that the grounds for co-operation and mutual understanding, especially in a place like a hospital, far outweigh differences of doctrine and practice (McCabe, 2005 & Multi-Faith Group for Healthcare Chaplaincy 2005).

## **1.5 BUDDHISM**

Buddhist faith centres on the Buddha, who is revered, not as a god, but as an example of a way of life.

Buddhists believe in reincarnation and so accept responsibility for their actions. The chief doctrine is that of 'Karma', good or evil deeds resulting in an appropriate reward or punishment either in this life, or through reincarnation along a succession of lives.

From its very beginning, Buddhism has always been culturally adaptable, and as a result a variety of forms and movements have developed within the religion, each with different traditions.

As Buddhism encourages its followers to practice non-violence, Buddhists will mostly be vegetarian. Meals will vary considerably depending upon their country of origin. Buddhists believe that life begins at conception and so do not condemn contraception. However as abortion and active euthanasia are seen as taking life they are condemned.

Blood transfusion and organ transplantation are allowed. The Buddhists believe in rebirth after death. The state of mind of a person at the moment of death is important in determining the state of rebirth. They like to have full information about their imminent death to enable them to make preparation. Some Buddhists may not wish to have sedatives or pain killing drugs administered at this time. Peace and quiet for meditation and visits from other Buddhists will be appreciated. Some

form of chanting may be used to influence the state of mind at death so that it may be peaceful. In the situation where death occur, if other Buddhists are not in attendance, then a Buddhist minister should be informed of the death as soon as possible. Routine Last Rites are appropriate. Cremation is preferred and post mortem is unlikely to be objected (McCabe,2005).

### **1.7 CHRISTIAN SCIENCE**

Established in the United States of America in 1879. Christian Science teaches a reliance on God for healing, rather than on medicine or surgery. It will be unusual, therefore, for Christian Scientists to be patients in ordinary hospitals. They will usually seek nursing care at home or in a Christian Science Nursing home. They may, however, be admitted to hospital following accidents, or during pregnancy and childbirth, and because of family or legal pressures. They will accept medical care for their children where the law requires them to do so.

The Church does not attempt to control the actions of its members and the decision about whether to accept medical intervention lies with the individual. A Christian Scientist will appreciate the normal care of the hospital if it is necessary for him/her to be admitted, but will normally wish to be totally free of drug treatment. He or she will probably wish to contact a Christian Science practitioner for treatment through prayer. The patient will appreciate privacy for prayer and access the “holy” books of the Christian Science faith.

Alcohol and tobacco are not allowed. Strict Christian Scientists may not drink tea or coffee.

Blood Transfusion is not normally acceptable for adults, but parents usually consent to transfusion for their child if doctors consider it essential and organ transplantation is not normally acceptable for adults to donate or receive organs.

There are no rituals to be performed for the dying and routine last rites are appropriate at death. A female body should be handled by female staff. Cremation is usually preferred.

Post Mortem – Christian Scientists object to post mortems, unless required by law (McCabe, 2005&Diversiton 2008).

### **1.8 CHRISTIANITY**

Although the doctrines of Christian churches vary greatly both within and between countries, there are four features of Christianity that are nearly universal: initiation (baptism), worship, ministry and ‘good works’. The sacred writings of Christian religion are in the Bible. A Christian’s individual faith and religious practice will be influenced by the tradition of the church to which they belong as well as their own personal relationship with God.

Diet – There are no general dietary requirements. Some Christians observe Friday as a day when they do not eat meat. Some Christians may wish to abstain from food (fast) before receiving Holy Communion. Some abstain from alcohol.

Family Planning varies from Religion to Religion. No religious objections about blood transfusion and organ transplantation. Routine last rites are appropriate for all Christians after death.

There is no age limit for baptism. When babies or children are very ill, baptism should be offered.

Roman Catholics – Baptism – A lay person may perform this ceremony if death is imminent. In the absence of a Minister of Religion, anyone may perform a baptism. This is done by making the sign of the cross on a person’s forehead. A little water is poured on the forehead (or another accessible part of the body), with the words, “...(Name of the person)...”, I baptise you in the name of the Father, and of the Son, and of the Holy Spirit. Amen”.

A Catholic patient will probably wish to be visited by a Catholic Priest and to receive Holy Communion and the “Sacrament of the Sick”. This is not only for the dying, but also for the sick,

especially before an operation. The Sacraments are very important. The Catholic Priest must be called to the dying patient and if the death is sudden, immediately afterwards.

The chaplain should be informed as soon as possible. If a child dies unbaptised the Chaplain will offer a Blessing and Naming service and a certificate to commemorate this will be given to the parents. This is particularly appropriate following a miscarriage or stillbirth.

