



Diversity ToolKit

Introduction

The Office of Diversity and Inclusion (ODI) provides strategic leadership for creating an inclusive organizational culture for patients, caregivers, business partners, and the communities Cleveland Clinic serves. Through cultural competency education and training, enterprise demographics, caregiver development, and the promotion of health equity and economic vitality, ODI reinforces the enterprise's values of quality, service, innovation and teamwork. ODI leverages and aligns our focus areas to complement and enhance yearly enterprise goals as a way to ensure that diversity is integrated in Cleveland Clinic's daily operations.

This toolkit is designed as a resource for improving interpersonal relations, increasing understanding, and furthering world class service for our diverse patient population. By heightening awareness, enhancing communication and developing better cultural competence we keep patients first.

Cultural competence is the ability to respond appropriately to people of varying cultures, ages, races, religions, sexual orientations, abilities, and ethnicities, in a way that recognizes difference, and allows individuals to feel respected and valued.

The Office of Diversity would like to acknowledge both The Patient Global Services and The Spiritual Care Department for their contributions to the content of the Patient Care Guides.

The information presented is not all inclusive, but should be considered a starting point for basic understanding. Culture is an ever evolving variable entity, and as such, this toolkit should be viewed as a work in progress.

Please contact the Office of Diversity with your suggestions for continuous improvement of this guide at 216-445-7323 or email us at diversity@ccf.org.

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You are working with one of Cleveland Clinic's valued **Aboriginal patients.**

Considerations before providing care:

- It is appropriate to speak of aboriginal people as opposed to aborigines.
- Although there are aboriginal people who share some of the religious beliefs brought from cultures around the world, the majority derive spiritual connection from a sense of belonging to the land, the sea, other people, and one's culture.

Meals:

- Aboriginal people are used to eating a variety of foods and there are few dietary restrictions. As always, staff should be sure to ask patients and family members if there are particular food allergies and/or preferences.
- Any number of medicinal herbs and plants were and are still used by Aboriginal people; medical staff should discuss what traditional medicines have been used before prescribing drug therapy or conducting medical procedures.

Hospital Attire:

- Aboriginal peoples tend to wear clothing based on environmental constraints.
- They may desire to have certain amulets or totems during illness and/or prior to medical treatment.

Communication:

- Aboriginal people have many distinct languages, songs, stories, dances, ceremonies and paintings which are all different depending on their complex law. Aboriginal people take great pride in their personal and group identity and recognize each other as "one people".
- Many aboriginal peoples have faced intense discrimination and attempted enculturation; some may hesitate to trust medical staff. Caregivers should be careful to explain procedures and medications clearly while maintaining an approachable demeanor.
- There is no written literature, but there is a huge store of oral stories passed from generation to generation. Medical staff should use verbal instructions and extra care should be taken to make sure that a patient understands the written prescriptions for most procedures, medications, and directions.
- Kinship forms the basis of all ordering of within the culture but it is very complex where everyone is related to everyone else.

- Elders are highly respected among aboriginal peoples.
- In many Aboriginal communities, it was forbidden for the son-in-law to speak to his wife's mother.

Aboriginal Rituals:

- The Dreaming (the spiritual concept of a connection between all things) is fundamental to aboriginal spirituality and is experienced in songs, stories, rituals and symbols all of which originated in the Creation Period.
- The Dreaming is a continuing growth of learning and is what connects all people to each other and the natural world around them.
- Aboriginal spirituality is grounded in direct links to one's country.
- Most ceremonies practiced in Aboriginal communities cannot be discussed fully due to their sensitive and sacred nature.
- Aboriginal people see omens and warnings through dreams, trances, in unusual physical phenomena and in strange behavior in animals. Revelations or instructions are received from the ancestors when an individual is in a dream state.
- Smoking is an important purifying ritual for birth, sickness, and to purify houses in which a death has occurred. It forms part and the conclusion of many important ceremonies.
- Dance plays an important part in the lives and cultures of Aboriginal people.
- Menstrual blood, in all Aboriginal communities and clans, is a source of power and magic.

End-of-life care:

- A shaman (a man or woman) is a spiritual leader whose duties include mediating in quarrels, offering advice, foretelling coming events, healing, and counteracting negative forces.
- The onset of dementia is much more likely in aboriginal people than in non-aboriginal individuals.
- Suicide among aboriginal peoples is said to be three to four times higher than for non-aboriginal people (adolescents are particularly susceptible). Medical staff should be aware of this fact and pay attention to any signs that may indicate mental distress.

- In some Aboriginal communities there is a prohibition in the use of a person's name after death.
- Cut hair and nail parings are collected and burnt as they could be used in magic against the person from whom they came.
- Among some Aboriginal tribes curlews (birds) are the guardians of the dear departed.
- In many parts of Australia, there is a belief that there is a stopping place between the Earth and the sky world on an island. As there is a belief in a sky world among many Aboriginal tribes, so there is also a belief in an underworld.
- When there is a death in the community, all the knowledge, all the remains—the physical things—are destroyed. The relatives and friends then move on, they don't stay at the place of death.
- There is a mourning period (which varies based on clan) but there are typically few social mechanisms for dealing with grief. The use of alcohol or other avoidant tendencies may be exhibited in times of loss. Medical staff should be diligent in making survivors aware of services available.

Aboriginal Resources:

<http://www.aboriginalculture.com.au/index.shtml>

<http://www.dreamtime.net.au/index.cfm>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **African patients.**

Considerations before providing care:

- Understand that many Africans feel deep faith and may see illness as a natural consequence due to life choices. Be prepared to address issues in both a medical and spiritual realm.
- Be supportive of alternative methods of healing involving pastors, priests, or other religious figures while keeping the medical considerations in mind.
- African nations may be full of various cultures, much like the United States. Do not make the assumption that there is one “African” culture.

Meals:

- Always use utensils when serving food (never touch it directly with your hands).
- Many Africans prefer traditional foods, which may not be possible to get in a medical setting, allow friends and family to bring in food when it does not interfere with medical treatment.
- There are specific foods that are often prepared with holidays and celebrations, consider asking patients if he/she has any specific requests (within reason) during these special times.

Hospital Attire:

- Be considerate of traditional and/or religious clothing and jewelry.
- Allow for privacy and respect that some individuals may feel more comfortable having a family member assist with dressing.

Communication:

- Keep in mind that some Africans living in the United States may still need time to adjust to this culture, cope with feelings of homesickness, and develop a community network. Be empathetic to these needs.
- Africans living in the United States may display different behaviors during situations such as: confrontation, misunderstandings, and distress.
- Many Africans come from countries where multiple languages are spoken and the “official” language may not be the one with which they are most familiar.

- Africans are generally more community-minded as compared to the individualism we often see here in the United States.
- Keep in mind that literacy rates in some African nations may be lower than in the United States. Be aware of the possible need for verbal instructions and explanations of written materials.
- Start out a conversation with small talk, remember that people often feel “on the spot” when questions are posed without an understanding of the intention.
- Personal information is often considered private and only to be addressed by the person involved. Keep non-care related questions to a minimum.
- The sincerity of a person’s remarks may be judged by the emotion conveyed, be aware of body language.
- Family bonding is important. Be respectful and listen to stories, share small personal accounts and support visitors.

African Rituals:

- Culturally, music plays a large part in ceremonies and in everyday life. Music can lift the spirit and should be allowed to the extent that it does not impede medical care.
- Many African nations consist of multiple religions and that each may have separate rituals. Christianity and Islam are also widely followed in many African nations.

End-of-life care:

- Remember that spiritual care and concern should be addressed. Patients may have misgivings, questions, and struggles during this time, be aware and considerate.
- Most Africans, in fact, most people, travel the journey from initial diagnosis to death with the support of a community of like-minded believers. The church often fills the role of family.
- Individuals can be quite sensitive to how things are done when an illness and/or death occurs in the family. Keep in mind that there is great diversity in African communities and that “family” may be defined in multiple ways.
- Patients and families greatly appreciate someone who is understanding and not judgmental.

- It may be appropriate to suggest that the family unit communicate in regards to an advanced care plan.
- It is very inappropriate to suggest that grief should be resolved within a specific time frame and/or manner.

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **African American patients.**

Considerations before providing care:

- Understand that many African Americans feel deep faith and may see illness as a natural consequence due to life choices. Be prepared to address issues in both a medical and spiritual realm.
- Be supportive of alternative methods of healing involving pastors, priests, or other religious figures while keeping the medical considerations in mind.
- The ancestral experience of slavery and its socioeconomic disadvantages have had a deep influence on members of this group; cultural effects can include a heightened sensitivity to signs of respect or disrespect.
- There may be a tendency to distrust health care workers, because of past medical experiments using them as test subjects, like the Tuskegee syphilis research project.
- Many will avoid seeking health care until a serious medical condition arises and then may be suspicious of treatment if immediate results aren’t realized.

Meals:

- Some individuals may want home cooked meals and have people who bring that in for them.
- Always use utensils when serving food (never touch it directly with your hands).
- African Americans generally have greater rates of hypertension and the associated complications; keep this in mind when preparing meals.

Hospital Attire:

- Be considerate of traditional and/or religious clothing and jewelry.
- Allow for privacy and respect that some individuals may feel more comfortable having a family member assist with dressing.

