



# The Hearing Aid Podcasts



## Episode 10.9

### Practices After Death

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## Learning Outcomes

### Knowledge

- To have an understanding of some of the traditions surrounding death that are practiced by various religious and cultural groups
- ...But also to understand that these vary across nationalities, religions, community groups as well as within and between families

### Skills

- To know to signpost people to those in the hospital/community who can provide cultural/religious support, or who can arrange for this

### Attitudes

- To have an open attitude towards all cultural practices surrounding death and dying, and to listen to and value the wishes of your patient and those closest to them

## Definitions

**Practice:** something that is usually or [regularly](#) done, often as a [habit](#), [tradition](#), or [custom](#) (from the Cambridge English Dictionary)

Accessed 06/07/21 via

<https://dictionary.cambridge.org/dictionary/english/practice?q=practices>

**Culture:** the customary beliefs, social forms, and material traits of a racial, religious, or social group

Accessed 06/07/21 via <https://www.merriam-webster.com/dictionary/culture>

## Spirituality

"It is important to remember that in most cultures of the world, spirituality has a practical, social, and material impact on people's daily lives—it is the attitudes of Western culture that have been exceptional.

Spirituality plays a vital role in the well-being of large numbers of British residents, and in a pluralistic culture, many will value being able to express their spirituality through their religious and cultural traditions"

Watson, M., Lucas, C., Hoy, A., & Wells, J. (2009-06). Oxford Handbook of Palliative Care. Oxford, UK: Oxford University Press.

## Main Discussion

- It has been shown that spiritual well-being is closely connected to quality of life in people who are dying.

[Hamilton IJ. Understanding grief and bereavement. Br J Gen Pract. 2016 Oct;66\(651\):523. PMID: 27688503](#)

- We discussed grief in episode 10.7: and mentioned how the quality of the dying process/a loved one having a 'good death' can impact on the grief experienced by those left behind.

<http://thehearingaidpodcasts.org.uk/10-7-grief/>

- Factors that might contribute to a 'good death' from the perspective of a carer are:
  - support available during the grief period
  - social engagement
  - a connection to identity
    - Perhaps these are all things that cultural and religious practices can provide?

[Hamilton IJ. Understanding grief and bereavement. Br J Gen Pract. 2016 Oct;66\(651\):523. PMID: 27688503](#)

[Wilson DM, Cohen J, Eliason C, Deliens L, Macleod R, Hewitt JA, Houttekier D. Is the bereavement grief intensity of survivors linked with their perception of death quality? Int J Palliat Nurs. 2019 Aug 2;25\(8\):398-405. PMID: 31437110.](#)

The literature seems to be inconclusive re the role of spirituality and religious beliefs specifically, and their influence on grief outcomes, but in one systematic review from 2007 (looking mainly at followers of christian protestant beliefs)

- 94% of studies showed some positive effect of having religious/spiritual beliefs
- But...methodological and design flaws in many of the studies it looked meant this finding was not considered conclusive.

And there may be benefits for health care workers when it comes to understanding about different practices:

- Nurses who have more understanding of death ritual practices among diverse cultures can be more effective in helping family members feel comfortable in expressing their emotions and feelings (Castle & Phillips, [2003](#); Robertson et al., [2018](#)).
- Montross-Thomas et al. ([2016](#)) showed that hospice staff and volunteers experienced greater compassion and lower burnout through the use of personal rituals.

[Ting A et al. Preloss Spirituality Predicts Postloss Distress of Bereaved Cancer Caregivers. Ann Behav Med. 2019 Feb 1;53\(2\):150-157. PMID: 30052710.](#)

[Becker G et al. Do religious or spiritual beliefs influence bereavement? A systematic review. Palliat Med. 2007 Apr;21\(3\):207-17. PMID: 17641074](#)

[Ekore RI, Lanre-Abass B. African Cultural Concept of Death and the Idea of Advance Care Directives. Indian J Palliat Care. 2016 Oct-Dec;22\(4\):369-372. PMID: 27803556](#)

### Plurality of practices and beliefs:

What we are going to discuss is by no means exhaustive/authoritative/specific or true to the many variations in religious/cultural practices

- We will talk generally about commonly held practices within (and outside of) religions and cultures, but the actual practices and wishes of patients vary not only within religions and cultures, but within communities, and even within families.

*Oxford handbook of palliative care*: "It is always unhelpful to make assumptions about how a patient may value their faith and its practices".

The final authority on all of a dying person's needs has to come from the person themselves, with guidance or input from their family, friends + community as appropriate

-assumptions should not be made about how an individual practices their faith, particularly noting cross cultural religions may have very different traditions

The Public Health England document on faith at the end of life, which has informed some of this episode puts it well: *"the information should never be used to make assumptions about any individual's needs and wishes. It is important that professionals and providers explore the religious needs and wishes of each individual for whom they care"*.

