



Palliative Care Program

Clinical Practice Module

Helping Health Care Workers Understand Multicultural Practices and Beliefs at End of Life

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The following module is not a clinical guideline but is meant as a basis for learning and discussion

TABLE OF CONTENTS

1. Rationale	1
2. Canadian Hospice Palliative Care Association.....	1
3. Definitions	1
4. General Principles.....	2
5. Clinical Practice.....	2
6. Assessment.....	2
7. Care Planning	3
8. Tips on Communicating Through a Cultural Interpreter	3
9. Cultural Diversity	
▪ Asian	4
▪ Buddhism.....	6
▪ Islamic/Muslim	7
▪ Judaism	9
▪ Orthodox Christian	11
10. Quick Guide	12
11. Cultural Resources.....	13
12. Ministers on Call.....	14
13. Pre-Knowledge Survey.....	15
14. Literature Review	16
Appendix A: PowerPoint Presentation	

Rationale

With the population in the Ottawa region and the remainder of Canada becoming increasingly multicultural, it is essential that we equip our health care providers with the knowledge and tools to deliver culturally-sensitive and appropriate care. Although insights into the manner in which cultures shape one's notions of health and family are important in all aspects of health care, the understanding of these beliefs is critical at the end of life. This module will assist us to better understand the beliefs about death and dying that our primary cultural groups hold, which will contribute to better care. As health care professionals, we can help them understand the dying process and be able to ease their burden by knowing more about their practices, views, and values related to end of life.

Canadian Hospice Palliative Care Association

Philosophy

We believe that:

Palliative care strives to meet the physical, psychological, social and spiritual needs of patients and families, with sensitivity to their personal, cultural and religious values, beliefs and practices, through patient-directed supportive interventions.

Principle

Palliative care services are equally available to all regardless of age, gender, national and ethnic origin, geographical location, race, color, language, creed, religion, sexual orientation, diagnosis, disability, availability of a primary caregiver, ability to pay, criminal conviction, or family status.

Objective

The patient and family are satisfied that the care is delivered ethically and without discrimination.

Definitions

Religion

A strong belief in a supernatural power or powers that control human destiny.

Culture

Learned values, beliefs, norms and way of life that influence an individual's thinking, decision and actions in certain ways.

Ethnicity

Refers to populations distinguished by national origin, cultural tradition, ancestry, race or religion.

Acculturation

Exchanging cultural elements and complexes

Christendom

Collective body of Christians throughout the world and history

Monotheism

The belief that there is only one God

Polytheistic

Religious system that recognizes multiple supernatural beings and many Gods.

Spirituality:

An inner sense of something greater than oneself. Recognition of a meaning to existence that transcends one's immediate circumstances.

General Principles**Complexity of identity**

There are as many distinctions within a cultural group as there may be between groups or communities. These distinctions are made on the basis of ethnicity, culture and language.

Generalizations

Generalizations can be helpful but should not be interpreted as representing characteristics applicable to all individuals within a group as this may result in stereotyping.

Socio-economic levels

Socio-economic levels may be a stronger predictor of health beliefs and practices than ethno-cultural background.

Generational differences

Due to acculturation process in which people adapt to the practices of the mainstream culture in which they live, cultural differences regarding health care may exist between generations of the same family unit.

Patient-centered care

Although cultural understanding is important in relation to care at the end of life, other variables such as the patient's self-awareness, position within a social group such as the family, personal goals and openness about discussing death, all constitute elements of a holistic approach to care.

Clinical Practice

Established objectives regarding cultural diversity can help interdisciplinary team members gain a greater understanding of cultural traditions and practices, and deliver more culturally sensitive health care at end of life.

Through ongoing education, self-reflection, team discussion and mutual feedback, team members continue to develop an appreciation of ethno-cultural differences.

Team members recognize that the behaviors, attitudes and expectations of people from different cultures can be very different from those of one's own culture.

Every effort is made to obtain the help of a professional interpreter as needed.

Assessment

Team members assess each patient and family to ascertain their cultural perspective with regard to illness, goals of care, healing and dying. The following guide could be used as a tool to assist health care workers in assessing the beliefs and needs of their patients and families.

