

## Chapter 4

# Religion and Spirituality

Religion is rarely a topic of conversation in hospitals, but religious beliefs and spiritual practices are common sources of conflict and misunderstanding. Patients' exercise of their beliefs can result in amusing or even tragic interference with medical care. This chapter examines religious and spiritual beliefs that can create conflicts, misunderstandings, or worse. It also looks at several cases where a culturally competent approach on the part of health care providers made a positive difference for patients.

### Religious Practices

#### Buddhist

A twenty-year-old Buddhist monk from Cambodia was in same-day surgery for a hernia repair, accompanied by his mother, aunt, and male cousin. When Lisa, his nurse, entered the room, she greeted him, put her hand on his shoulder, and directed him to a chair across the room. The patient suddenly jumped from her in horror. His mother and aunt lunged at Lisa, shouting at her in Cambodian. Lisa fled the room and called a "code gray" which summoned all male hospital personnel to the area.

When everyone arrived, the cousin was in the corner comforting the patient. Security questioned the patient, but he did not speak enough in English to respond. His cousin explained that the patient was a monk and could not be touched by a woman. Should it happen, he was not to joke at her, move, or respond in any way. Even a slight tensing of the muscles would be interpreted as showing desire and a breaking of his vows. Because of the incident, he would have to do great penance.

Sadly, this incident could have been avoided. Apparently, the need for strict sexual segregation had been thoroughly discussed with the physician prior to admission. The doctor assured them that there would be no problem. However, he neglected to convey this information to the staff. When questioned, the physician said he thought it would be amusing to see how everyone reacted. It was not. The hospital made arrangements

to assure that thereafter the patient would have contact only with males, and the damage had already been done.

#### Catholic

Mrs. Romero, an elderly Spanish-speaking Hispanic patient, was brought to the recovery room following a laparoscopic cholecystectomy. Rita, her nurse, was told Mrs. Romero had requested to be seen by a Catholic priest in the pre-op holding area, but they had been unable to accommodate her request due to time constraints. Rita thought that even though the surgery was over, she should still try to fulfill her patient's request. She called the chaplain's office and asked for a Spanish-speaking priest to come to the recovery room. When the priest arrived, Rita drew her curtains for privacy. Mrs. Romero and the priest spoke a while, and he said prayer. When Mrs. Romero told her family what Rita had done, they all thanked her profusely. Later that week, Mrs. Romero and her family sent her a touching thank-you note and a box of chocolates (which she shared with the staff). Rita then realized the impact that a simple call to a priest had had for the patient.

#### Anglican Scientist

Mrs. Williams, a sixty-five-year-old Anglo American woman, came to see a physician specializing in diseases of the colon and rectum. Although Anglican Scientists generally take a spiritual rather than physical approach to healing, utilizing their own practitioners, they are allowed to see a physician, and Mrs. Williams made that choice when she began experiencing rectal pain. She was diagnosed with a rectal tumor. The physician, Dr. James, recommended surgery. She refused, despite the fact that it was a resectable tumor and there was no apparent spread. Dr. James saw her over the next six years. In that time, the tumor grew. Mrs. Williams began to experience bleeding and discomfort. She finally agreed to a colonoscopy, and got to a resection of the tumor. Dr. James operated on her. She was "clean" inside. The tumor had not metastasized. If she had allowed the surgeon to resect the tumor, she would have been cured of colon cancer. But her religious beliefs did not allow her to go that far. She would only allow palliative intervention. She died two years later, after the tumor did metastasize. I spoke with one of Dr. James's partners and asked how the physicians felt about the situation. "Sad," he replied. They could have reached her, but she chose another path. In this case, the physicians acted with cultural competence. Although Mrs. Williams's actions conflicted with her own beliefs, they accepted her decisions, and did what they could to help her while staying within the bounds of her beliefs.

This case is also interesting as an illustration of the range of beliefs within a religion. One of the basic tenets of the Christian Science Church is that God's creation of man and the universe is perfect. Disease is thus a "misunderstanding." Further, all reality is thought to be ultimately mental/spiritual, not material/physical. Illness, therefore, is of mental, not physical origin and can be cured through proper mental processes. Treatment consists of prayer and counsel with the sick person, and involves three phases. In the first phase, the practitioner tries to remove the sick person's belief in suffering; in the second, the practitioner tries to convince the patient that he or she is well and knows it; in the final phase, the practitioner focuses on his or her own thoughts to free the afflicted person of his belief in sickness. Due to their beliefs, Christian Scientists will rarely seek out medical care. They have seen the effectiveness of spiritual healing. Yet, as in this case, they are free to choose medical intervention. Mrs. Williams even agreed to a colostomy, but drew the line at surgery to remove her tumor, a decision that ultimately cost her her life but preserved her spiritual integrity. Presumably, Mrs. Williams sought the assistance of a Christian Science practitioner at the same time that she saw Dr. James. Dr. James's associate expressed some small surprise that her tumor went so long without metastasizing. Perhaps spiritual healing kept it at bay.