Christmas and Easter are the most important festivals/celebrations. Christians will usually wish to receive Holy Communion at these times. There is no religious objection about post mortem (McCabe, 2005 & Multi-Faith Group for Healthcare Chaplaincy 2005).

## **1.9 ISLAM**

Great importance is attached to cleanliness. Therefore, before every act of prayer the patient will want to wash his/her face hands and feet. Times of prayer are dawn, noon, mid afternoon, just before sunset and before retiring for sleep. The patient will need to stand – if he can – on clean sheets or a prayer mat facing Mecca (south-east). Privacy will be appreciated but not essential. An offer of a copy of the Qur'an will be appreciated. This must be handled with the greatest respect, no object or book being placed upon it. This can be supplied by the local Mosque. Both male and female Muslims are very modest in their dress and outlook. A female may request that she is examined by a female doctor or nurse, or that her husband or a female companion be present during a medical examination.

### **Diet**

Both pork and alcohol are forbidden in all forms, all year round. "Hallal" meal is required, otherwise Kosher or seafood and vegetarian meal. During the month of Ramadan according to the Muslim calendar all Muslims fast by not eating or drinking from dawn to sunset, but ill patients are exempted from this. Food should be made available for any fasting patient before dawn and after sunset. The taking of medication during a fasting day may cause difficulties to the patient, no undue pressure should be applied. This could be discussed with the patient and family.

**Hygiene/Cleanliness** – Hands, feet and mouth are always washed before prayer.

Hand washing is considered essential before eating. Water for washing is needed in the same room as the WC itself, i.e. patients should be provided with bowls/ jugs of water/bidet etc.? If a bedpan has to be used, bowls/jugs of water should also be provided. Patients prefer to wash in free flowing water, e.g. a shower, as baths are considered unhygienic. If a shower is unavailable, ask the patient if they would like to use a jug in the bath.

**Modesty** – Women prefer to be treated by female staff where appropriate.

**Dress/Jewellery** – A locket containing religious writing is sometimes worn around the neck in a small leather bag. These are kept for protection and strength and therefore should never be removed.

**Family Planning** – Strictly speaking orthodox Muslims do not approve of contraception, in practice, individuals vary widely in their approach. Abortion is frowned upon, but is often tolerated if it is for medical reasons.

**Blood Transfusion** – No religious objection.

**Organ Transplantation** – No specific rulings prohibiting transplantation (<http://www.sdhl.nhs.uk/documents/cultural.html>, 2005). However, strict Muslims will not agree to organ transplants.

### **Pregnancy**

Immediately after birth the father or other family members would read a short prayer while holding the infant. Muslim women are encouraged to breast-feed. Contraception is accepted by many Muslims, with the consent of the couple and if the method is safe. Abortion or termination of pregnancy is only allowed if there is a serious medical condition for the mother. The older the pregnancy the more difficult the ethical issue, and days 40 and 120 of pregnancy are important milestones.

### **Care of the Dying**

They may wish to sit or lay facing Mecca and reading the Qur'an. Family or friends may wish to quietly read the Qur'an or say a prayer.

After death the body should not be touched by non-Muslims. Health workers who need to touch the body should wear disposable gloves. The body should be prepared according to the wishes of the family.

Procedures at Death: The body is wrapped in one or two plain white sheets; the foot of the bed is placed facing Mecca or the patient is turned onto their right side in order that the deceased's face looks towards Mecca and the body is not allowed to be washed nor cutting of nails or hair.

### **Burial**

The family and the local Mosque are contacted to handle washing of the body in the hospital or the funeral house, and then the prayer at the Mosque or at the Muslim section of the cemetery. Cremation is not allowed, and the burial should take place within 24 hours if possible.

### **Post-mortems**

Some Muslims may oppose a post-mortem but no restrictions if required by law.

**Special Considerations** – There are many Muslim festivals, all calculated by the lunar calendar. There is need to ask the patient or family if any important occasions for their faith occur during their stay in hospital. The most important is the month of Ramadan during which Muslims practice self-discipline in order to achieve tolerance, love, sacrifice and equality (McCabe, 2005 & Multi-Faith Group for Healthcare Chaplaincy 2005).

## **1.10 JEHOVAH'S WITNESSES**

Jehovah's Witnesses try to live their lives according to the commands of God as written in the Old and New Testaments. They regard Jesus Christ as the Son of God, but not in the sense of being equal with God or one with God.

**Diet** – Food containing blood or blood products is not acceptable.

Jehovah's Witnesses do not smoke.