Communication:

- Begin a conversation with small talk, people often feel “on the spot” when questions are posed without an understanding of the intention.
- There may be cultural nuances to speech and all have their own grammatical integrity.
- The sincerity of a person’s remarks may be judged by the emotion conveyed, be aware of body language.
- Caring is demonstrated by spending time and comforting touches. A person who is too abrupt or impersonal may be considered cold and uncaring.
- Altercations are often responded to and handled quickly; verbal expressions of anger do not necessarily signal aggression.
- Family bonding is important. Be respectful and listen to stories, share small personal accounts and support visitors.
- Address individuals with respect including Mr. Mrs. Ms. or Dr. when appropriate. Refer to a woman as Ms. if she is pregnant and/or has a child.

African American Rituals:

- Kwanzaa, which means “fruits of the first harvest”, is a celebration of the traditional values of family, commerce and self-improvement. It is not considered a “substitute” for Christmas and is celebrated by many from December 26th through January 1st each year.

End-of-life care:

- Remember that spiritual care and concern should be addressed. Patients may have many misgivings, questions, and struggles during this time, be aware and considerate.
- Patients and families greatly appreciate someone who is understanding and not judgmental.
- Most African Americans, in fact, most people, travel the journey from initial diagnosis to death with the support of a community of like-minded believers.
- It is very inappropriate to suggest that grief should be resolved within a specific time frame and/or manner.

- Remember that individuals are quite sensitive to how things are done when an illness and/or death occurs in the family.
- Keep in mind that there is great diversity in the African and African-American communities and that "family" may be defined in multiple ways.
- It may be appropriate to suggest that the family unit communicate in regards to an advanced care plan.

African American Resources:

<http://norway.usembassy.gov/usa/diversity.html>

http://clinique-edouard-rist.scola.ac-paris.fr/f_aaaenglish_speaking_countrie.htm

You are working with one of Cleveland Clinic’s valued **Albanian patients.**

Considerations before providing care:

- An interpreter would be helpful in smoothing out relationships and in making sure all aspects of care are understood and evaluated correctly.
- Many Albanians are wary of new solutions and may resist certain treatments. Care should be given when explaining medical treatment.

Meals:

- Much of Albanian cuisine is what we would consider “Mediterranean”.
- Lunch is the main meal and typically consists of a meat/vegetable dish accompanied by fresh vegetables, cheese, bread (typically a flat cornbread) and olive oil. Seafood is a staple along the coastal regions.
- Albanians enjoy very rich desserts made of pastry, nuts, and syrups.
- There is no specific drinking age in Albania and wine or beer is served with most meals.

Hospital Attire:

- Albanians are typically concerned about appearance and being fashionable. Particular importance is placed on shoes and their cleanliness.
- Women are expected to have their hair and makeup done when going out of the home or entertaining guests.

Communication:

- Upon introduction, a firm handshake and eye contact is common among men, a light handshake between a man and woman, and handshake or cheek-kisses between women.
- Using titles with professionals is important.
- The Albanians tend to vary between directness and indirect communication styles. They will be rather blunt on “surface” issues but may skirt the issue when a deeper or more “touchy” subject is on the table.

- Decisions are often made by the most senior individual of the group but they may take some time to come to a final conclusion.
- It is important for Albanians not to lose composure and to avoid show of excessive emotion.
- Keeping up family appearances is very important and Albanians may not disclose information that could be seen as derogatory toward family members. Medical staff should be aware that they may need to provide privacy, one-on-one discussion time, and/or other measures to ensure all pertinent family history is gathered.
- Any shameful or unfortunate news will often be covered within the family or by an individual.
- During conversations, Albanians tend to use expressive hand gestures and body language.
- In some areas, shaking the head back and forth means "Yes" and up and down means "No" (opposite of the American style), it is best to use the words associated with these answers (po-yes, jo-no).
- To show displeasure, Albanians will often shake their index finger back and forth in front of them.
- Albanians expect to hold someone's gaze for the majority of a conversation. Direct eye contact signals that you can be trusted.
- Personal space is closer than we usually see in the US, less than an arm's length is typical.
- Touching is common place among friends and acquaintances but you would not do this to a stranger. Older women tend to do this often.
- There are a number of rules regarding gender interaction. It is offensive for a man to invade a woman's space.
- Traditionally women spend the majority of the time indoors tending to the home and children. Most do not work outside of the home (although this is changing in some urban areas).

Albanian Rituals:

- 70% of the population is Muslim, 20% are Albanian Orthodox (close ties to the Roman Catholic Church to which the remaining 10% belong).

End-of-life care:

- Considered a part of the Balkans, many people from this area of the world have dealt with political instability and the violence that sometimes ensues from that. Caregivers should handle end-of-life situations with a delicate hand.
- It may take some time for medical staff to gain the trust of individuals who are ill/suffering or their families. If a treatment is not well “proven” they may resist its application.
- Caregivers should question the religious affiliation of individuals from this area and then deal with end-of-life care accordingly (see ritual section for breakdown of religions by group then see associated religious sheet).

Albanian Resources:

<http://www.orthodoxlinks.info/> (Orthodox resource page)

You are working with one of Cleveland Clinic's valued **Amish patients.**

Consideration before providing care:

- Ohio has the largest population of Amish, followed by Pennsylvania and Indiana. The largest Amish settlements are in Holmes County, Ohio; Lancaster County, Pennsylvania and LaGrange, Indiana.
- The Amish separate themselves from mainstream society for religious reasons: they do not join the military, they draw no Social Security, nor do they accept any form of financial assistance from the government, and many avoid insurance.
- Because of this separation from mainstream society, caregivers should be conscientious of the need to explain various facets of medical care to the patient and the family.
- Electronics are used rarely when the Amish are in their homes/communities. Caregivers should be aware of the need to give basic information on how to utilize medical devices within the hospital setting.
- Most Amish prefer to be treated at home. Caregivers should take into consideration the fact that some Amish may not seek medical care on a timely basis. Caregivers should also inquire about any home remedies that may have been implemented before arrival at a medical facility.
- Only 16-26% of Amish children receive immunizations.
- Children needing care may play with toys and interact with other non-Amish children when in a hospital setting.
- Birth control and abortion are forbidden, even when pregnancy is life threatening.
- Some Amish are afflicted by heritable genetic disorders (including dwarfism), and are also distinguished by the highest incidence of twinning in a known human population, various metabolic disorders and unusual distribution of blood-types.

Meals:

- Most Amish eat homegrown vegetables and meat and may prefer organic foods if available.
- There are no other religious or cultural restrictions on food consumption.
- Alcohol is strictly avoided (this includes medications containing alcohol).

Hospital Attire:

- Women almost always wear dresses and modesty is of utmost importance.
- The dress code for some groups includes prohibitions against buttons, allowing only hooks and eyes to keep clothing closed; others may allow small undecorated buttons in a dark color. In some groups, certain articles can have buttons and others cannot.
- In all things, the aesthetic value is "plainness": clothing should not call attention to the wearer by cut, color or any other feature.
- Men typically wear dark trousers and a dark vest or coat, suspenders and hats.
- Once married, men do not shave their beards.
- Mustaches are not allowed.
- Most children and adults go barefoot whenever possible.

Communication:

- The Amish are divided into separate fellowships consisting of geographical districts or congregations. Each district is fully independent and has its own set of unwritten rules. Caregivers should be aware that rules may vary depending on the district from which a patient originates.
- The Amish place high value on the concepts of humility, calmness, and composure and are reluctant to be forward, self-promoting, or to assert oneself in any way. Caregivers should be aware of the need to ask questions regarding physical comfort, medical facts/history, and understanding of services provided.
- The Amish avoid pride, arrogance, and haughtiness at all costs and are offended when approached in such manner.
- The Amish are anti-individualistic and have a deep commitment to community. Caregivers should be aware that community members are often as valued as blood-line family members.
- The majority of Amish speak Pennsylvania Dutch at home and in community settings. English is often a second language learned in school.
- Most Amish do not receive public education past the 8th grade level as high schools are seen as promoting competition and self-reliance. Caregivers should explain services and ask questions in a simple manner. The use of pictures and demonstrations may also be quite effective.

- Amish men are family leaders and make all medical decisions, most conversation regarding diagnosis, treatment, and other services should be held with the male head of the family.

Amish Rituals:

- The Amish follow a strict form of Christianity.
- Religious services are held on alternating Sundays in the homes of community members. Men and women are separated during these services.
- Most Amish celebrate traditional Christian holidays.
- Once a person has been baptized as a member of the Amish church, to leave means being shunned by ones friends, family, and community.

End of life care:

- Most Amish prefer to spend the end of life within the community and at home.
- Funeral customs appear to vary more from community to community than other religious services and are often conducted at home (without a eulogy, flowers, or other displays).
- The elderly believe in rationing care at the end of life to save community money

Amish Resources:

<http://www.refdesk.com/factrel.html>

<http://www.culturediversity.org/links.htm>

You are working with one of Cleveland Clinic’s valued **Armenian patients.**

Considerations before providing care:

- There are many different dialects of the Armenian language, the most distinct being Eastern and Western Armenian. Some minor regional dialects may seem completely distinct from the others. A specific translator may be necessary based on the geographical region from which the patient comes.
- Armenia is a democratic nation which lies between Europe and Asia and is culturally influenced by both. It gained Independence in 1991, but was ruled by the Soviet Union for 70 years prior. Older individuals may have some issues/concerns with authority and decision-making abilities.
- Armenia has a somewhat struggling economy and employment opportunities. Under Soviet rule there was a social system of health care. That system is still in place, but underfunded. Many Armenians will need a detailed explanation of the medical billing process.