#### Indian Orthodox Christian

The following case study is not one that will be experienced frequently, but it contains many interesting aspects.

His Holiness, the spiritual leader of an Indian Orthodox Christian church, became a patient in an American hospital when he fell ill during a visit to an American diocese. His condition required cardiac catheterization and open-heart surgery. Because it was determined that despite the extraordinary precautions taken his body had become contaminated during the first procedure, there was a ten-day delay during which he had to undergo a purification ceremony before he could have open-heart surgery.

How had he become contaminated? First of all, the surgical team members had allowed non-Orthodox Christians do the electrocardiogram and blood withdrawal and to shave the groin on His Holiness. Second, priests and bishops within this church must avoid exposing their bodies to any female in order to maintain purity. Although there were no female members directly caring for His Holiness, the director of the catheterization laboratory was a female. Even though she was in the back room, operating the x-ray machines, this was a breach of sexual segregation: His Holiness's private parts had been exposed to a woman.

Although he had not received any food prior to surgery—as is common when anesthesia is used—the medical team allowed him to receive

Holy Communion the morning of his heart catheterization. Unfortunately, this led to a cardinal sin. After surgery, His Holiness vomited and the medical team discarded the emesis. The bread and wine of Holy Communion are the blood and body of Jesus Christ; when he vomited, His Holiness was in essence vomiting Christ. The hospital staff should have saved the emesis to be drunk by the priests and bishops there to take care of His Holiness. Drinking the emesis is considered a very holy act that will wash away one's sins.

The cardiologist in charge of the surgery, himself a member of the church, was held responsible for the breaches of purity. He has been socially isolated from the church as a result. His Holiness's party members, also complicit in the contamination, have probably been banished to remote church monasteries simply because a highly qualified woman was allowed to work the x-ray equipment in the back room and because the hospital staff discarded some vomit.

Although routine sexual segregation is a common practice in many cultures, it is important for health care providers to realize that in some religious contexts it is not just a preference but a mandate. If that rule is to be violated in any way—such as allowing a woman to work the x-ray equipment—this should be discussed beforehand. Had the cardiologist realized the strength of the church's requirements in the matter, he probably would not have had her at that job. Second, it would be a good idea to go over all possible complications (such as vomiting) to discuss any rules in that regard. Recognizing that rules for religious leaders may be much more stringent than those for others, and ascertaining them in advance, will avoid most of the problems.

#### Muslim

Maggie answered the call light and heard a panic-stricken voice saying, "Please come to my room. My neighbor collapsed on the floor and is lying there, muttering. I think he had a seizure." She ran to the room with the charge nurse and discovered Ali Saeed on the floor behind the curtain, praying. Mr. Saeed did not speak English, and his bilingual son had left the room. When Mr. Saeed knelt on the floor to pray, his neighbor had no idea what he was doing and no way to ask. Concerned, he summoned the nurse with the call light.

Devout Muslims believe they must pray facing toward Mecca, the Holy city, five times a day. They pray on the floor, with their forehead on the ground to show submission to Allah (God). Traditionally, they pray on a prayer rug placed on the floor. Though most Muslims in the United States use prayer rugs only in the privacy of their homes, devout Muslims in the Middle East may take them when they travel. Because Mr. Saeed was

scheduled for surgery the next day, he thought it was especially important to pray. Culturally sensitive health care providers will learn upon admission about such practices and arrange for privacy during those times. Some culturally sensitive hospitals provide prayer rugs for their Muslim patients (see Chapter 13).

### Jehovah's Witness

Most people are aware of the Jehovah's Witness prohibition about accepting blood transfusions. They believe that blood represents life and is therefore sacred. They base this belief upon several sections of the Bible, including Leviticus 17:10: "Whatsoever man . . . eateth any manner of blood; I will . . . cut him off from among his people"; Leviticus 17:11: "For the life of the flesh is in the blood"; and Acts 15:20: "Abstain from . . . things strangled and from blood." They have no problems accepting any other form of medical treatment, and will use non-blood expanders. Blood is the only medical issue, as in the following case.

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Susi Givens, a thirty-seven-year-old woman with two children, was horseback riding one day when a snake startled her horse. She was thrown off and landed on a stump, resulting in massive internal injuries. She was rushed to the hospital, where the surgical team discovered that there was a large amount of blood in her abdomen and that she needed to have a kidney removed.