Many things influence the practices that a person, or group may want to follow;

- Culture
- Religion
- personal beliefs
- community traditions.

Consider consulting an advance statement if the person you are looking after has one.

- But be mindful that this in itself may be something that people of particular cultures/beliefs may not acknowledge, or find offensive/counter to their beliefs.
- Be mindful that discussions about palliative care itself may not be something that people of certain cultures/beliefs are comfortable with.

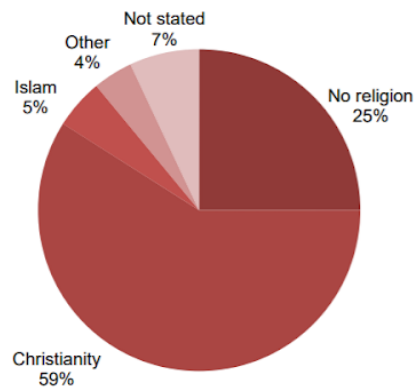
[Faith at end of life A resource for professionals, providers and commissioners working in communities. Public Health England, published 2016. Accessed 06/06/21 via https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/496231/Faith\\_at\\_end\\_of\\_life\\_-\\_a\\_resource.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496231/Faith_at_end_of_life_-_a_resource.pdf)

In the public health episode (10.5), Muir Gray, Phoebe Wright and Jennifer Kaye talked about the importance of knowing your population in order to best provide for their health and social care needs. At the end of life, community support and connections may be more important than ever, and understanding the cultural practices of communities, and interaction with community faith and cultural groups, may be integral to designing and delivering services that are successful for the local population as well as being important on an individual level.

<http://thehearingaidpodcasts.org.uk/population-health-and-ageing/>

## Cultural and religious practices

Figure 2: 'What is your religion?', England and Wales 2011<sup>6</sup>



<sup>6</sup> Census 2011, Office of National Statistics - [www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/rpt-religion.html](http://www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/rpt-religion.html)

[Faith at end of life A resource for professionals, providers and commissioners working in communities. Public Health England, published 2016.](#) Accessed 06/06/21 via [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/496231/Faith\\_at\\_end\\_of\\_life\\_-\\_a\\_resource.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496231/Faith_at_end_of_life_-_a_resource.pdf)

A brief overview of practices that may be followed by people who belong to six of the main religions practiced in the UK

### Christianity

There is wide variation depending on which of many churches the individual belongs to

- A church minister may offer comfort and assistance to the family
  - The minister in some churches may be a leader in the processes around death, as involved as family and friends
- Friends will often send their sympathies in the form of cards and/or flowers
- Anglicans may wish to receive holy communion

### Catholicism

- Before death:
  - The sick and the elderly can receive the Sacrament of the Anointing of the Sick on a regular basis
- Around the time of death:
  - A request might be made for a priest to come and pray with the dying person, and they may administer the Sacrament of the Anointing of the

Sick (also known as the last rites, though the specific rituals involved may vary)

- This can only be administered by a priest
- Prayers after death may be requested.

And traditions within Christianity and Catholicism surrounding the funeral and burial/cremation vary widely, illustrated by the example of the differences between Irish and British Catholics, where the body is often looked after by family members in the church the night before the funeral in Ireland.

- Cremation is not permitted in some catholic countries
- Organ donation is generally acceptable under christianity, and there are usually no religious grounds on which to object to post mortem/autopsy

### **Islam**

- It is believed by muslims that they should be prepared for death at any time
- A follower of Islam may wish to die facing Mecca, and following death, the body may be placed facing Mecca
- Family members/elders might recite scripture and pray for the person before and after death.
  - If there is no family, anyone of the Muslim faith may be able do this.
- Once a death has occurred, the body will often be washed by family or friends, and should be handled as gently as possible
  - Contact between the body and non-Muslims is discouraged, family may feel uncomfortable with professionals touching the body
    - If a non-Muslim needs to touch the body, gloves should be worn.
  - Male staff should handle male patients, female with female patients.
- The body must be buried within 24 hours
  - The body must not be cremated and instead, the person is buried with their face turned to the right facing Mecca.
- Mourning generally lasts for three days, but sometimes up to 40
  - Visitors are received in this period, and the religious community are often present during this time to provide support
  - But...health and social care professionals should not assume these social networks are always present, and should be proactive in identifying the level of social support each family has available to them

### **Juddaisim**

- Patients may continue to observe the Sabbath and strict kosher dietary rules even when approaching death, as orthodox Jews believe that God's law is binding
  - Important to note this, as these observances may affect a patient's ability to perform certain activities eg signing papers, using lifts, engaging in funeral preparations.