FICA

F = Faith or Beliefs

- What is your faith or beliefs?
- What do you believe in that gives meaning to your life?

I = Importance and Influence

- Is it important to you?
- What influence does it have on how you take care of yourself?

C = Community

- Are you part of a spiritual or religious community?
- Is this of support to you?
- Who are really important to you?

A = Address

- How would you like me to address these issues in your health care?

Care Planning

- Encourage patients and families to *teach* us what is important to them, including what is done and not done, acceptable or not acceptable, comfortable or not comfortable.

- As appropriate, explore ways to enable patient and family members to practice identified customs and rituals.
- Where difference of views arises between patient/family and staff based on differing cultural perspectives regarding best practice, a conflict resolution approach is taken.

Tips on communicating through a cultural interpreter

- Ideally, the translator should not be a family member.
- Translators should be trained to respect patient confidentiality.
- Request a literal, word-for-word translation.
- Look directly at the patient, rather than at the translator.
- Speak directly to your patient.
- Encourage interpreter to present his/her insights if she/he observes that some misunderstanding is affecting the communication process.
- Avoid using slang and medical jargon.

CULTURAL DIVERSITY

Asian

The Asian culture and social structures are old – dating back to approximately 2500 BC. Chinese/Asian immigrants first came to the United States beginning in approximately 1850. Family plays a strong central role; duty, manifested by respect and reverence for parents; is male dominated; and longevity is valued. Other attributes include emotional self-control, collectivism, and humility. The elderly are respected for their wisdom. Education is the key to economic and social success.

DIFFERENCES	
Easterners	Westerners
<ul style="list-style-type: none">▪ believe in the freedom of silence▪ love is mute▪ like to contemplate▪ are passive▪ lapse into meditation	<ul style="list-style-type: none">▪ believe in the freedom of speech▪ love is vocal▪ like to act▪ are aggressive▪ strive for articulation

Beliefs and Practices

- Symptom management may be complicated by patient and family reluctance to complain, and may also be complicated by respect - especially of those in positions of authority.
- Some believe that suffering before death is a way to atone for past sins (if they do not suffer while alive, they will have to suffer later).
- To discuss dying is the same as wishing death upon that person and may indeed precipitate that patient's death; talking about death leads to hopelessness.
- Patients should be spared from any worry or distress in their final days, should be allowed quietness and privacy for meditation, and their state of mind should be calm, hopeful, and clear – *calm versus anxiety*.
- The patient need not be involved in decision making. It is culturally acceptable that medical decisions be made by the chosen peer member of the family, on behalf of the patient, with his/her implicit consent.
- To fulfill legal obligations to the patient, culture, and ethical standards, we can ask the patient to whom information should be given and who should make decisions.
- The reason for desiring death at home is the belief that the soul or spirit of the deceased person lingers near the place of the death. Death at home may be desirable because the spirit is a comfort to the family and the family a comfort to the spirit; and because the prayers of the family help the spirit depart this world.

At time of death

- When death occurs at a place other than home, intercessory prayer and ritual are used to guide the spirit back home.
- The family is likely to want to stay with the deceased for as long as 8 hours, and maximum privacy is preferred at this time. Staff frequently peering into the room may be perceived by the family as messages to get it over with and leave.
- Crying and expression of grief is according to personal characteristics. It is best to not “drop your tears”.

Funeral tradition

Asian funeral consists of a fusion of Buddhist, Confusion and Taoist rituals combined with ancestor veneration. Taoism forms the basis for the funeral tradition; however, the actual ritual may depend upon an individual family’s personal blend of the above philosophies. In addition, Christian theology may also influence the ritual.