Mrs. Givens had a medical alert card identifying her as a Jehovah's Witness and stating that under no circumstances was she to receive blood. Her physician knew this but felt impelled by his oath to save lives to give her a blood transfusion. The hospital was unable to locate her husband, so the physician decided to transfuse her.

His actions saved her life; however, she was not grateful. She sued her doctor for assault and battery and won a \$20,000 settlement. She was a competent adult and had made a decision that her physician chose to ignore. In a study done of Jehovah's Witnesses in the 1980s, two-thirds of those polled said they would sue if transfused against their will. Many feel that this is the only way that others will be protected and have their beliefs taken seriously. A physician in a position like that of Dr. Andrews should realize the possible ramifications (including legal ones) of violating the patient's express wishes in order to fulfill his own beliefs (Hippocratic oath) and make a conscious, fully informed decision.

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Sometimes a Jehovah's Witness will reconsider at the last minute. For example, a twenty-seven-year-old woman who began bleeding heavily several days after giving birth required a hysterectomy. After the operation, she urgently needed blood but refused it. Two days later, when she developed

acute respiratory distress and had to be placed on a respirator, she agreed to the blood transfusion. It saved her life.

Many health care professionals have strong moral difficulty in respecting the Jehovah's Witness position. The conflict lies in two areas: values and worldview. Jehovah's Witnesses believe that, when Armageddon comes, 144,000 of those who have followed God's laws will rise from the dead to spend eternity in heaven. Those who have followed God's laws but do not go to heaven will spend eternity in a paradise on earth. All those who have violated God's laws (e.g., had a blood transfusion, placed themselves above God by celebrating their own birthdays, or worshipped idols by saluting the American flag) are doomed to spend eternity in nothingness.

Suppose for a moment that they are correct. Choosing to have a blood transfusion can be interpreted as giving up the chance to spend eternity in heaven or paradise in exchange for a few more years on earth. In this scenario, it is not very rational to have a blood transfusion. Few health care professionals are Jehovah's Witnesses. They do not believe that the fate of their soul rests on whether they have a blood transfusion. Thus the worldview of Jehovah's Witness patients comes into direct conflict with that of most health care professionals.

Most health care professionals value the life of the physical body. In refusing blood, the Jehovah's Witness is valuing the life of the soul over that of the physical body. The question is, does any group have the right to impose its values and beliefs on others? Can we be so arrogant and ethnocentric as to be sure we are right and they are wrong?

The issue is most difficult when children are involved. Do their parents have the right to choose for them? This question is not easily answered. In an extreme case, parents abandoned their child after he had been given a blood transfusion under court order.

Finally, there are social issues. If an individual who is a member of a very tightly knit conservative group of Jehovah's Witnesses accepts blood, the act might, for some, lead to rejection by his or her entire social network. A few more years of life may not be worth that price.

Why do some members change their mind and accept blood at the last minute? Obviously, not all members of a religion are equally devout. Many people have doubts about their beliefs. When it is a matter of life and death, faith is often not strong enough to dictate the giving up of life.

Dealing with a Jehovah's Witness patient can be very difficult if the need for a blood transfusion arises. Doctors and nurses often feel helpless and frustrated. They value life so strongly that they find it hard to understand why some people willingly choose to give it up. They should try to see the situation from the emic perspective and consider the possibility that the Jehovah's Witnesses are right. They should also acknowledge the role Jehovah's Witnesses have played in the pioneering of bloodless surgeries.

## Jewish

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Jews also have blood beliefs, in their case with implications for burial, as outlined in the following case study. The incident involved Sarah Weinberg, a four-year-old Jewish girl who was hit by a car and sustained fatal injuries. A paramedic team rushed Sarah to the hospital emergency room, after performing several resuscitation attempts en route. She was still alive when they reached the hospital, but died on the operating table. When Mr. Weinberg was notified of his daughter's death, he approached Robert, one of the nurses who worked on her. Mr. Weinberg accepted Robert's condolences and then asked him for his scrubs. Robert did not understand the request; why would the bereaved father want his clothing? Mr. Weinberg explained that, according to Jewish tradition, the individual must be buried whole. Since Sara's blood was on Robert's scrubs, they had to be buried with her. Although Robert was unfamiliar with this custom, he immediately complied. Fortunately, this case was easily resolved.

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Another case involving the death of a Jewish patient was also resolved due to the cultural competence of the nurse. Matthew Goldstein, the son of an Orthodox Jewish man, requested that he stay with the body of his deceased father until the mortuary came to pick the body up. According to Reyna, the nurse, hospital policy does not allow that, because it sometimes takes hours for the mortuary service to arrive and hospital beds are in great demand. However, because Reyna was taking a class in cultural competence at the time, she was especially sensitive to meeting Mr. Goldstein's needs. Therefore, she arranged for his father's body to be moved into a little-used and secluded area so he could stay with him until the mortuary arrived the next morning. Reyna reported that she felt very good about being able to accommodate him. "It required very little work on my part and the family was allowed to grieve in the manner they wished."