- A rabbi may be called to offer comfort, and to pray for the person who is dying.
  - Some warning that their presence is needed is helpful (if possible), so that there is time to call upon the Holy Society -Chevra Kaddish- to perform burial rites
  - It is imperative in Judaism that a dying person should not be left alone.
- Once someone has died, the body may be covered with a white cloth, laid on the floor (sometimes with feet facing the door) and candles lit.
  - The body is not left alone between death and burial, with some families calling upon a 'watcher' to do this.
  - Eating and drinking are not allowed near the body as a sign of respect.
  - Often the washing of the body and preparations for burial will be carried out by a special group of (same sex) volunteers from the community.
- Jews may not be cremated or embalmed, and burial is usually required to happen as soon as possible (ideally 24 hours)
- Mourners have the opportunity to express anguish.
  - Tears are seen as a sign of sadness and show that the mourner is confronting death.
  - Mourners also sometimes tear their clothing as an expression of grief.
  - For some, there is a teaching for the bereaved instructing three days for crying, seven days for sadness, followed by 30 days of avoiding haircuts and wearing laundered clothes, and, for children of the deceased, a year of mourning observances

## **Hinduism**

- Family and a priest may come to pray with the dying person, sing holy songs and read holy texts.
  - The priest may perform last rites.
  - Other rituals can include the tying of a thread around the neck and wrist of the patient, the sprinkling of Ganges water, or the placing of a leaf from the sacred basil bush on the tongue.
  - The belief is held that a dying person's state of mind at death significantly influences rebirth.
    - Therefore, there may be a desire to create an atmosphere to help lead to an auspicious death - by having images of deities, garlands, or prayer beads around the bed.
- Relatives and friends may want to ask the dying person for forgiveness of any inadvertent offences - meaning care institutions might need to be more flexible about rules re visiting.
- Before death a Hindu person may want to offer food and other articles of use to needy, religious persons or to the temple.
- Hindu scriptures describe that hearing is the last sense to be active before death. Therefore, real care is taken to avoid saying anything that will be disturbing for the dying person
- After death has occurred..
  - People try to avoid touching the body as it is considered unclean.

- Sacred threads and other religious objects should not be removed.
- The person will be bathed and dressed in white traditional Indian clothing, or a plain sheet with no religious regalia.
- In India, cremation normally takes place by sunset on the same day as death,
  - This is generally not possible in Britain, and so cremation should otherwise happen as soon as possible
  - Thirteen days of purification and mourning usually follow a death, and then another ceremony is performed to end the process.

## **Buddhism**

- Buddhists believe in rebirth and that when they die they will be reborn again
  - The dying person may ask a monk or nun to help them make the transition from life to death as peaceful as possible.
  - Monks, friends and family may chant and repeat mantras and teachings (sutras) to relieve agitation and fear at the end of life
  - Meditation and breathing practices may also feature
- Buddhists may prefer to know they are dying, because it allows for mental and spiritual preparation.
- And Buddhists also believe that a person's state of mind as they die is important in finding a happy state of rebirth after death - importance is therefore placed on dying consciously and with a clear mind
  - This might impact on what medications they feel comfortable receiving at the end of life
- Buddhism teaches that a person is not fully dead until several hours have elapsed after death has been pronounced.
  - In some Buddhist traditions, however, this period of time is much longer – seven or even 49 days
    - This transient period allows the being to continue its journey to a happy state.
    - Professionals may accommodate this spiritual practice by keeping the body as still as possible and avoiding disturbances during transport.
  - Family members may request that the body is not touched during this period and that it is available to them to perform religious rites.
  - It is believed by Buddhists that the mental and emotional state of the bereaved influences the state of the deceased and their rebirth, so excessive expression of grief is avoided.
- There are unlikely to be objections to post-mortems and organ donation, though some Far Eastern Buddhists may object.

## **Sikhism**

- Friends and relations will be with the dying person and recite from the Sukhmanii Sahib or the Guru Granth Sahib.