Meals:

- Meals consist of what we traditionally think of as Middle Eastern cuisine: dairy products (specifically yogurt and cheese), minced meats, fish, fruits, beans and grains. It has a distinctive odor and incorporates a great deal of spice.
- Grilled meats and kabobs are favorites of most Armenians.
- Lavash, the traditional Armenian bread, is served with all meals.
- Wine and brandy (specifically cognac) are important aspects of a meal.
- Mulberry vodka is thought by some to have healing qualities.

Hospital Attire:

- Being well-dressed for all occasions is important to Armenians (especially women).
- Lace and lace-making are traditional aspects of Armenian culture and dress.
- Modest dress should be provided for both men and women as most Armenians hold a strong Christian heritage.
- Crosses, amulets, and other religious items may be desired by the patient.

Communication:

- Upon meeting someone, a handshake between men is expected. Women will typically hug each other and give a kiss on the cheek. Typically, a woman will wait for a man to present his hand to her and only rarely will there be a kiss exchanged.
- It is common to address someone by their first name after one has been introduced.
- Armenian communication is very direct and to the point, they will rarely “beat around the bush” when it comes to sensitive topics. One should not take this as rudeness as they will expect the same from others.
- Although direct, Armenians are very friendly, so meetings should be rather light and include some banter and humor (as is appropriate). The term “jan” is used as a friendly hello (example: Mary jan).
- It is appropriate to allow some time for decision-making.
- Personal space is somewhat closer in conversations than many Westerners may consider appropriate. Although the space is close, there is very little direct physical contact (unless you know the person well).
- Armenians tend to be rather relaxed with time, meetings or appointments can range from timely to 20 minutes after the expected start.
- There is a distinct difference in attitudes and expectations from rural areas to metro spaces. Rural areas tend to be much more conservative and the division between men and women is much more pronounced. In the cities, there is a more egalitarian viewpoint.
- Traditionally there has been a clear distinction between men and women in the work and home spheres. Although women do work outside of the home, the pay is limited and the jobs tend to be in education and health care.
- Arranged marriages are still seen in Armenia and new couples tend to live in the husbands home. There is a movement away from this practice, however, it is still the dominant form of residence and the mother/mother-in-law is the leader within the home.
- Child-rearing is seen as extremely important and given focus within the home. Women, especially in rural areas, are expected to have children and spend the majority of their time and energy on raising them.
- Family ties are very strong in Armenia.
- Education and responsibility are highly regarded in Armenian society.

- Hospitality and generosity are also of great importance within the culture.

Armenian Rituals:

- The Armenian Apostolic Church is the national church (closely resembling the Roman Catholic and Eastern Orthodox Churches, however, distinct). Most Armenians hold deep Christian beliefs and participate in church membership.
- Music plays an integral role in the culture and patients may want to have access to songs/music from their homeland.
- The Armenian people celebrate the traditional Christian holidays, along with some others: Vardavar (July), Grape Blessing and Myrrh Blessing to name a few.

End-of-life care:

- The great majority of Armenians believe in the Christian concepts of illness, death and the afterlife.
- Western medical practices are typically adhered to and there is a movement toward privatization.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.
- There is no Church ruling against organ donation.

Armenian Resources:

<http://www.ohioarmenians.us/>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Austrian patients.**

Considerations before providing care:

- Approximately 98% of individuals speak German although regional dialects vary distinctly.

Meals:

- Austrian cuisine is known throughout the world for its pastries and sweets.
- Coffee is a main staple and should be provided as often as possible.
- Wiener schnitzel is one of the most famous dishes from Austria (usually made with Veal).
- Pork is used most extensively with beef and chicken also being important elements of meals.
- Snacks typically consist of small, open-faced sandwiches or small sausages with mustard.
- Food preferences may vary based on region.
- Many Catholics avoid eating meat on Fridays, especially during Lent. Fish is an acceptable alternative.
- During Lent, some Catholics may fast during the day or eliminate certain items from their diets. Be aware of how the diet is being altered in order to accommodate.

Hospital Attire:

- Presentation and dressing well are important to Austrians. Clothes are not bright or loud and conservative attire is a must.
- Most Austrian women dress up (elegantly and conservatively) when they are going to be in the public eye.
- There is no specific dress as long as modest and conservative attire is provided.
- Catholics may have rosaries or amulets that they would want available.

Communication:

- The family is the center of social structure and a great deal of social time revolves around spending time with one's family.
- Overall, Austrians tend to be rather formal. The home is where one would find a more relaxed atmosphere, but only close friends and family will be invited in.
- Organization and regimented daily structure are important aspects of Austrian life.
- Introductions are formal and a handshake with eye contact is expected. A man from another country should not kiss the hand of an Austrian woman.
- Titles are very important and should be used unless specifically asked not to.
- When entering a room, be sure to greet everyone individually, shaking hands with all (even children).
- Promptness is a sign of respect and is extremely important. Canceling a meeting and/or rescheduling should be done as a last resort only.
- First impressions are important and you will be judged on your appearance and actions.
- Austrians are interested in hierarchy and will want to know about advanced degrees, field experience, and the like.
- Austrians like to get down to business and to keep things on a more serious level. Joking and needless banter is seen as wasting time and is not appreciated.
- If there is a timeline for meeting with someone (or an agenda to be covered), Austrians will expect to stick to this closely.
- Some individuals may be blunt to the point of apparent rudeness, this is just an attempt to get down to business and cover the issues that must be addressed.
- Austrians are suspicious of excessive shows of emotion. They will also question statements that appear too good to be true and/or overly ambitious.
- Avoid pressure when asking for decisions.

Austrian Rituals:

- About 75% of the population is Roman Catholic, 5% Protestant, and 5% Muslim. Assumptions about religious affiliations should be avoided but realize that the majority are Christian.

End-of-life care:

- Austrians enjoy a very strong social security and health care system. They will expect quality treatment and attention to detail.
- Catholics will want a priest to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.
- Whenever possible, a dying person should be given the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.
- There is no Church ruling against organ donation.

You are working with one of Cleveland Clinic’s valued **Baha’i patients.**

Consideration before providing care:

- The Baha’i Faith is a religion founded in 19th century Persia. The teachings see religious history as an evolving educational process for mankind. Baha’i population number around 6 million in more than 200 countries around the world.
- Unity is an essential teaching of the religion.
- Baha’is continue to be persecuted in many countries around the world, especially fundamentalist Islamic nations. Care should be taken when discussing sensitive issues as many Baha’is may be tentative when dealing with individuals inexperienced with their faith.
- The use of drugs and alcohol are strictly prohibited except when prescribed by a physician. Caregivers should be aware that treatments not involving prescription drugs or medications containing alcohol are preferred.
- Men and women are seen as equals and should receive balanced care, communication, and opportunities.
- Religious and cultural diversity are of great importance to Baha’is and interracial marriage/unions are encouraged.
- Abortion is to be avoided except in cases where the mother’s life is in danger.

Meals:

- There are no specific dietary requirements; however, consideration should be taken to provide healthy meals that support clear mental function and bodily balance.
- Baha’is believe in treating animals with kindness and therefore some may choose not to eat meat and/or animal products. Caregivers should ask if a patient is vegetarian or vegan.
- Baha’is may not eat or drink between sunrise and sundown during the weeks leading up to their calendar New Year (March 2nd to March 20th). Individuals under the age 15 and over 70, as well as pregnant and breast feeding women are exempt. Individuals who are sick or engaged in hard labor are also exempt.

Hospital Attire:

- There are no specific restrictions in attire although considerations of modesty and dress that does not offend others should be taken into account.

Communication:

- Men and women can be addressed in similar manners and discussions of health and services should include both sexes.
- Baha'is prohibit the kissing of hands.
- Homosexuality is not accepted from members of the faith, however, Bahá'í are tolerant of diversity in its many forms within others.

Baha'í Rituals:

- Baha'is believe in a single, imperishable God, the creator of all things, including all the creatures and forces in the universe.
- Baha'is conduct most of their worship in the home and/or in rented facilities. All effort should be taken to ensure that worship can be conducted while staying at the Cleveland Clinic. Specific times and considerations should be addressed with the patient and/or family members.
- There is an expectation that time is spent every day in carrying out spiritual exercises. Baha'is pray regularly and meditate on scripture twice daily. Caregivers should be conscious of specific patterns of prayer times on an individual basis and allow for meditation in the morning and evening hours.
- **Monasticism** (avoiding worldly pursuits) is forbidden and Bahá'í attempt to ground their spirituality in ordinary daily life. Performing useful work, for example, is not only required but considered a form of worship.
- Baha'is decide on personal goals and careers in accordance with a religious faith that focuses on the needs of society at large.
- The Baha'is New Year corresponds to the traditional Persian New Year and occurs on the vernal equinox, March 21st.
- Prior to the New Year, Baha'is observe a period of fasting which begins at sunrise on March 2nd and ends at sunset on March 20th.

End of life care:

- Baha'is believe that when a human dies, the soul passes into the next world, where its spiritual development in the physical world becomes a basis for judgment and advancement in the spiritual world.

- Heaven and Hell are taught to be spiritual states of nearness or distance from God that describe relationships in this world and the next and not physical places of reward and punishment achieved after death.
- Baha'í law prescribes that burial should take place at a distance no more than one hour's journey from the place of death and that the body should be treated with great dignity and respect.
- Baha'ís do not believe in cremation or embalming.
- Baha'ís are instructed to write a will and are free to dispose of their wealth in any way they wish.
- Baha'ís believe that life begins at conception and a miscarriage is considered a great loss. Whenever possible, the remains should be returned to parents or local Bahá'í community.