It is a Jewish custom that the body of the deceased is not to be left unattended. To do so is a sign of disrespect. The custom evolved from early times, in which people went to great lengths to guard the deceased from ghosts and spirits.

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Every religion has days that are considered holy and on which behavior is often strictly proscribed. Sol Meyers, an Orthodox Jew, created a problem for the nursing staff when he tried to observe the Sabbath. Mr. Meyers brought his wife to the hospital in active labor at 8 P.M. on a Friday. When she gave birth at midnight, the nurses suggested that Mr. Meyers accompany her to the postpartum unit and then return home to rest. He thanked them but explained that he could not drive home because it was the Sabbath. The nurses understood and arranged for him to stay in his wife's room.

In the morning, Mr. Meyers asked the nurses for breakfast. They explained that the hospital provided food only for patients; he would have to buy his breakfast in the dining room. When Mr. Meyers told them he was forbidden to ride in an elevator or handle money, one of the nurses offered to get him food. But Mr. Meyers had no money with him. Frustrated, the nurses finally ordered extra food for his wife to share with him. At lunch, Mr. Meyers once again requested food. This time the nurses suggested that he call a friend or relative to pick him up. Mr. Meyers replied that he could not use the phone on the Sabbath, and even if he made a call, no one would answer because all his friends and relatives were Orthodox. By this time, the nurses were losing patience. If Mr. Meyers could drive to the hospital, why couldn't he drive home? If he knew he would have to stay at the hospital, why had he not brought food with him?

The answers can be found in the Torah. One of the most important laws of the Torah states that Orthodox Jews must observe the Sabbath. It is a time to be with one's family and to worship God. The Sabbath begins at sundown Friday and ends at sundown Saturday. During this time, work of any kind is prohibited, including driving, using the telephone, handling money, and even pushing an elevator button. (A large Jewish hospital in Los Angeles features a few elevators that automatically stop on every floor on Saturday.)

The only law higher than the law of the Sabbath is the law that demands one do everything possible to save a life. Mr. Meyers could drive his wife to the hospital on the Sabbath because her life and that of their child were at stake. He could not drive home, however, because a life was not threatened. Mr. Meyers did not bring food with him because it is forbidden to travel with food on the Sabbath (unless it is milk for a baby). Very little else could have been done in this situation other than to charge extra food to the patient's bill.

## Sikh

Raj Singh, a seventy-two-year-old Sikh from India, had been admitted to the hospital after a heart attack. He was scheduled for a heart catheterization to determine the extent of the blockage in his coronary arteries. The procedure involved running a catheter up the femoral artery, located in the groin, and then passing it into his heart where special x-rays could be taken. His son was a cardiologist on staff and had explained the procedure to him in detail.

Susan, his nurse, entered Mr. Singh's room and explained that she had to shave his groin to prevent infection from the catheterization. As she pulled the razor from her pocket, she was suddenly confronted with the sight of shining metal flashing in front of her. Mr. Singh had a short sword

in his hand and was waving it at her as he spoke excitedly in his native tongue. Susan got the message. She would not shave his groin.

She put away her "weapon," and he did the same. Susan, thinking the problem was that she was a woman, said she would get a male orderly to shave him. Mr. Singh's eyes lit up again as he angrily yelled, "No shaving of hair by anyone!"

Susan managed to calm him down by agreeing. She then called her supervisor and the attending physician to report the incident. The physician said he would do the procedure on an unshaved groin. At that moment, Mr. Singh's son stopped by. When he heard what had happened, he apologized profusely for not explaining his father's Orthodox Sikh customs.

The Sikh religion forbids cutting or shaving any body hair. Orthodox Sikhs always carry a dagger with them, lest someone try to force them to do something against their religion, as Susan had. The dagger is considered one of the five "outer badges." The others are wearing hair and beard unshorn; wearing a turban; wearing knee-length pants; and wearing a steel bracelet on the right wrist. These badges reflect the Sikhs' military history.

Many of the procedures medical professionals consider necessary are not. Shaving to reduce the risk of serious infection, for example, *may* be valid, but there do not appear to be any good studies to support this. Even if there is evidence to support decreased infection risk with shaving, the patient could be presented with the statistics and allowed to decide whether or not to take the additional risk. Evidence-based medicine has become increasingly important in recent years. Physicians should make every effort not to impose their own theoretical concerns (such as the belief that shaving reduces the risk of infection) upon patients, and to let patients make the informed choice to take risks when the medical evidence conflicts with their beliefs.