- In the case where friends and relations cannot do this, a Granthi (priest) might do so, and if this is not possible, recordings of the recitations might be played
  - Sikhs believe this period of recitation will help the person fix their mind on God and leave this world detached from worldly matters, and if this state is not reached the soul will not be reborn.
- Social support is often very important in sikh culture, and therefore there may be large numbers of family and friends visiting the dying person
- After death, the deceased will be washed and dressed in clean clothes.
- If the patient dies with family not present, it is important for professionals to contact them immediately because they may wish to perform recitations and prayers, which may be an important part of accepting the death.
- If the deceased has fulfilled the Sikh baptismal ritual then the five symbols of Sikh membership will also be placed in the coffin.
  - Non-Sikhs may attend the body at death.
- Cremation of the body happens as soon as possible

[Faith at end of life A resource for professionals, providers and commissioners working in communities. Public Health England, published 2016.](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496231/Faith_at_end_of_life_-_a_resource.pdf) Accessed 06/06/21 via [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/496231/Faith\\_at\\_end\\_of\\_life\\_-\\_a\\_resource.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496231/Faith_at_end_of_life_-_a_resource.pdf)

### Things to think about as a HCP

**Post mortem** (PM) - for followers of the Jewish and Islamic faiths, the belief that the body should not be touched by strangers, or those outside the faith, may lead to objections to post mortems/autopsy

While a hospital PM requires patient/family consent to go ahead, those ordered by a coroner are a legal procedure and proceed in spite of any family/patient wishes.

There are things that might be done to help both sides, however - post mortem CT scanning, as a way to identify a cause of death, for example, is one avenue that can be explored. While this may have to be funded privately, both Muslim and Jewish communities in some areas have organisations that can help with funding, or liaison with coroners offices.

Chaplaincy teams are often well placed to help liaise with families, medical and legal staff and faith leaders on matters such as this.

[Objections to post mortems and religious considerations | When death occurs.](#)  
[Manchester City Council](#). Accessed 06/07/21 via  
[https://secure.manchester.gov.uk/info/626/coroners/5532/when\\_death\\_occurs/6](https://secure.manchester.gov.uk/info/626/coroners/5532/when_death_occurs/6)

## Guidance

From Public Health England, *Faith at end of life A resource for professionals, providers and commissioners working in communities* :

Advice for those working in health and social care in the community, with people at the end of life:

- Identify if the person you care for ascribes to a particular religion, and whether they expect this to have a bearing on their end of life care
- Ask whether they have particular spiritual needs related to the end of life, listen to and record these needs
- Determine whether the patient wants visits from a representative of their faith and whether they have a local religious leader they would prefer
- Provide care recipients and their families with access to appropriate spiritual support and links to faith leaders
- Establish the appropriateness and willingness of care recipients and their families to use the words 'death' and 'dying'
- Identify the role of the family in the decision-making process of the care plan
- Ensure information regarding end of life care and support services are provided in the language of choice for the care recipients and their families
- Seek advice and support in responding to any encounter you are unsure about with other staff, religious leaders or chaplains at the local hospital Service providers and commissioners

[Faith at end of life A resource for professionals, providers and commissioners working in communities. Public Health England, published 2016.](#) Accessed 06/06/21 via  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/496231/Faith\\_at\\_end\\_of\\_life\\_-\\_a\\_resource.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496231/Faith_at_end_of_life_-_a_resource.pdf)

## Further information

For information and resources on death, grief and supporting yourself, loved ones and staff alike, see our recent episode on grief, and access the shownotes

<http://thehearingaidpodcasts.org.uk/10-7-grief/>

This has not been an exhaustive overview of all practices after death, and for more information/further reading on some of the things we have and have not discussed see the following:

On non-religious practices and Humanism

[What is a humanist funeral ceremony? humanism.org.uk](#) Accessed 06/07/21 via [emony/](#)

On cultural differences

[Hidalgo I et al. Practices following the death of a loved one reported by adults from 14 countries or cultural/ethnic group. Nurs Open. 2020 Oct 2;8\(1\):453-462. PMID: 33318853](#)

On alternative burial and funeral arrangements

[Alternative funeral director reveals how to help the mourning process. dailymailonline. Accessed 06/07/21 via https://www.dailymail.co.uk/femail/article-6924749/Alternative-funeral-director-reveals-washing-relatives-body-help-mourning-process.html](#)

## Curriculum Mapping

NHS Knowledge Skills Framework

- level 4 Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations
- Level 4 Develop a culture that promotes equality and values diversity

Foundation Programme

- Care After Death
  - Behaves professionally and compassionately when confirming and pronouncing death
  - Discusses the benefits of post mortem examination and explains the process to relatives/carers

GPVTS

- Life Stages Topic Guides
  - People at the End of Life
- Professional Topic Guide
  - Equality, diversity and inclusion

Internal Medicine Stage 1

- Presentations and Conditions
  - Palliative Medicine and End of Life Care
  - Public Health and Health Promotion
- Generic CiP
  - Communication, teamworking and leadership
- Specialty CiP

- Managing end of life and applying palliative care skills

#### Geriatric Medicine Specialty Training

- Comprehensive geriatric assessment
  - Psychological and spiritual assessment (including mood and cognition, capacity assessment)
- Clinical CIP
  - Managing end of life and applying palliative care skills
- General CiPs
  - Able to function successfully within NHS organisational and management systems