Baha'í Resources:

<http://www.bahai.org/>

<http://www.bcca.org/bahaivisio>

You are working with one of Cleveland Clinic’s valued **Baptist patients.**

Considerations before providing care:

- The majority of Baptists worldwide reside in the United States, most notably the southern states (although there are members of the church located throughout the US and Canada, as well as in Asia, Africa and Latin America).
- The predominant language spoken is English.
- There is often controversy surrounding issues on which most Baptists take a conservative stand (gambling, alcohol, abortion, and same-sex marriage).
- The Baptist faith is composed of numerous ethnic and racial groups so it is important to also consider these factors when dealing with patients and their families.

Meals:

- Baptists can consume wine in moderation.
- There are few food restrictions unless detailed by the individual or his/her family.
- Consideration should be taken regarding regional dietary preferences.

Hospital Attire:

- As in most conservative Christian faiths, dress is expected to be modest for both men and women.

Communication:

- Most traditional secular introductions and methods of communication are acceptable when interacting with a Baptist patient and/or family member.
- Address individuals by their last name with the proper title, you will be invited to address an individual by his/her first name when appropriate.
- Many Protestants find the use of curse words to be offensive, along with the use of holy names of the church (Jesus Christ, God, etc.) in an inappropriate manner.

Baptist Rituals:

- Churches do not have a central governing authority, unlike most other denominations that do. Therefore, beliefs are not totally consistent from one Baptist church to another, especially those that may be considered minor.

- Baptists believe that the Bible is the only authoritative source of God's truth.
- Baptism and communion are the two main ordinances of the faith and communion services may be held up to weekly, any day of the week.
- Baptist churches are careful to emphasize that worship is not limited to the Sunday gathering, but is a lifestyle of love and service to Christ and dedication to God's truth as revealed in the Scriptures.
- Baptists celebrate traditional religious and secular holidays such as:
 - New Year's Day (January 1)
 - Martin Luther King's Birthday (January 15)
 - Good Friday (variable date)
 - Easter (variable date)
 - Thanksgiving Day (last Thursday in November)
 - Christmas (December 25)

End-of-life care:

- Justification by faith alone states that it is by grace through faith alone that Christians receive salvation and not through any works of their own.
- Baptists have a strong emphasis on the concept of salvation.
- Baptists are strongly encouraged to discuss scriptural and other issues with their minister and other Christians when appropriate; caregivers should allow the opportunity for ministers and fellow church members to visit as often as possible.

Baptist Resources:

www.baptist.org/

www.sbc.net/

www.baptisttop1000.com/

<http://www.refdesk.com/factrel.html>

You are working with one of Cleveland Clinic’s valued **Bisexual patients.**

Bisexual: Person who is sexually attracted to both men and women.

Considerations before providing care:

- Approximately 10% of our patient population is bisexual, lesbian, or gay. Bisexuality is a physical attraction to persons regardless of sex.
- The bisexual population is heterogeneous and includes people of varying ages, socioeconomic statuses, genders, races, religions, and ethnic backgrounds.
- Begin by evaluating yourself and any assumptions, phobias, biases or beliefs that you might hold internally. Be aware of your own reactions and body language.
- It is especially important to create a non-judgmental open, caring atmosphere, because of the intense difficulty some patients experience disclosing bisexual behaviors in a clinical setting.
- The issue of confidentiality is also an extremely vital aspect of care, as an inadvertent “outing” of a patient could have a significant impact on their family relationships, livelihood, social status, and personal safety.
- Explain the medical record documentation process to patients, as bisexual patients will be particularly conscious of protecting their medical information.
- Many will avoid seeking health care, because of negative past experiences, societal pressures, and the stigma attached.
- Friends, partners and spouses of bisexual patients should be given the respect and privileges usually afforded to heteronormative relationships.
- Be careful with using gender specific terms like husband or wife. Use gender neutral terms like “partner, mate, companion or spouse.”
- Questions about families need to allow for alternative definitions including, same sex parents, or multiple parent situations. Ask open ended questions to gather the family structure.

Be careful not to make assumptions:

- Don’t assume that all patients are completely heterosexual. It could take time for a bisexual patient to have enough trust to divulge this information.
- A patient with children is not automatically exclusively heterosexual.

- Don't assume that teenagers who think they are bisexual are too young to be aware and are just going through a phase.
- When children express that they are attracted to both sexes respect the information and support the child. Don't assume that the information is false.
- All women including bisexuals need regular Pap tests, and breast exams.
- Bisexual men may need STD screening from the pharynx, rectum, and the genitals, as well as routine prostate exams.
- A bisexual person's health issues do not necessarily revolve around sexuality. Consider all possible diagnosis as with any other patient.
- Don't assume that bisexual women are not at risk for sexually transmitted diseases.
- Be sure to screen bisexual patients for domestic violence along with all other patients.

Meals:

- Refer to specific cultural patient care guide.

Hospital Attire:

- Be considerate of gender preferences.
- Allow for privacy and respect that some individuals may feel more comfortable having a family member or partner assist with dressing.

End-of-life care:

- Refer to specific cultural patient care guide.
- Counseling patients on their right to designate a durable power of attorney is especially important for same sex partners, specifically regarding who is authorized to make medical decisions.

Bisexual Resources:

<https://bisexual.org>

<https://biresource.org>

<http://www.ohanlan.com>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Bosnia –Herzegovina patients.**

Considerations before providing care:

- This country is nestled in the Balkan Peninsula thereby sharing customs of northern Europe and southern aspect akin to Asia. This country has only had its own independence since the conclusion of the Bosnian War in 1995. Today this country takes pride in its religious diversity of Islam, Eastern Orthodox, Roman Catholic and Judaism.
- The Country has three Constituent Peoples, that all have equal rights including their own president. The Bosnians make up 48% and are predominantly Muslim, the Serbs make up 33% and are primarily Eastern Orthodox and lastly the Croatians make up 15 % of the population and are mainly Roman Catholic.
- Since the devastation of the war in the 1990s, there has been destruction of much of this country’s heritage. The people living in the country today are attempting to emphasize coexistence of all and a reestablishing an improved level of respect and trust.
- The majority of the population today has been directly affected by the war both financially and in many health related concerns.
- There is a general feeling that certain illnesses have certain causes and certain treatments, there may be some confusion when it comes to complex diagnoses.

Meals:

- Lunch is the main meal of the day, preceded by a small breakfast and followed by a relatively small dinner.
- A common local tradition is to start the meal with something sweet such as preserved fruits.

Hospital Attire:

- A good appearance is important and an attempt should be made to help patients look presentable to visitors.
- Cleanliness and neatness are highly valued.
- Women wear very little make-up and tend to dress in a conservative manner. Allow for modesty and conservative attire.

Communication:

- There are three official languages spoken, representing the three types of people, Bosnian, Croatian and Serbian. There is more commonality than there are differences in the three languages therefore communication is not strained.
- There is a strong need for organization and structure in interactions with authority coming from above.
- Relationships often define reality for individuals from this part of the world.
- There is often an initial distrust of people that are unknown.
- Wait to be introduced by a third party if available. Greet the women of the group first and then the men and children.
- A handshake is an appropriate greeting upon meeting someone. Wait for a woman to extend her hand first during the greeting.
- "Air kisses" are a common greeting among individuals with an established, familiar relationship.
- Typically, many Slavic names have sex specific endings (-ic for males and -ica for females) and they may have difficulty understanding American names.
- Southern Slavs may have a hard time understanding questions that are posed with a pronoun separating the main verbs (example: "Where is she hurt?") You may need to eliminate some of the auxiliary verbs and pose the question slowly and very directly.
- There is a tendency to speak softly, calmly and in a low tone, especially with strangers.
- The people of this region can become very physically expressive once comfortable in conversation and they may become rather physical in gesture and touch.
- The "ok" sign should not be used but the "thumbs up" sign is more acceptable.
- If you must beckon to someone, sweep all four fingers toward yourself while your palm is facing the floor.
- Eye contact will be very direct most of the time and looking away is considered rude.

Bosnia – Herzegovina Rituals:

- Holidays for the Eastern Orthodox in this region include:

January 1 (New Year's Day),

January 7 (Orthodox Christmas),

March 1 marks the beginning of an unofficial celebration of spring

March/April (Good Friday/Easter)-different for Catholics and Orthodox Church

March 8 (Women's Day), and

May 1 (Labor Day)

- Please see Muslims from this region (see Islamic section).
- Please see Roman Catholic from this region (see Catholic section).

End-of-life care:

- Many people from this area of the world have witnessed great atrocities and death during the very politically unstable years of the recent past. Caregivers should handle end-of-life situations with a very delicate hand.
- Caregivers should question the religious affiliation of individuals from this area and then deal with end-of-life care accordingly (see ritual section for breakdown of religions by group then see associated religious sheet).

Resources:

<http://www.loc.gov/rr/international/european/cee/resources/cee-general.html>

<http://en.wikipedia.org/wiki/Balkans/>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Buddhist patients.**

Considerations before providing care:

- It is a principle of Buddhist social philosophy that society is interdependent, that social relationships are reciprocal.
- Buddhists believe that conception occurs when consciousness enters a fertilized egg. This is considered the beginning of life and it is regarded as killing if the life of the future person is aborted after that point. Birth control that prevents conception is acceptable.
- Life support machines are not believed to be helpful if the person’s mind is no longer alert. Having an alert mind and not being in excessive pain are the two primary factors that affect a Buddhist decision regarding the appropriate time of death.

Meals:

- Within various branches of Buddhism, there are vegetarians, as well as non-vegetarians. Some branches have strict dietary regulations, while others have few; make sure to ask each individual.
- Buddhists do not believe in the use of intoxicants.