- Female family members wear white, males wear dark.
- The bodies are usually buried but some Buddhists prefer cremation.
- Black arm bands and bows are worn by family members.
- Males sit on the right of the coffin, females on the left.
- Only white and yellow flowers are appropriate (chrysanthemums).
- The family will greet you with gifts, candy to sweeten the sorrow of the occasion or money to be spent on a small treat.
- Parents generally do not bury their children; regardless of age, it is very possible that they will not be present. In this case, an uncle on the paternal side will usually assume the responsibility.
- The funeral chapel is decorated with scrolls. An open coffin is place with feet facing the door of the chapel, encouraging the soul of the deceased to depart.
- Lighted oil lamps may be placed under the coffin to provide light for the soul. Incense, candles, tea, wine and food are offered. Paper offerings may also be burnt.
- Especially prominent may be a bowl of rice containing a pair of vertical chopsticks.
- As the coffin is lowered, the flowers are removed and onlookers turn away. It is considered unlucky and impolite to watch the coffin being lowered.
- Firecrackers are lit to ward off evil spirits.

Buddhism

Founder: Lord Shakyamuni Buddha, 539 B.C.

The nature of religion is the study of the mind to attain liberation from suffering, enlightenment and the State of Buddhahood. It is a profound model of psychology, spiritual philosophy and practice to liberate all beings from suffering. Personal insight replaces belief in God with the complete study of the Laws of Cause and Effect – KARMA.

Beliefs and Practices

- Buddhism embraces the basic teachings of *the four noble truths*.
- Belief that all suffering is caused by unvirtuous actions of the body, speech and mind, and that all happiness is caused by virtuous actions of body, speech and mind (Karma).
- Rebirth is an existing reality.
- Death is the actual time of movement from one life to another.
- A Buddhist representative must be notified well in advance to preside over the care of a dying person.
- Once a person loses consciousness, physical comfort is no longer an issue.

At time of death

- Gently cover the body with a cotton sheet, with care not to create any disturbance to it.
- The body must not be touched, manipulated or moved around by another person's hand or body.
- Do not close the eyes, mouth, etc.
- Leave the body as is.
- No talking, crying or any noise whatsoever is allowed.
- Gently and quietly transport the body with the gurney, please do not bump.
- The body should stay in cold storage for three days or until the appropriate religious ceremony can be performed by an ordained Sangha.
- Cremation can then be done.

Islamic / Muslim

Muhammed was the name of the Prophet through whom the religion of Islam was revealed. He was born in Mecca, Saudi Arabia, around the year 540. His father Abd-Allah died before his birth and his mother, Aminah, died when he was about six years old. The Prophet died in the year 633.

Beliefs and Practices

- In Arabic, Islam means peace, purity, obedience, and total submission and commitment to the one and only God and to His laws.
- The Koran is the Holy book.
- Allah is the proper name of God in Arabic.
- Community is of the utmost importance.
- All people are created by God, live by His grace, die by His will, and by His command they shall return to Him.
- Death is a part of life, a rebirth into another world.
- Friday is the Holy Day for congregational prayer.
- Cleansing ritual prior to prayer (clean body = pure soul).
- Muslims pray facing Mecca.
- Special provisions for modesty should be taken with the female Muslim.
- Patients may feel uncomfortable if touched by a nurse of the opposite sex at times other than when receiving direct care.

At time of death

- When dying, appropriate verses from the Koran are continually read, gently so the dying person is not disturbed; if the patient is able, (s)he is encouraged to repeat the verses as his/her last words.
- Close the eyes, secure the mouth with a bandage, and turn the face to the right. This is done so that the face will be toward Mecca when buried.
- The body should be straightened – the arms should be placed by the side, legs straightened and together.
- It is necessary to wash the body after death, but a Muslim of the same sex or spouse should do this.
- The body should be covered with a sheet so that no part is exposed.
- Upon death, loved ones should remain calm and pray for the departed.
- Excessive wailing is forbidden. Muslims must remember it is Allah who gives life and takes it away, and that his wisdom ought not to be questioned.

Funeral traditions

- Have two goals: (1) that the deceased has proper burial, and (2) that the family is comforted and supported.
- Burial is performed as quickly as possible following death to avoid disturbing the body.
- Embalming is not permitted.
- No pre-funeral visits.
- The body is buried.
- Services are performed outside a mosque or prayer room.