**Blood Transfusions** – Jehovah's Witnesses have religious views that taking blood into one's body is morally wrong and is therefore prohibited. This includes whole blood or its components, such as packed red cells, plasma, white cells and platelets. Jehovah's Witnesses can choose whether to accept products such as albumin, immunoglobins or clotting factors.



Blood samples may be taken for pathological testing providing any unused blood is disposed of. Dialysis is usually accepted.

Jehovah's Witnesses accept medical treatment in all other respects apart from those involving the use of blood or blood components.

**Organ Transplantation** – this is generally not permitted. Components where blood is not involved, e.g. corneas, are more likely to be acceptable. Jehovah's Witnesses are not likely to be willing either to donate or receive an organ through which blood flows. They will want reassurance that blood will not be used against their wishes.

**Care of the Dying** – There are no special rituals for the dying but they will usually appreciate a visit from one of the Elders of their Faith. (There are no separate clergy).

**Death** – Routine Last Rites are not appropriate.

**Post Mortem** – This is a matter of individual choice for the family.

### 1.11 JUDAISM

In Judaism, religion and culture are entwined. It is based on the worship of one God; carrying out the Ten Commandments; and the practice of charity and tolerance towards one's fellow human beings.

There are different groups within Judaism:-

**Orthodox Jews** – they are usually more traditional and observant of the religious/dietary laws.

**Non-Orthodox Jews** (includes: Conservative/Liberal/Reform) – they make their religious observance fit into modern society.

**Diet** – Many Jews will ask for *Kosher* food, i.e. meat that has been prepared in a special way according to Jewish Law. Shellfish, pork, rabbit and derivatives are strictly prohibited. Milk and meat products are not eaten in the same meal. This means that they do not have milk in their drinks or cream with their desserts after their meat meal and do not use butter on meat sandwiches.

The patient should be consulted over his/her level of dietary observance and the necessary arrangements made.

Orthodox Jews may not be happy to take non-Kosher medication.

**Fasting** – If fasting would be a danger, even Orthodox patients will accept medical advice.

**Modesty** – Orthodox Jewish women would prefer to have their bodies and limbs covered. They may also prefer to keep their hair covered with a head scarf while Orthodox men keep their head covered with a hat or skull cap (*Kappel*).

**Family Planning** – Some Orthodox Jews forbid contraception or family planning unless the woman's health is at risk.

**Birth** – Nearly all Jewish boys are circumcised, usually eight days after birth. This is performed by a trained and medically certificated religious functionary called a "*Mohel*" If there is any doubt about the child's health the circumcision is delayed.

**Organ Transplantation** – Organ transplants are usually forbidden by Orthodox Jews. However opinions vary and decisions may rest with the rabbinic authority (<http://www.sdhl.nhs.uk/documents/cultural.html>, 2005).

**Care of the Dying** – The patient may wish to recite or hear special psalms or prayers, especially Psalm 23 (The Lord is My Shepherd), and may appreciate being able to hold the page on which it is written.

Prayers may be said by the relatives and they may wish a Rabbi to be called to help the dying person with their formal confession and to bring comfort.

**Death** – In some cases the son or nearest relative, if present, may wish to close the eyes and mouth. The body should be handled as little as possible by non-Jews.

Depending on the sex of the patients a fellow male or female washes and prepares the body for burial.

Usually three members of the community are present. Traditional Jews will arrange for this to be done by the Jewish Burial Society.

If, however, members of the family are not present, most non Orthodox Jews would accept the usual washing and last rites performed by hospital staff.

The body is covered with a clean white sheet.

The family may wish for the body to be placed with the feet pointing towards the doorway and to light a candle.

Some Orthodox Jewish groups may wish to appoint someone to stay with the body from the time of death to the burial, which usually takes place within 24 hours. This person is called a “watcher” and he or she may need to stay with the body throughout the night.

In the above instance or if the family wish to view the body, staff should ask the Mortician to ensure that the room is free of any religious “symbols”.

If the death has to be reported to the Coroner, s/he should be informed that the patient was Jewish and be asked if the procedures can take place as soon as possible. Orthodox Jews are always buried but non Orthodox Jews allow cremation. The funeral has to take place as soon as possible.

**Post Mortem** – Post mortems are not permitted unless legally required.

**Special Considerations** – The Sabbath (*Shabbat*) begins at sunset on Friday and lasts until sunset on Saturday. On the Sabbath ‘work’ is prohibited and this includes things such as writing, travelling and switching on lights or electrical appliances. Passover (in March or April) is when special foods may be required by some Jewish patients. Day of Atonement or *Yom Kippur* (in September or October). This is a special day of fasting. A Jewish patient will normally wish to keep that day to pray and be quiet. It is the holiest day of the Jewish Calendar and is considered to set the path for the year to follow. Orthodox patients must be offered alternatives to oral medication, such as injections or suppositories ((Diversiton, 2008).