Hospital Attire:

- Considerations should be made to allow for conservative dress for both men and women.
- Prayer/Meditation beads may be worn and should be allowed when at all possible.
- Many Buddhists will use the image of the Buddha as a reminder to speak and act like him; efforts should be made to allow for images to be included in rooms if desired.

Communication:

- Gestures such as joining of the palms, bowing, or prostration are all used to show reverence.
- The principle of reciprocity is the foundation of Buddhist morality. Relationships are extremely important and much care should be given to maintaining a balance within them.

Buddhist Rituals:

- For Buddhists, the main goal of life is to achieve Enlightenment (Nirvana).
- Buddhists believe in the "Path" to Enlightenment (Dharma), the "Guide" (Buddha), and "Traveling Companions" (Sangha). For many Buddhist, community and family support is of utmost importance.
- The main rules or regulations of the Buddhist tradition are known as the five precepts. They embody the respect for life, property, personal relationship, truth and mental health.
- Another fundamental teaching is that of the eight-fold path which is; right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness and right concentration.
- Another common Buddhist observance is the making of offerings; you will often see them on shrines within the home.
- Chanting and/or reciting mantras is an important avenue to calm and can take several forms depending on the individual.
- The major Buddhist holy day of the year is Vesak which falls on the full moon day of May.

End-of-life care:

- Be aware that many Buddhists believe that it is the role of the sick to bear pain without complaint; you may need to question them in a rather detailed manner.
- Medication for pain is accepted, however, medication for mental distress is not. Sedation should be used with caution.
- Buddhists believe in reincarnation and the state of mind at the time of death is crucial, because it is this that determines the situation a person will be reborn into. If the mind is calm and peaceful then a happy rebirth will be the case. However, if the mind is in a state of anger or has strong desire or is fearful etc, this will predispose to an unhappy or lower type of rebirth.
- When considering the spiritual needs of the dying, the basic principle is to do whatever you can to help the person die with a calm and peaceful mind, with spiritual/positive thoughts uppermost.
- Speaking about death to a terminally ill patient is not avoided as an unpleasant topic.

- For a person with a spiritual faith it is beneficial to have spiritual objects around them and to remind them of the positive aspects of his/her life. It is also appropriate to make the space in which they are staying as attractive as possible.
- It is important to avoid religious activities that are inappropriate or unwanted by the dying person.
- As much as possible, ensure that those in contact with the individual provide a pleasant experience and do not cause anger or frustration.
- From the spiritual viewpoint it is desirable to avoid loud shows of emotion in the presence of the dying person.
- For those who are anxious or fearful of dying, teaching them relaxation or guiding them through a simple relaxation technique can be very beneficial. A simple meditation technique that is very effective is awareness of the breath.
- The use of guided imagery or gentle music can also be soothing and relaxing and help the person to have a calm and peaceful mind as they approach death.
- Some Buddhists will want to concentrate on and recite the virtues of their faith or other mantras.
- Some Buddhists may want to hold/be touched by stupas (holy relics) to assist in purifying his/her karma.
- Many of the faithful believe that the best thing we can bring to a dying person is our own quiet and peaceful mind.
- Upon death, place the individual on his/her right side and block the right nostril with cotton or something similar.
- After this you should leave the body untouched, a lama may be asked to perform powa (last rites). Family members may provide powa pills that can be placed on the forehead prior to death and removed following expiration.
- Once an individual has passed, it is inappropriate to discuss his/her belongings, misdeeds, or anything else that may negatively impress on the mind while it is still in a state of equilibrium.

Buddhist Resources:

<http://www.ciolek.com/WWWVL-Buddhism.html>

<http://www.aril.org/Buddhist.html>

You are working with one of Cleveland Clinic’s valued **Burmese (Karen) patients.**

Considerations before providing care:

- Burma is also known as Myanmar and is in mainland Southeast Asia. The country borders, China, Laos, Thailand, Bangladesh, India, and the Bay of Bengal. One third of its perimeter is coast line.
- The culture has been influenced by neighboring countries. There are over 100 different ethnic groups. Burma’s diversity has contributed to its ethnic tensions and political struggles. The government has been dominated by the military since 1962 and it has experienced one of the longest running civil wars in history and as result suffers from extreme poverty.
- The official language is Burmese, closely related to Tibetan and the Chinese languages. There are also several ethnic minority languages; Shan, Karen dialects, and Kayah.
- A number of religions are practiced in Burma including, Islam, Christianity, Hindu, Animism and Bahá’í, but the vast majority, about 90% of the population is Buddhist (mostly Thervada.)
- Because of all of the conflict, death, destruction and famine several Burmese refugees fled their country to escape political oppression and imprisonment and moved into Thailand. In 2008 approximately 20,000 members of the Karen and Chin ethnic groups resettled in the United States.
- Their medical problems are diverse, ranging from the psychological impacts of deprivation, fear and loneliness to the common complaints of infectious diseases and malnutrition to more "Western" illnesses like heart failure and COPD.
- Some believe that modern medicine is useful others prefer more traditional remedies. People may think they have “bad blood” and need to be bled. Karen refugees may have some fear of modern medicine.
- Karen use the same term for vitamin and medicine and may be confused about the difference.
- They also have a tendency to eat bitter or sour foods as a preventative measure. Foods that make the body hot are thought to help sickness.
- Many Karen have gastric ulcers because of the stress they have undergone and because of their consumption of hot chili peppers.

- Many also have intestinal parasites like hookworm which can contribute to iron deficiency.
- Most Karen has had Malaria and may experience other health problems complicated by the effects. Because their over exposure to Malaria people often associate any fever with the disease.
- Hepatitis A, B, and C are also common. Hepatitis is known as "Liver disease" in their culture and people will automatically think that they have to remove yellow foods from their diets once they receive this diagnosis. Food and diet information should be explained.
- Many will test positive for TB, and mild Anemia with microcytosis is also commonly found.
- Female patients may be uncomfortable or hesitant about sharing medical information.

Meals:

- A typical Burmese meal would consist of rice, vegetables and meat on occasion. Burmese eat a variety of foods. Their diets consist of cucumbers, squash, bamboo shoots, eggplant, mushrooms, fish, and or pork, beef, and chicken depending on their particular religious practices. They often flavor meals with curry, turmeric, chilies, ginger, garlic, tamarind, and lime juice.
- Nyau or Ngape is a famous dish eaten in the Karen culture consisting of a pungent fermented fish, pounded into paste, served with rice and vegetables.
- People refuse invitations to eat with one another initially as a manner of respect and then they modestly accept.
- It is important to address dietary concerns with patients once an illness is diagnosed because the culture observes a number of food taboos. Those with hepatitis are advised to avoid yellow foods, and malaria is thought to be brought on by papaya.
- Karen is known to drink whiskey, smoke cigarettes and chew tobacco. Smoking is a normal part of the culture and boys as young as ten have been known to partake. They also chew the Betel nut seed which causes a mildly euphoric stimulant effect.

Hospital Attire:

- Traditional dress consists of red cotton shirts with wide leg blue cotton trousers, and women wear more ornately decorated red cotton blouses and red skirts. An unmarried woman traditionally wears a white shift.
- Patients prefer same gender providers and interpreters.

Communication:

- Burmese culture is more collectively oriented favoring a more nuanced, or indirect communication style.
- Self-expression preserves harmony, reinforces collective values, and discourages disagreement.
- Burmese literacy rate is relatively high.
- Traditionally, Karen does not shake hands or bow, although those more experienced with Western culture may be comfortable with this.
- “Naw May Wele Ha” (Have you eaten rice?) can be compared with “How are you?”
- Direct eye contact is considered impolite because it is a sign of equal status.
- In Burmese culture folding one’s arms in front of oneself when talking is a sign of respect, unlike American culture.
- Saying “no” is a way of displaying modesty.
- When walking past someone duck or bow your head, and avoid walking in front of someone who is seated. Walk behind them or request their permission to cross first.

Burmese Rituals:

- Directness is considered to be rude. Confrontation is avoided, angry displays are not respected.
- Their sense of politeness may be confusing in American culture and their indirectness may create misunderstandings regarding unmet needs or disagreements.
- Men and women do not touch in public. Women commonly show affection by holding hands kissing hugging etc., and men show affection with other men. This is not necessarily a display of gender preference.
- Karen walk behind their elders.
- Show respect by using two hands to hand something to someone instead of one, and do not pick up or touch something belonging to another person.
- Showing the sole of the foot, pointing with the foot, or touching the head is considered disrespectful.
- Strict adherence to time may be challenging. Their attitudes are more relaxed around time.

- Some Karen may not appreciate being referred to as Burmese because of the treatment they received.
- Marriages may be arranged, and the traditional approach is that the husband moves in with the wife and her parents.
- Pregnant women are highly respected and pregnancy outside of marriage is frowned upon. Women are treated very well after delivery and not expected to move much.

End-of-life care:

- Some bury their dead some prefer cremation based on their individual religious beliefs.
- Upon death a feast is prepared including chanting and drinking. Spirits are encouraged to vacate, and ghost stories are told about other members of the community.
- Organ donation would be a foreign concept.

Burmese Karen Resources:

http://ethnomed.org/cultures/karen/karen_cp.html
<http://www.burmalibrary.org/show.php?cat>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Burmese patients.**

Considerations before providing care:

- Burma (also known as Myanmar) is considered the most religious of the Buddhist nations (89%).
- There have been many recent clashes between the junta military government and the monks and Buddhist lay people of Burma. (Recently, the most serious being in 2007 where thousands were jailed and hundreds killed).
- Islam and Christianity are also a presence within the country. Burma has the largest population of Baptist Christians aside from the United States. Religious minorities often faced discrimination, especially in the rural areas of the country.