- Men, women and children have separate seating areas, though family will typically sit together.
- Bidding respect to the dead is a collective obligation, thus Muslims are encouraged to attend even if they are not personally acquainted.
- Funeral service will be brief and is followed by interment in an Islamic cemetery. Only men attend - women are permitted, but not encouraged.
- Silence is recommended.
- Unless otherwise required, the body may then be deposited directly into the ground, without a casket, head pointing in the Muslim direction of prayer, towards Mecca.

Judaism

Jews believe that the Almighty chose Abraham to introduce the concept of Monotheism into a polytheistic world filled with pagan rituals. Thus, God established a covenant with Abraham, Isaac, Jacob and their families, on an individual basis, to further spiritual teachings that would later be identified with Jewish theology. The nature of this individual covenant was transformed into one of a national orientation when the Jewish people collectively received the Torah at Mount Sinai. According to our tradition, this occurred after Moses led the people to freedom from slavery in Egypt.

COMPARISON OF VARIOUS JEWISH SECTS	
SECT	CHARACTERISTICS
Orthodox	<ul style="list-style-type: none"> ▪ observant of Jewish law and tradition ▪ accepts Rabbi as religious authority and interpreter of Jewish law, roles and obligations
Conservative	<ul style="list-style-type: none"> ▪ wide variation in level of observance of Jewish law and tradition ▪ Jewish law is reinterpreted to fit modern society ▪ Rabbi is advisor but not as authoritative ▪ ritual equality between men and women
Reform	<ul style="list-style-type: none"> ▪ Jewish law is a guide and non-binding ▪ different definition of Jewish identity ▪ less observance of tradition

Beliefs and Practices;

- Life is to be lived as fully as possible and valued above all else.
- The human body is a gift from God. Respect and preservation of life are divine commandments.
- Pain and suffering are not excuses for shortening one's life.
- Sanctity of life supersedes quality-of-life considerations.

- One is permitted to withhold interventions that will not benefit the patient, one has an obligation to utilize appropriate interventions in an attempt to relieve patient's pain and suffering.
- Jews believe that every human being is composed of a soul (an inner spiritual essence) as well as a corporeal component (the body). When death occurs, both the soul and the body return from whence they came - the soul returns to the Almighty in heaven and the body returns to the dust of the earth.
- Reverence and honor is the Jewish attitude towards the dead.
- In the Jewish definition of terminal illness, there are two recognized stages. First is *treifah* (which is defined by a prognosis of about one year or less), and the second is termed *goses* (dying). Although physicians are obligated to heal the sick, patients are obligated to seek healing. The patients are not bound, however, to accept this treatment at the expense of death with dignity.
- Jewish law permits the patient to be told the truth, providing that it is what they want to hear, and that they are told in a way that is not harmful to them.
- Patients who want information will ask questions and should be answered honestly.
- Patients can always maintain hope that God will intervene.
- Judaism permits that the patient not be told the truth about their illness if the physician or loved one feels that it would be harmful to them or maybe even shorten their life.

At time of death

- Any action that directly and deliberately hastens death is forbidden and is equated with murder.
- Often, terminally ill patients feel abandoned by the world. Through this, the *mitzvah* (good deed) of visiting the sick is practiced. This is believed to rescue a person from the indignity and pain of dying alone.
- Shortly after death, for the dignity of the deceased, we need to cover their head, close their mouth and eyes, and if possible, the feet should be towards doorway. The quicker one's mortal remains are returned to earth, the quicker one's soul can rest.
- Family members have an obligation to show respect by keeping vigil as the dying person passes from this life onto the next.
- The body should not be left alone so that no desecration takes place.
- It is inappropriate to touch members of the opposite sex. (Hugging or hand shaking.)

Funeral tradition

- The body of the deceased is washed thoroughly and is wrapped in a simple, plain linen shroud or dressed modestly.
- The deceased is buried in a simple pine coffin.
- The deceased is buried wearing a simple white shroud (*tachrichim*).
- Just before the funeral begins, the immediate relatives of the deceased tear off garments or the rabbi does this to them, or hands them torn black ribbons to pin on their clothes to symbolize their loss.