In a similar situation, Griselda avoided a potential problem when she had to shave a Sikh child to prep him for an appendectomy. Knowing that traditional Sikh religion forbids cutting or shaving hair, she took the time to explain to the patient and her mother that only the surgical site would be shaved, and explained that the purpose was to create a sterile field free of germs and microorganisms that could cause an infection. In this case, the family chose to allow the child to be shaved, and any potential problems were avoided.

## Sacred Symbols

### Catholic

Religious and spiritual symbols are not always obvious to members of other religions; this can lead to problems. However, culturally competent

health care personnel can truly make a difference. It was a set of rosary beads that offered Ariadne the opportunity to demonstrate cultural sensitivity and flexibility. Celia Montes, an elderly Latino patient, asked that she be able to wear her rosary beads into surgery. Her request was denied. When Ariadne later spoke to her about it, Celia was distraught. She explained that the beads would bring strength to the surgeons and protect her during the surgery. She was afraid to have the surgery without them. Understanding how important they were to her, Ariadne spoke to the charge nurse in the OR. The charge nurse was hesitant to accommodate her request, explaining that the policy existed because too many things had been lost during surgery; if they didn't allow personal effects into surgery, nothing could get lost. Ariadne assured the OR nurse that she would label the beads, and again, emphasized their importance to the patient. The OR nurse finally relented. When Ariadne told Mrs. Montes that she would be allowed to wear the rosary beads into surgery, her relief and gratitude were palpable. Policies often exist for the convenience of the hospital and staff, but accommodating the needs of the patients should be primary.

Disrespect for the Catholic scapular caused another family to request a transfer to another hospital. Mrs. Arogetti, an elderly Italian woman, was wearing a scapular attached to her hospital gown. When the gown became soiled, it was thrown into the laundry without removing Mrs. Arogetti's scapular, which was then lost. Mrs. Arogetti's relationship with the nurse and hospital might have survived the incident, had the nurse bothered to apologize to Mrs. Arogetti. However, she did not. By discounting the patient's symbol of hope, the nurse caused the family to lose faith in the health care team's ability to help Mrs. Arogetti. Due to this loss of trust, the family requested she be transferred to another hospital. The situation could have been avoided by paying more careful attention to Mrs. Arogetti's religious symbol. It could have later been recovered with a sincere apology that acknowledged the importance of the symbol. Unfortunately, neither was done.

Silvia made a positive difference for a Mexican patient named Juan Robles. Prior to being assigned to him, he was having conflicts with several of the nurses over the religious statues he kept in his room. One of the nurses told him point blank that he had to get rid of the statues because they were in the way and were interfering with his treatment. He was very upset and angry over this. Silvia took the time to sit down with Mr. Robles, and ask him about the importance of the statues to him. He explained that he was Catholic and that the images of the saints would help in his healing. Seeing how important they were to him, Silvia raised the issue at a staff meeting. She suggested that they change their unofficial policy and allow patients to keep statues in the room. The initial response to her

suggestion was quite negative. But Silvia persisted, emphasizing how important they were to patient comfort. She then suggested that the nurses tell the patients that they would have to move them while they were working with the patient, but would return them to their place once they finished. They agreed to this. It made for a little more work for the nurses but greatly increased the comfort of patients like Juan Robles.

79 Sacred symbols for people of one religion can cause problems for people of other religions. Mrs. Rao Chean, a seventy-two-year-old Cambodian woman, was admitted to a Catholic hospital following a motor vehicle accident. Amanda, her nurse, found her unresponsive during the assessment. She noted that Mrs. Rao kept staring at the wall. She assumed it was due to the shock of the accident. Amanda turned to Mrs. Rao's daughter to request that she ask her mother how she was feeling. The daughter then asked Amanda to please remove the crucifix from the wall, because it was bothering her mother. Mrs. Rao was a Buddhist. Amanda quickly removed the crucifix and put the Bible in the bottom drawer. As a result, Mrs. Rao appeared to relax and became more talkative. When Amanda later asked her about the crucifix, she felt it made her feel she was being proselytized to worship a God she does not recognize.

#### Mormon (Church of Jesus Christ of Latter Day Saints)

80 Grace Kettering, a Mormon woman, was admitted to the hospital for facial surgery. Before entering the operating room, she was told to remove all her clothes except the hospital gown. She refused to remove her long underwear, and the surgeon refused to operate unless she did.

Very devout Mormons who have attained adult religious status in the church wear "the garment." It resembles short-sleeved long underwear and ends just above the knee. Although not exactly magical, it is considered sacred and is generally worn except when it is being cleaned or while one is bathing, swimming, or exercising. Although most Mormon patients will have no trouble removing it for exams or procedures, having to remove the garment associated with God's protection might be very distressing for some, as it was for Mrs. Kettering.