Meals:

- Although beef and pork are not expressly forbidden, they are avoided by a majority of Buddhists.
- Fish and various types of seafood are staples of most cuisine, as is white rice.
- Vegetarian dishes are also common (especially during the Buddhist lent mid-July until early October during which little to no meat is consumed and only two meals are taken.....each before midday).
- Various types of salads are also eaten throughout the country, often as fast food.
- Elders are served before others during meals (even if not present, a bit of rice will be set aside in honor).
- The right hand is used most often during meals, with spoons being used for noodle dishes. Forks and knives are rarely utilized.
- A drink is rarely served and the liquid provided usually comes as a light broth served in a communal bowl.

Hospital Attire:

- The traditional garment is a sarong worn by both men and women. Men will then wear a short jacket over a collared shirt while women will wear a blouse and shawl.
- Skirts and pants are becoming more common among younger Burmese.

Communication:

- The "traditional" Burmese greeting is *mingalaba*.
- Communication is very age-sensitive and the use of formal honorifics is expected. There is also a special vocabulary used for addressing Buddhist monks.
- There is a difference in expectation (religious duties) between a Buddhist monk and lay person.
- A monk is expected to be cared for by lay people. These devotees will provide food, medicine, clothing and shelter.
- Age is highly regarded and elders should be shown respect and deference.
- Parents are seen as solely responsible for the actions of their children.
- The term "thank you" is not used between friends and family members.
- Same sex friends will often show affection in public but couples will not.
- It is considered rude to touch someone's head.
- It is the utmost disrespect to sit with a foot pointed toward another (especially an elder) and touching of the feet is taboo.
- Do not point a finger directly at an image of the Buddha.

Burmese Rituals:

- The large majority of the population follows Theravada Buddhism (the oldest surviving sect).
- There is a movement today within the religion to modernize (focus on the green movement, unite with other Buddhist sects, and expanding the role of women).
- There is a focus on meditation, social action, ritual, and understanding the higher concepts within the belief system (ex. The Four Noble Truths – suffering, its cause, freedom from it, and the elimination of craving....which causes suffering).
- Meditation is one of the main tenants of this belief system and is said to bring about the concentration that allows one to see through ignorance.
- Theravada Buddhism focuses on insight that comes from experience, critical investigation, and reasoning instead of blind faith. Ignorance is seen as the cause for human suffering.

- These Buddhists believe that individuals are personally responsible for their own self-awakening and liberation. They are responsible for their own actions and the consequences of them.
- Although they recognize Buddha as a single, supreme gifted individual, they also venerate other Buddha's from the past.
- During colonization, Buddhist monks lost a great deal of power and influence (mainly to Christian ministers) there is an attempt to move back toward more traditional views of the role of Buddhist clergy.
- The *Tipitaka* is a collection of texts revered by Theravadians.
- The full moon in May is the most sacred day of the year.
- Because there is no god in the Buddhist religion, prayer is directed toward the deepest part of the individual self.

End-of-life care:

- Theravada Buddhists believe in a cycle of birth, illness, aging, and death that repeats until one has gained true enlightenment and reaches Nibbana. Most individuals require multiple lifetimes to reach Nibbana.
- To be free of suffering and stress, Theravada Buddhists believe that we must uproot our "defilements" (habits born of ignorance) that cloud our thinking and judgment.
- Be aware that many Buddhists believe that it is the role of the sick to bear pain without complaint; you may need to question them in a rather detailed manner.
- Medication for pain is accepted, however, medication for mental distress is not. Sedation should be used with caution.
- Buddhists believe in reincarnation and the state of mind at the time of death is crucial, because it is this that determines the situation a person will be reborn into. If the mind is calm and peaceful then a happy rebirth will be the case. However, if the mind is in a state of anger or has strong desire or is fearful etc, this will predispose to an unhappy or lower type of rebirth.
- When considering the spiritual needs of the dying, the basic principle is to do whatever you can to help the person die with a calm and peaceful mind, with spiritual/positive thoughts uppermost.
- Speaking about death to a terminally ill patient is not avoided as an unpleasant topic.

- For a person with a spiritual faith it is beneficial to have spiritual objects around them and to remind them of the positive aspects of his/her life. It is also appropriate to make the space in which they are staying as attractive as possible.
- It is important to avoid religious activities that are inappropriate or unwanted by the dying person.
- As much as possible, ensure that those in contact with the individual provide a pleasant experience and do not cause anger or frustration.
- From the spiritual viewpoint it is desirable to avoid loud shows of emotion in the presence of the dying person.
- For those who are anxious or fearful of dying, teaching them relaxation or guiding them through a simple relaxation technique can be very beneficial. A simple meditation technique that is very effective is awareness of the breath.
- The use of guided imagery or gentle music can also be soothing and relaxing and help the person to have a calm and peaceful mind as they approach death.
- Some Buddhists will want to concentrate on and recite the virtues of their faith or other mantras.
- Some Buddhists may want to hold/be touched by stupas (holy relics) to assist in purifying his/her karma.
- Many of the faithful believe that the best thing we can bring to a dying person is our own quiet and peaceful mind.
- Upon death, place the individual on his/her right side and block the right nostril with cotton or something similar.
- After this you should leave the body untouched, a llama may be asked to perform powa (last rites). Family members may provide powa pills that can be placed on the forehead prior to death and removed following expiration.
- Once an individual has passed, it is inappropriate to discuss his/her belongings, misdeeds, or anything else that may negatively impress on the mind while it is still in a state of equilibrium.

"Every Life Deserves World Class Care"

You are working with one of Cleveland Clinic's valued **Canadian patients.**

Considerations before providing care:

- Sixty-seven percent of Canadians speak English, 13.3% speak French, and 17.7% speak both.
- Canadians tend to be friendly and open, close family and friendship ties are important.

Meals:

- There are few food restrictions unless detailed by the individual or his/her family.

Hospital Attire:

- Canadians often prefer attire that is neat, presentable, comfortable, and tasteful.
- Much of Canadian attire is somewhat formal when in a "business" setting (this may also include hospitals and doctor's offices).
- Wearing of scented products in business settings, hospitals and doctor's offices is discouraged.

Communication:

- Address individuals by their last name with the proper title, you will be invited to address an individual by his/her first name when appropriate.
- English speaking Canadians use courtesy subtitles like; "Dr.", "Ms.", "Miss," "Mrs.", or "Mr." French Canadians use titles such as "Monsieur" or "Madame," followed by a last name.
- A hand shake is the accepted greeting between both men and women. Men usually wait for a woman to offer her hand.
- Watching one's manners is considered an important aspect of social interaction.
- Canadian culture emphasizes the concept of "fairness" and apologies are a means of addressing situations in which real, or perceived, conflict has arisen.
- Many Catholics and Protestants find the use of curse words to be offensive, along with the use of holy names of the church (Jesus Christ, Mary, God, etc) in an inappropriate manner.

Canadian Rituals:

- The majority of Canadians (approximately 50%) are Catholic with the remaining population divided among mostly Protestant faiths.
- Canadians celebrate many of the same holidays as Americans (both secular and Christian):
 - New Year's Day - Jan. 1,
 - Good Friday, Easter, and Easter Monday,
 - Victoria Day (Monday preceding May 25),
 - Canada Day - July 1, Labour Day (first Monday of September),
 - Thanksgiving Day (second Monday of October),
 - Remembrance Day - Nov. 11
 - Christmas - Dec. 25
 - Boxing Day – Dec. 26

End-of-life care:

- Canadian Catholics will want a priest to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.
- Whenever possible, a dying person should be given the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort
- There is no Church ruling against organ donation.
- Canadian Protestants may want to have a pastor or church members visit an ill or dying patient. Prayers are often important aspects of these interactions and precaution should be taken to not interrupt during this time.
- Be aware that there are small minorities of various religious groups in Canada and one should not assume that an individual is either Catholic or Protestant without doing a little investigation.

Canadian Resources:

http://www.pch.gc.ca/progs/occ-cco/index_e.cfm

"Every Life Deserves World Class Care"

You are working with one of Cleveland Clinic's valued **Catholic Orthodox patients.**

Considerations before providing care:

- "Orthodox" means literally "true faith" and members of the Eastern Orthodox Church usually refer to themselves as simply Orthodox.
- There are many groups that will use the title; it is most often understood to refer to the Eastern Orthodox Church which is the second largest single Christian communion in the world.
- Each church is united by theology and headed by a bishop so differences in style and custom are common between countries (many of which will distinguish themselves by their country of origin i.e. Greek Orthodox).
- Orthodox Catholics do not believe in the termination of a pregnancy and most do not advocate birth control.

Meals:

- Orthodox believers spend a great deal of the year fasting (no meat or dairy products but oil and wine are allowed with some limitations).
- There are four major times of fasting: The Nativity Fast (November 12-December 24), Lent (40 days before Palm Sunday), The Apostles Fast (6-8 weeks before June 29th), and The Dormition Fast (August 1-14).
- Believers also fast every Wednesday and Friday throughout the year.

Hospital Attire:

- There are no specific requirements for attire, although, many will want to have rosaries or crucifixes with them.
- Rules of standard modesty should be followed closely.
- Many Orthodox Catholics will want icons (religious artistic representations) with them.

Communication:

- Orthodox believers will want to have access to his/her priest on a regular basis.
- The use of non-inflammatory and respectful language should be encouraged.