- Upon hearing about a death, a Jew recites the words, *Baruch dayan emet*, (“blessed be the one true Judge”).
- Jews do not believe in giving flowers as they are symbol of the living.

Orthodox Christian

It is the oldest Church in Christendom, but it is new to most North Americans. They have maintained New Testament tradition. When walking into an Orthodox church, you will be surrounded by a blaze of colors in the priest’s vestments and the icons that adorn the walls. The pungent odor of incense will assault your nose, possibly making you sneeze. Rich, deeply moving but unfamiliar music will fill your ears. All around you, people will be doing things -lighting candles, kissing icons, making the sign of the cross, bowing, standing in prayer -everything but sitting still. This is all done to lead us closer to God. Since God created us with physical bodies and senses, they believe that He desires us to use our bodies and senses to grow closer to Him. The differences in Lebanese, Russian, Greek, and Jewish are language, music and architecture.

Beliefs and practices

- No fear of death – it is the beginning of another life.
- Cross is the strongest.
- Prayer ropes are used to pray.
- Pray for salvation to be healed physically or if unable, spiritually.
- Encourage family to bring icon from home, keep it near or in sight.
- Holy water from their home.
- Candle is important, but not in hospital. Reminds family that it is the light that is needed to lead them. (*I AM THE LIGHT OF THE WORLD*).
- “*Falling asleep in the Lord*” He will wake us when our room is ready in His house of eternal life.

At time of death

- No specific needs or traditions at time of death.
- Book of Gospels beside the patient.

Funeral tradition

- Burial is required, cremation is forbidden.
- Visitation is optional, depending on the family’s wishes.
- Services held in the church, coffin is open and positioned in the middle of the church.
- Icon of Christ or a patron saint is placed within the hands of the departed.
- Special funeral wreath is placed upon the forehead and a hand cross is placed inside the coffin near the head.
- Candles are distributed to worshippers, who upon receiving a light from the priest, hold them alight throughout the service until near the end.

- At the conclusion of the service, friends may approach the coffin, and they can kiss either the icon or the hand cross. Family spends a few minutes alone with the deceased.
- Only family and close friends are anticipated for the graveside service.

FICA

F	Faith:	<p>"What do you believe in that gives meaning to your life?" A broad, open-ended question is usually asked. There is no single correct question, although Dr. Pulchalski has found the above and the following to be useful. "Do you consider yourself to be a religious or spiritual person?" Both religious and spiritual are used because individuals may relate to one and may even take offense at the other. Many individuals who will say they are not religious will admit to being spiritual, which should prompt a discussion of what this means to them. Conversely, an answer such as, "Yes, I'm Catholic," tells you something but begs exploration of what this means.</p>
I	Importance and Influence:	<p>"How important is your faith (or religion or spirituality) to you?" Just hearing that the person is spiritual or a member of a particular religion tells you little. How important is this? How is it important? There is a big difference between a Catholic who has not been to Mass since childhood and one who goes to Mass daily.</p>
C	Community:	<p>"Are you a part of a religious or spiritual community?" Particularly for those who participate in an organized religion, community is often a central part of their spiritual and social experience. It is not uncommon that just when this community becomes most important, when death approaches, the individual is cut off from that community because of illness and caregiving needs.</p>
A	Address or Application:	<p>"How would you like me to address these issues in your health care?" "How might these things apply to your current situation?" "How can we assist you in your spiritual care?" Patients and families often feel better simply because they have been given permission to share their beliefs. That you have inquired is usually seen as a sign of respect. However, there may be very specific things you can do to be of assistance. In a talk on assessing suffering, Baines told the story of a man who reported 10 of 10 on a scale of suffering that related entirely to his spiritual care. He had regularly attended a certain service and was now unable to do so, which resulted in unbearable suffering. With permission the hospice team contacted the ministry, which sent a home ministry team to the patient's home. His suffering score drop to 0 of 10.⁵⁷ As in this case, assistance for many will mean access. A simple phone call to the proper clergy member can significantly relieve distress. Patients and families may also have fears related to spiritual issues that they may be hesitant to express. For example, Sikhs wear sacred regalia that should not be removed from the person at any time.⁵⁸ Patients and families may become terrified that health care workers will remove them. Asking if patients have any special concerns or fears and then addressing them may be of great assistance.</p>