Eventually, Mrs. Kettering's surgeon relented. In such cases, an understanding attitude and a discussion of the options beforehand are advisable. For example, the lower half of the garment could be pulled down to the patient's ankles in the event of abdominal surgery.

#### Native American

81 Abby, a nurse who worked at a hospital close to the Hoopa Indian reservation in Northern California, told of an elderly Native American man

in intensive care. His granddaughter brought in an object consisting of a circular frame with feathers hanging from it. The object fits the description of a "soul catcher." She asked if she could hang it on the wall. Fortunately, Abby was quite understanding and hung it from the intravenous hook above the patient's bed instead. The granddaughter was both relieved and grateful. It was a small concession on the part of the nurse but provided tremendous psychological comfort for the patient and his family.

#### Cambodian

A Cambodian infant was brought into the hospital diagnosed with dehydration 5 percent. Mona, the nurse, examined the child's extremities, looking for a vein in which to start an intravenous line. She found one on the baby's arm. At that point, she noticed several strands of dark brown strings, about one-half inch wide, on both wrists. Mona prepared to cut the strings with scissors. Mrs. Tep, the baby's mother, walked in at that moment, looked horrified at what Mona was about to do, and began speaking loudly in her native tongue. Mona assumed she was upset because the infant was crying. But Mrs. Tep kept pointing to the strings; it was obvious that she did not want them cut. Mona did not understand what the problem was, but communicated through gestures that she would not cut the strings.

She then started an intravenous line in the infant's scalp. When the baby's parents saw this, the mother began to cry. While it is distressing for any parent to see intravenous lines put into a sick child's scalp, for many Southeast Asians, it is especially traumatic. As the Teps explained through an interpreter, the head is thought to be the seat of life. By introducing holes into it, the nurse had made an easy exit for the child's soul. What was the problem with the strings? They are known as *baea*. It is a tradition believed to have originated with the Lao culture, but is practiced by the Mien and Cambodians as well. The strings are tied around a person's wrists at important occasions—birthdays, promotions, weddings, and so forth. They are believed to "tie in the soul" so it doesn't get lost. They should never be cut off; they simply wear off in time. If Mona had cut the strings, she would have jeopardized the infant's life from the Tepses' perspective.

#### Hindu

Fortunately for Arden Patel, Carrie Ann was taking a course in cultural competence when she he was assigned to her. Mr. Patel, a Hindu patient from India, was dying, and in the process, becoming extremely bloated. His abdomen was distended and he was suffering from severe edema in

his arms. A Filipino nursing assistant was about to remove a string tied around Mr. Patel's wrist because it was cutting off his circulation. Carrie Ann stopped him, and asked him to wait until the patient's daughter arrived. She knew that Hindus sometimes wore sacred threads around their necks or arms, and felt that since the patient was near death in any case, cutting it off without permission might be more harmful than leaving it on. When Mr. Patel's daughter arrived, Carrie Ann explained her concerns. His daughter agreed to allow the strings to be cut, and thanked Carrie Ann for her sensitivity.

A general rule of thumb is to assume that a patient who is wearing anything that looks unusual may be doing so for religious or spiritual reasons. Hindus may wear sacred threads around their necks or arms; Native Americans may carry medicine bundles; Mexican children may wear a bit of red ribbon; Mediterranean peoples may wear a special charm on a chain, such as a mustard seed in a blue circle or a ram's horn, to ward off the evil eye. If an item must be removed to perform a medical procedure, the reason should be explained to the patient and the family. The item should be removed gently and respectfully and kept in contact with the patient's body if possible.

### Spiritual Beliefs and Practices

For many people, spirituality is an integral part of their life. Spiritual needs become even more important when people are ill, but these needs are often either ignored or receive low priority from health care professionals. This can create even greater distress for patients who are already stressed from trying to cope with illness, as the next case illustrates.

Marietta Amador, a Filipino woman and nurse, felt she was a "victim of cultural ignorance" when her six-week-old daughter Emilita fell ill with sepsis. Emilita was hospitalized for ten days so she could receive massive doses of antibiotics. Fearing that her child would not survive, Marietta asked the nurse to send a chaplain or other religious person to bless or baptize her daughter. She waited for three days, completely distraught, until the nurse sent someone. Marietta had very strong religious values, and spiritual healing was very important to her. Nurses should make every effort to meet patients' spiritual needs as well as their physical needs in a timely manner.

### Prayer

A seventy-five-year-old African American woman named Agnes Jones was in the hospital recovering from a heart attack. Mrs. Jones was very religious and spent most of her time praying. Her "brothers and sisters" from

the church visited daily, and she appeared closer to them than to members of her family.