Catholic Orthodox Rituals:

- According to Orthodox theology, the purpose of the Christian life is to attain the mystical union of man with God and that all aspects of life are moving the faithful in that direction.

End-of-life care:

- All persons currently in heaven are considered to be saints.
- The church offers special prayer for the dead on the third day, ninth day, and fortieth day.
- Orthodox Christians believe that when a person dies his soul is “temporarily” separated from his body then escorted to Heaven or Hell to wait for final judgment.
- Orthodox Christians are expected to confess sins prior to passing; a parish priest will be desired.
- Suffering is seen as bringing one close to the suffering of Christ and is consecrated.
- Believers feel that euthanasia contradicts Christian morals.
- The Church does not condemn organ donation or transplants.

Catholic Orthodox Resources:

<http://www.orthodoxcatholicchurch.org/>

<http://www.catholic-forum.com/members/ccfjeff/>

<http://grove.ufl.edu/~catholic/orthodox.html>

"Every Life Deserves World Class Care"

You are working with one of Cleveland Clinic's valued **Catholic patients.**

Considerations before providing care:

- The priest is the main religious figure in the Catholic Church and may be contacted to provide specific services or to consult on medical questions.
- There are approximately 60 million Catholics in the United States.
- Many Catholics do not practice any form of birth control, although there are many in the United States who have become lenient in this practice.

Meals:

- Many Catholics avoid eating meat on Fridays, especially during Lent. Fish is an acceptable alternative.
- During Lent, some Catholics may fast during the day or eliminate certain items from their diets. Be aware of how the diet is being altered in order to provide proper care.

Hospital Attire:

- Modest dress should be provided for both men and women.

Communication:

- Many Catholics may find the use of curse words to be offensive, as is the use of the holy names of the church (Jesus Christ, Mary, God, etc.) in an inappropriate manner.

Catholic Rituals:

- The Bible is the scripture and spiritual book of the Roman Catholic Church.
- There are seven sacraments of the Catholic Church that are performed at various times in an individual's life; Baptism, Confirmation, Matrimony, Holy Orders, Holy Eucharist, Penance, and Anointing of the sick.
- Many Catholics will make the "sign of the cross" during stress and in times of prayer/affirmation of faith.

- Catholics are expected to attend church (Mass) every Sunday. Communion is often taken during Mass where bread and wine transform to the body and blood of Jesus Christ.
- Catholics are also expected to attend Mass on the Days of Obligation (days that mark specific events in the life of Christ and his mother Mary). These days include:
 - January 1: Honoring Mary, Mother of God
 - August 15: Assumption of the Virgin Mary
 - November 1: All Saints Day
 - December 8: Immaculate Conception
 - December 25: Christmas Day
- The 40 days leading up to Easter are called Lent. Ash Wednesday marks the beginning of Lent (some Catholics will have ash on their foreheads which symbolizes repentance of sins) and Catholics are expected to attend church services on this day as well as on Good Friday (the day that Christ was crucified).
- Easter is the most holy day in the Catholic year and commemorates Christ's resurrection. Even non-observant Catholics will often go to church on Easter Sunday.

End-of-life care:

- Catholics will want a priest to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.
- Whenever possible, a dying person should be given the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.
- There is no Church ruling against organ donation.

Catholic Resources:

<http://www.catholic.org/>

<http://www.catholic.net/>

<http://www.catholic-church.org/cid/>

<http://www.monksOfadoration.org/directory.html>

<http://www.refdesk.com/factrel.html>

You are working with one of Cleveland Clinic’s valued **Chinese patients.**

Considerations before providing care:

- Understand that many Chinese possess an entrepreneurial spirit and may question “by the book” treatments and methods of care.
- Be aware that there are over 50 different ethnic groups in China and that each has cultural nuances that should be acknowledged.
- The Asian focus on balance affects how many see health treatments, activities, and even food choices. Diagnosis of imbalance is often described in terms of disturbance in energy (*Chi*).
- Determine if the patient is using any home remedies, such as herbs or other supplements, in order to address the impact on prescribed medicines. Herbalism is often used to balance energies.
- Traditional Chinese thought focuses on “mindfulness” when performing tasks and the importance of the present. This may lead to some belief in the artificialness of schedules.
- Assume that a person with an oriental appearance is an Asian American unless you are informed otherwise.

Meals:

- Foods are often seen as therapeutic treatments and can be seen as either “hot” or “cold” depending on how they affect the body’s balancing energies (not on temperature).
- Diseases of different organs (*Yin and Yang*) will be expected to be treated with different foods.
- People on sodium restricted diets should be advised to reduce the use of soy sauce.
- New Year’s Day celebratory feasts are an important aspect of Chinese tradition.

Hospital Attire:

- Female patients should be changed and examined by female practitioners whenever possible (especially when pregnant).

- Modest dress of subtle, neutral colors should be supplied for both men and women.

Communication:

- Bowing is a traditional Chinese greeting and a simple head nod is accepted as a response.
- Etiquette dictates that respect is shown to older family members and people in positions of importance (including educational attainment).
- Females are expected to show deference to most males.
- The Chinese family unit is considered of primary importance and decisions are often reached by consensus of the group.
- Verbal disagreements are avoided and a person may passively avoid compliance rather than actively resisting expectations.
- The word "no" is considered offensive in most cases and its use is avoided.
- The more traditional Chinese may avoid asking questions. Be prepared to draw out concerns and needs with empathetic questions which are put in positive terms.
- Raising voices in conversations often is taken as an implication of anger and/or loss of emotional control.
- Avoid touching and eye contact during conversations. Explain the reason for needing to physically touch patients.
- Sitting and/or standing side by side, instead of across from one another, is the preferred method of conversational interaction.
- Avoid pointing your finger directly at someone, instead, use your whole hand.
- When you are requesting someone to come closer to you, point your whole hand (palm facing downward) and sweep your fingers toward yourself.
- Putting your hands in your mouth for any reason is considered offensive.
- Do not use large hand movements. The Chinese do not speak with their hands. Your movements may be distracting.

Chinese Rituals:

- Chinese religious traditions are influenced by Confucianism and Buddhism and Taoism. There is a focus on family loyalty, acceptance of one's place in life, and performing one's duty with discipline and grace.
- The concept of "balance" is reflected in many Asian practices. Meditation, energy release, feng shui, acupressure, acupuncture, cupping, and skin scraping are all methods used to restore balance and therefore improve health.
- In general, the majority of Chinese in the United States practice Buddhism or Christianity.
- The Chinese New Year usually begins in January or February (January 29 for 2006). Celebration starts 22 days before the Western New Year date and ends 15 days following.
New Year's Day is celebrated at home whenever possible.

End-of-life care:

- Traditional Chinese avoid the mention of death and the topic should be handled with great care.
- The eldest son of a family is traditionally responsible for burial arrangements.
- Autopsies and organ donation is usually acceptable practices unless a specific family requests they not be an option.
- Children are often not told of a death unless they are over the age of 10.
- Black, blue and white are traditional colors of mourning.

Chinese Resources:

<http://www.lib.ku.edu/eastasia/calamwrg/new/Contents.shtml>

You are working with one of Cleveland Clinic’s valued **Cuban patients.**

Considerations before providing care:

- The culture of Cuba is a complex mixture of different, often contrasting, factors and influences.
- Under communism, Cubans have received free healthcare; therefore, there may be some confusion when they are working with the American medical system. Caregivers should be ready to explain the basic concepts of the health care system and the patient’s and/or family’s responsibilities. Health professionals should be able to direct Cuban individuals and families to places where they can get more information and possible monetary assistance.
- 25 % of Cubans are Catholic and many do not practice birth control and prohibit abortion, however, abortion and birth control are legal in the country.
- Life expectancy and infant mortality rates in Cuba have been comparable to Western industrialized countries since such information was first gathered in 1957.

Meals:

- Cuban recipes share spices and techniques with Spanish and African cooking, with some Caribbean influence in spice and flavor.
- A typical meal would consist of rice and beans, a main course (mainly pork or beef), a salad, and some type of tuber (potato, corn, plantain, etc.).
- If a patient is Catholic, he/she may not eat meat on Fridays and a fish or vegetarian dish should be substituted.
- There are no other specific dietary concerns; however, caregivers should be aware of individual family/ patient preferences or necessities.

Hospital Attire:

- Traditional dress may be desired by some patients, especially those nearing the end of life.
- Caregivers should be aware of, and allow for, any religious charms, pendants or amulets.
- Allow for appropriate, modest attire for both men and women.

Communication:

- As with much of Latin America, Spanish is spoken in Cuba.
- The term "compañero/compañera", meaning comrade, came to gradually replace the traditional "señor/señora" as the universal polite title of address for strangers.
- When speaking to the elderly or to strangers, it shows respect to speak more formally.
- It is appropriate to shake hands when greeting someone and when saying goodbye.
- Men often exchange friendly hugs when greeting and it is also common for both men and women to greet friends and family with a hug and a kiss on the cheek.
- Addressing even strangers with terms of simple endearment is not uncommon ("my dear"/ "my sweet" / etc.).
- Although the government has given men and women equal rights and responsibilities for housework, childrearing and education, *machismo* is common among many Latin American men. Many men still believe that women should not make decisions regarding family affairs and other intellectual matters. Caregivers should be aware of this when discussing health issues with the family and should address the male head of house at first.