## 1.12 CONCLUSION

Most patients don't know the difference between religion and spirituality and tend to understand religion and spirituality as the same thing.

There are also beliefs about spirits, spiritual beings or spiritual forces that can induce psychological or even physical harm to people (as in voodoo or witchcraft). Belief in demonic or evil spirits may lead to great distress in patients from spiritual traditions in which such forces are emphasized and where there is belief that people can become inhabited by such spirits.

Spiritual practices such as transcendental meditation, mindfulness meditation, healing touch (involving "subtle energies"), acupuncture, may at times be offered to Christian patients as part of alternative or complementary medicine programs. Such spiritual practices may be presented by practitioners with an almost evangelical zeal to patients who are desperate for help after allopathic medical treatments have failed. Patients from conservative Christian groups may know very little about such practices, which are rooted in Eastern or New Age religious traditions and may directly conflict with their Christian religious beliefs.

Health Practitioners not knowledgeable about or insensitive to conservative Christian beliefs may impose these foreign spiritual practices on patients without fully explaining their origins and without providing traditional Christian alternatives more consistent with patients' beliefs (such as prayer, visit with a chaplain, access to religious services or religious literature like the Bible). Devout Muslim patients may likewise be offended when spiritual practices rooted in Eastern or New Age religious traditions are offered to them.

Spirituality or religion can be incorporated into health practice by engaging with and listening to patients (and their families). By acknowledging their beliefs and gaining an understanding of how they relate to their health. Being attentive to clues about spiritual/religious beliefs and practices is a useful starting point for health practitioners. Clues may be comments, actions, possessions or clothing with spiritual/religious significance.

Health care staff can ask patients where they get their strength from; who or what supports them in life. These are non-intrusive 'open' questions.

Patient's spiritual or religious needs should be documented and all health care team members should understand them. This will enable these needs to be integrated into treatment planning and care. This may include supporting rituals, customs and other valued practices, and/or working in partnership with pastoral care workers/ chaplains or representatives from a patient's religious community.

Incorporating spirituality or religion into health care requires the same skills that competent practitioners already use in the delivery of person-centred care. These skills are underpinned by the principles of respect and collaboration.

Besides the many positive effects that religion or spirituality may have on health, they can also have negative effects. Believers (and nonbelievers) may experience subtle psychological, social, and spiritual strains related to religious beliefs that distress them, their family, and their support network. Religious beliefs cause patients to forego needed medical care, refuse life-saving procedures, and stop necessary medication, choosing faith instead of medicine. Health Practitioners need to learn to respect the decisions that patients make based on their religious beliefs and not become offended or feel rejected. Instead, they should try to enter into a patient's religious worldview in order to better understand the logic of the decision. Only in this way can the door of communication be kept open between Health Practitioners and the religious patient. Health Practitioners should obtain training in understanding the religious or spiritual issues concerning patient's health in order to address such areas that may be of vital importance to many patients' psychological, social, and physical health.

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The religious practices of parents, particularly their unity on religious issues, powerfully influence the behavior of children. Thus, for policymakers interested in reducing teenage (and older) out-of-wedlock births, the lesson is clear: Religious belief and regular worship reduce the likelihood of this form of family breakdown. The widespread practice of religious beliefs can only benefit the nation, and the task of reintegrating religious practice into American life while protecting and respecting the rights of non-practice -- rights that, despite persistent demagoguery on the subject, remain totally unthreatened -- is one of the nation's most important tasks. Academics of good will can do much in this area, and history will look kindly on those who help America achieve this wonderful balance. Vol. 2 No. 4 April 2014. Influence of religious beliefs on healthcare practice. Akpenpuun Joyce Rumun Faculty of Social Sciences, Benue State University, Makurdi, Benue State, Nigeria. E-Mail: jrumun@gmail.com. Only by understanding the religious beliefs of individuals can medical practitioners effectively meet the health care needs of patients of diverse religious beliefs. This paper seeks to discuss the various religions that people affiliate with and the beliefs and practices of such religions towards various health issues. This will enhance the knowledge of the society in general and the medical practitioners in understanding how religion and spirituality are felt, lived, and experienced by the people. Health Beliefs and Practices. Culturally Effective Care Toolkit " Chapter 2. Many variables such as culture, socioeconomic factors, generational practices, and current trends affect patients' and families' health beliefs and practices. Routine and accepted US health care system processes, structures, and norms may be unfamiliar to patients and families from other countries or cultures.