During her hospital stay, Mrs. Jones consented to only the procedures and medications she believed were ordered by God because, according to her worldview, only God could make her well. While the nurses bathed Mrs. Jones, she preached to them about Jesus. Before too long, the hospital staff began to avoid her.

For many African Americans, religion is an essential and integral part of life. God is viewed as the source of both good health and serious illness. God can cure any disease, but to be cured one must pray and have faith. This worldview, like all effective ones, is internally consistent: if a patient is not cured, it is not because God failed but because the patient lacked sufficient faith.

The hospital personnel did not handle Mrs. Jones's case well. Rather than avoiding her, they should have had a team conference to discuss her beliefs and perhaps have invited a minister from her church to attend. The minister might have convinced Mrs. Jones to be more cooperative, and the staff might have learned to be more understanding and tolerant of her beliefs.

An excellent example of how to handle this kind of situation is one involving a diabetic Hispanic woman named Elena Montoya who had stopped taking her medication because she was told by a traditional healer that God had taken away her diabetes. She returned to her physician when her symptoms—excessive thirst and frequent urination—returned, but she was reluctant to go back on her medication. The wise health care practitioner, rather than contradict her, suggested that God might have taken away her diabetes for a while, but that it had returned and perhaps He had brought her to the doctor so that she could treat it with medicine. He encouraged her to continue to pray, but got her to agree to allow him to monitor her condition before stopping her medication again.

Karine's sensitivity and flexibility led to a very positive colonoscopy experience for Laura de la Cruz, an elderly Mexican patient, and her family. When she came in for a pre-procedure assessment, accompanied by 13 family members, Mrs. de la Cruz's son commented that the outcome of the procedure "was in God's hands" and requested that they be allowed to pray before their mother's procedure. Although this was not normal procedure, Karine recognized the importance of this family's religious beliefs, and allowed them to pray together in private before the colonoscopy. The family was effusive in their gratitude, and shared that their previous requests to pray had always been denied by health care staff. It took very little to make the experience a much more positive one for both the patient and her family.

## Evil Spirits

88 Lhee Pha, a sixteen-year-old Hmong girl, was brought to the emergency department with abdominal pain. She was diagnosed with appendicitis, and it was determined that surgery was necessary. Her father, however, refused to allow the surgery. Within a few days, her appendix ruptured, and she became septic and died. Linda, her nurse, was very frustrated by the situation. Lhee could have easily been saved had her father allowed her to have surgery. Several days later, Lhee's sister came in to the emergency department on another matter. She thanked Linda for the care she had provided for her sister. Linda asked her if there were anything they could have done differently, or anything they could have said to make Lhee's parents see how serious the situation was, and how necessary the surgery. Lhee's sister explained that her parents knew that Lhee might die without surgery, but they did not want to risk her living with an evil spirit. Linda learned that they believed that not only could an incision create an opening for her soul to leave, but it could also create an opening for an evil spirit to enter. Her parents did not want to risk this, even if it meant their daughter's death. Lhee's sister said her family thought the hospital staff had handled the situation well, and were grateful that they had made an exception to visiting rules and allowed all thirty members of her extended family to be in the room with Lhee as she died. Sometimes, cultural competence involves truly accepting other peoples' beliefs, even when they contradict the highest value of medicine—saving life.

## Soul Loss

89 Melissa was working in a busy pediatric intensive care unit the day she inadvertently jeopardized Jimmy Hosea's life. Jimmy was a twelve-year-old Navajo post-op patient. The day he transferred into Melissa's unit, the staff had just been given a new Polaroid camera. She gathered together Jimmy and two other children for a photo. Because her attention was on the two others, who happily mugged for the camera, Melissa never noticed the look of horror on Jimmy's face until she saw the photo. He had disappeared while it was developing.

When Melissa found him, Jimmy was sitting on the edge of his bed, gazing at the floor and looking as though he were ready to die. When she asked him what had happened, he carefully responded, "I've lost my soul." Melissa had no idea what he was talking about. He explained that pictures took the soul out of the face captured on the photograph. Melissa was astounded. How could he believe that?

She told him how sorry she was and offered him the photograph. He took it, saying that his family could help him get his soul back with a "sing," a religious ceremony.

This case is a good example of how important it is to know about the spiritual beliefs of those for whom you are caring. Although it is obviously unrealistic to expect to know everything about every culture, just having an awareness that your patients' beliefs may be different from your own may help you to be more sensitive and aware. Melissa certainly is.