QUICK GUIDE

****What to remember at time of death**

BUDDHISM	ASIAN	JUDAISM	MUSLIM	ORTHODOX CHRISTIAN
Enlightment and awakesness	Reverence and calmness	Honor and dignity	Respect and modesty	Devotion and expression
Do not reposition Leave body as is	Privacy for family	Close eyes and mouth	Close eyes and mouth (bandage)	Cross in hands
Do not touch		Cover head	Straighten body arms to the side, feet together	Icon or book of gospels near body
Cover body with sheet		Feet towards the doorway	Turn face to the right	Light to guide
Total silence			Cover body with a sheet	

CULTURAL RESOURCES

RELIGION	CHAPLAINS	TELEPHONE
Jewish Tradition	Rabbi Arnold Fine Rabbi Ely Braun	725-1187 (h/m) 728-3501 (synagogue) 562-0068 (h/m) 789-3501 (synagogue)
Islam/Muslim	Imam Amjad Ali Mumtaz Akhtar for Moodie Dr Mosque Naim Mellik for Scott St Mosque Rebekah Pinto	739-3074 (h/m) 736-7505 (w/t) 957-0899 (w) 722-8763 824-4379 (24-hr ans. machine) ext. 3033
Anglican	Rev. Barbara Bradley	233-2934 (h/m) 235-3416 (w/t)
United Church	Rev. Gail Christy	733-5227 (h/m)
Roman Catholic	Père Paul Letendre Father Daryl Kennedy	986-6069 (h/m) 594-7938 (pager/pagette) 562-3298 (h/m) 593-9282 (pager/pagette)
Hindu		822-1531 (synagogue)

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MINISTERS ON CALL

RELIGION	CHAPLAINS	TELEPHONE
Anglican	Rev. Barbara Bradley	233-2934 (h/m) 235-3416 (w/t)
United Church	Rev. Gail Christy	733-5227 (h/m)
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Jewish Tradition	Rabbi Arnold Fine Rabbi Ely Braun	725-1187 (h/m) 728-3501 (synagogue) 562-0068 (h/m) 789-3501 (synagogue)
Hindu		822-1531 (synagogue)
Muslim	Imam Amjad Ali Mumtaz Akhtar for Moodie Dr Mosque Naim Mellik for Scott St Mosque Rebekah	739-3074 (h/m) 736-7505 (w/t) 957-0899 (w) 722-8763 824-4379 (24-hr ans. machine) ext. 3033 SCO Health Service

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KNOWLEDGE SURVEY

- | |
|--|
| <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Physician |
| <input type="checkbox"/> Allied Health |

Multicultural Beliefs and Practices

- 1- **What day is the Holy day for the Muslim population?**
 - A) Monday
 - B) Wednesday
 - C) Thursday
 - D) Friday

- 2- **How should you communicate with an Asian patient about his/her illness?**
 - A) Speak with the patient
 - B) Speak with the spouse
 - C) Speak with the child of the same sex
 - D) Speak with the chosen peer member

- 3- **When does Sabbath start?**
 - A) Friday night
 - B) Saturday
 - C) Saturday night
 - D) Sunday night

- 4- **Where is Mecca?**
 - A) North
 - B) South
 - C) East
 - D) West

- 5- **Which item is the most powerful symbol in the Orthodox Christian religion?**
 - A) One of the seven icons
 - B) The Cross
 - C) The book of Gospels
 - D) Holy Water

- 6- **Name the most important practice/belief at the time of death in Judaism.**
 - A) Turn off music
 - B) Cover head
 - C) Clean body
 - D) Turn lights on

- 7- **What do members of the Orthodox, Muslim, and Jewish faiths have in common?**
 - A) They all kneel to pray
 - B) They all light candles
 - C) They all go to confession
 - D) They all bury their loved ones

Literature Review

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