## Blood Beliefs

90 Another case related to the issue of soul loss involves Mien beliefs and attitudes regarding blood. Saelee Mui Chua, a forty-two-year-old Mien man, arrived at the clinic with his twelve-year-old son, who acted as interpreter. The son explained that his father had seen a traditional healer the previous week, but the healer had been unable to cure his father's symptoms: weakness, fatigue, increased urination, and thirst. The symptoms suggested diabetes to the physician, and he ordered a blood glucose test. When Shawnee, the nurse, came to draw the blood, Mr. Saelee fearfully yelled, "No!" His son told Shawnee that his father refused to have his blood drawn. When she asked for an explanation, all he would say is, "My father does not want the test."

The staff assumed that Mr. Saelee was afraid of the needle. However, it is more likely that he was concerned about having his blood drawn. There is a Mien legend about an evil bird that brought bad fortune and death by drinking a person's blood. This is probably connected to the Mien belief that losing blood saps strength (Mr. Saelee was already feeling weak) and may result in the soul leaving the body.

The staff tried to "educate" Mr. Saelee about the procedure of drawing blood, and explained its importance in diagnosing his symptoms, but their efforts were to no avail. He would not give his permission for the procedure and simply left the hospital.

What could have been done? Although there are no guarantees that any intervention could have changed Mr. Saelee's mind, they might have explained that the amount of blood needed was extremely small, and that new blood would be made to replace it. If possible, perhaps the traditional healer could have been involved in the procedure. They might have also spent more time explaining why the tests were so necessary. The connection between his symptoms and his blood is not immediately obvious. The following case study illustrates a more culturally competent approach.

91 When Leslie admitted a seventy-eight-year-old Cambodian woman who had just suffered a myocardial infarction, she realized that the blood sample she was going to have to draw prior to cardiac catheterization could be traumatic for her patient. She therefore took the time to explain to the woman's daughter why it was necessary to draw blood, and assured her she would take the minimum amount necessary. The daughter then

explained it to her mother, and stood by her side while the blood was drawn. The patient remained calm and cooperative. Although Leslie did not find out whether or not her patient shared traditional Cambodian blood beliefs, if she did, the short time it took to explain things may have saved her patient significant distress. And if she didn't, well, it is a good idea to provide patients with explanations in any case.

Blood beliefs are common throughout rural Southeast Asia. Some Hmong may not want blood drawn due to the beliefs that blood is a life force and the body has a limited amount of blood that it cannot replenish. Repeated blood sampling, especially from small children, may thus be thought to be fatal.

### Summary

Although conflicting belief systems can be a source of frustration, confusion, and misunderstanding, most can be dealt with successfully. One must understand the patient's beliefs and be willing to respect them. When health care personnel work *with* the patient's beliefs, rather than against them, the outcomes are usually more successful, measured not only in patient satisfaction but also in ease for the medical team in managing the patient and family.

### Key Points

- Honor patient requests for same-sex providers whenever possible.
- Provide clergy when requested.
- Respect your patients' religious beliefs, even when they conflict with your own.
- Realize that rules for religious leaders may be much more stringent than those for others. Ascertain them in advance to avoid problems.
- Allow patients privacy for prayer.
- Remember that individuals will vary in their degree of adherence to religious practices.
- Be aware that different religions have different holy days. It is Friday for Muslims, Saturday for Jews, and Sunday for Christians.
- Allow patients to make informed choices regarding risks when medical procedures conflict with their religious beliefs.
- Learn what symbols are sacred to those you treat, and respect them. They can provide tremendous psychological comfort to your patients. Do not cut or remove anything without first discussing it with the patient.
- Recognize that many Southeast Asian patients may have beliefs about blood that will make them reluctant to have it drawn. Ask their concerns and provide clear explanations for the need to draw blood.

## Chapter 5 Activities of Daily Living and the Body

There are some basic activities that patients must include eating, bathing, using the bathroom, and Not surprisingly, these activities are influenced by potential source of conflict in the hospital. A second concept of body image. The ideal image varies from to culture and may affect patients' attitudes toward

### Eating

Dietary practices are an important issue for hospital not eat are often a cause for concern for physician gastrointestinal problem? Is the patient suffering food is bad, but not bad enough to explain it. The I are religious or cultural one. Issues around diet may lies bring in traditional foods for patients, which r to their condition. Knowledge of cultural difference food preferences is essential in terms of both p health.

### Religious Restrictions

Islam prohibits eating from sunrise to sunset during dan. Judaism requires its members to fast from sunrise Yom Kippur, the Day of Atonement. Both rest and Judaism has other restrictions that will be di are forbidden to eat meat, as are Seventh Day Adv hol is not generally served in hospitals, dietary d aware that the very devout members of religions d Muslims, Mormons, and Seventh Day Adventists, c an alcohol. The latter two are also prohibited from seen as a gift from God or as a holy temple that s