Cuban Rituals:

- Approximately 25% of Cubans are Catholic and follow traditional Catholic practices (see diversity sheet for Catholicism).
- Protestantism has seen a steady increase in popularity in the country as of late.
- A large number of Cubans practice Santería, (also known as Lukumí or Regla de Ocha). This religious system blends Catholic beliefs with traditional Yoruba beliefs (religious ideas held by the peoples of West Africa). There is a great deal of attention and focus on each individual striving to develop good character and doing good works. Good character is defined as doing the right thing because it is the right thing to do.
- Practices include animal offering (limited), dance, and sung invocations to the Orishas (similar to Catholic saints).
- All ceremonies and rituals in Santería begin with paying homage to one's ancestors.
- The important religious festival "La Virgen de la Caridad del Cobre" is celebrated by Cubans annually on 8 September. Other religions practiced are Palo Monte, and Abakuá, which have large parts of their liturgy in African languages

- There is also a relatively small Jewish community in Cuba.
- Cubans celebrate a number of state and religious holidays:

Liberation Day -- *Triunfo de la Revolución* (Jan. 1)

Labor Day -- *Día de los trabajadores International Labour Day* (May 1)

Commemoration of the Assault of the Moncada garrison -- *Asalto al Cuartel Moncada* -- Normally two or three days public holiday together (July 26)

Independence Day -- *Día de la Independencia* (Oct. 10)

Christmas -- *Navidad* (Dec 25)

- Cuban music is very rich and is the most commonly known expression of culture. Most holidays, festivals, and celebrations revolve around the music produced.

End-of-life care:

- If a patient is Catholic, the family may want a priest to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- It is of utmost importance to be respectful of a dying patient and his or her family. This includes providing an interpreter if the patient does not speak English, making arrangements for having the family participate in care, and having flexibility with visitation periods to ensure optimum family involvement.
- An initiated priest may be requested by those who practice Santeria in order to perform healing rituals and/or give spiritual guidance and/or information.

Cuban Resources:

<http://www1.lanic.utexas.edu/la/cb/cuba/>

<http://www.loc.gov/rr/international/hispanic/cuba/Resources/cuba-culture.html>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Czech and Slovakian patients.**

Considerations before providing care:

- Approximately 97% of individuals speak Czech and about 3% speak Slovak. Because Czechs were able to interact with the west in a very limited fashion until the late 1980’s, many do not speak English.

Meals:

- The traditional Czech meal typically consists of pork or beef in a thick sauce with a side dish (typically dumplings or potatoes). This type of food is not very heart healthy and is often high in fat and sodium. Health issues that are exaggerated by this type of diet should be considered.
- Many Catholics avoid eating meat on Fridays, especially during Lent. Fish is an acceptable alternative.
- During Lent, some Catholics may fast during the day or eliminate certain items from their diets. Be aware of how the diet is being altered in order to accommodate.

Hospital Attire:

- Privacy is very important to Czechs, an individual room should be provided if accommodations allow.
- There is no specific dress as long as formal and modest attire is provided.
- Catholics may have rosaries or amulets that they would want available.

Communication:

- The family is the center of social structure. Obligations and loyalty to family is of utmost importance.
- Careful planning and structured decision-making is highly valued.
- Forward thinking and efficiency are prized.
- Czechs are very rule-oriented and find regulations provide security.
- Czechs tend to be reserved when it comes to communication and the expression of emotion. It takes developing a relatively close relationship with them before they will disclose much personal information at all.

- Interactions tend to remain rather formal and first names will be used only with family and very close friends.
- The movement to first-name basis is typically offered from women, elders, or a person of higher status.
- Czechs are formal and tend to expect the same from others. Punctuality is extremely important.
- Expect some small talk at meetings before getting down to discussing the issues of relevance.
- Czechs will try to avoid hurting a person's feelings and/or offending someone. If a Czech lowers their eyes and becomes quiet, it is often a sign of discomfort.
- A direct "no" may not be elicited but statements such as "we will see" and "it is difficult" should be taken as such.
- It may take several meetings to help a Czech reach a decision. The appearance of trustworthiness goes far. Do not use high-pressure tactics.
- Many Czechs will acknowledge strangers while passing them and expect the same.

Czech Rituals:

- About 40% the population is Roman Catholic but another 40% consider themselves atheist. The remaining are a mixture of various belief systems. It would be beneficial to ask about religious preferences and not to expect there to be any at the outset.

End-of-life care:

- Medical care in the Czech Republic is of high quality and often at a relatively low price. Many Czechs will have high expectations of medical provisions.
- Spa-like recoveries are often provided and expected.
- Catholics will want a priest to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.
- Whenever possible, a dying person should be given the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.

- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.
- There is no Church ruling against organ donation.

You are working with one of Cleveland Clinic’s valued **Danish patients.**

Considerations before providing care:

- 98% of Danes speak Danish with German being recognized as a regional language in the extreme south and Greenlandic being spoken by a tiny minority.
- 95% of Danes are Evangelical Lutheran (3% being Protestant and Catholic) and 2% Muslim.

Meals:

- The traditional Danish lunch consists of open-faced sandwiches (beginning with fish and moving on to pork or beef) served with onion rings, radishes, tomatoes, and beer.
- A traditional evening meal is usually fried fish, roast pork or chicken, and boiled vegetables.
- The most popular dessert consists of small, doughnut-like confections.
- Danes have a very open concept of alcohol consumption. There is no minimum drinking age, and young people are often allowed to start drinking after confirmation (ages 13-14).
- Iced shots are also often on the menu at lunch and dinner.

Hospital Attire:

- Modesty is a strong tenant in Danish society and modest attire should be provided for both men and women.

Communication:

- A fundamental aspect of Danish culture is the idea of “Hygge” which loosely translates to a feeling of “coziness” and spirit of tranquility and absence of hostility. This feeling is stressed and sought after in most cases.
- The Danish language uses gender-neutral terminology.
- Danes often believe there is one proper way to behave in certain circumstances (be it public or private), they will often admonish someone who is not following proper convention.

- Danes prefer to support the group and the goals of all than to gain attention for personal achievements.
- Danes follow the Scandinavian law of “jante” which stresses humility. Danes see everyone as equal and refrain from criticizing others. That criticism that is used will be based on fact rather than opinion.
- Danes are very egalitarian and do not respond well to shows of excessive wealth or prestige.
- Danish men and women expect to be treated in the same respectful manner and to take equal parts in decision-making.
- Danish individuals tend to treat everyone with extreme courtesy and expect the same in return.
- Danes highly value the ability to speak freely and the freedom of expression. They will be very open and direct about their thoughts and feelings, possibly coming off rude but not intending to do so.
- The Danes expect moderate conversation with limited gestures and raised voices.
- Danes tend to be independent and raise their children to be the same.
- Danish families tend to be rather small and the nuclear family dominates. Marriage is not seen as a prerequisite for starting a family and should not be assumed.
- Meeting a Danish individual is usually a rather casual affair. They will often introduce themselves with their first names and a handshake is all that is expected upon meeting.
- Greet women first (shaking hands with her prior to the men).
- Appointments are important when wanting to discuss something of importance. Being on time is of great importance.
- Most Danes will want to see facts and figures before making important decisions. These decisions will be made based on the family group’s input.

Danish Rituals:

- Jul, the night before traditional Christmas, is of great importance to Danes. Hygge is extremely intense during this time as family and friends gather for the traditional meal.
- The arts and entertainment are highly regarded in Denmark. There is a strong government support of each. Danes value intellectual advances as well.

End-of-life care:

- Lutherans share a great deal of religious beliefs with Catholics but do not confess to a priest or receive the last rights as Catholics do.
- Lutherans do believe in the importance of professing their faith and will often want to have written statements that do so.
- The Book of Concord is an additional religious text that may be desired by an ill patient.
- Lutherans do not promote active euthanasia but do not discourage physicians from making the choice to withhold some medical care in certain circumstances (passive euthanasia).
- Organ donation is left up to the patient and the family.

You are working with one of Cleveland Clinic’s valued **Dominican patients.**

Considerations before providing care:

- Spanish is the official language in the Dominican Republic with a variety of local dialects also being represented. An interpreter may be necessary, although a number of Dominicans can speak some English.
- The Dominican Republic is a relatively poor nation when compared to the United States and economic hierarchy speaks loudly. Appearance and monetary advantages are admired.

Meals:

- Many Catholics avoid eating meat on Fridays, especially during Lent. Fish is an acceptable alternative.
- During Lent, some Catholics may fast during the day or eliminate certain items from their diets. Be aware of how the diet is being altered in order to accommodate.

Hospital Attire:

- Appearance is very important in this culture. Attire provided should be modest but look good.
- Many Dominicans will want to wear their accessories, do hair/make-up, etc.

Communication:

- The extended family is of great importance in Dominican culture. The oldest male will make the major decisions that affect the balance of the family and the individuals within it.
- Showing deference to elder members of the family is expected.
- Giving benefits and extras to family members is considered acceptable and even valued.
- Loyalty to family is of utmost importance.
- Trust is of the utmost importance in establishing relationships with “outsiders” (non-family members).
- Dominicans pride themselves on their hospitality and will go out of their way to make people feel welcomed and special.

- Trading favors is seen as an important part of any relationship.
- Appearance is very important and clothing/accessories show social standing and prestige.
- Social status is based a great deal on family heritage and racial background.
- Hierarchy is important in this culture, although it may be hard to evaluate at some times.
- This social status determines a great deal of the access to wealth and power as there is little social mobility in the society.
- Maintaining eye contact throughout a conversation is of great importance.
- A handshake and greeting based on the time of day is expected upon meeting a Dominican.
- Do not dive right into the main issue to be discussed, many Dominicans will expect a period of small talk to break the ice.
- Dominicans can be very direct in their communication, most will not hold back on how they feel.
- Most Dominicans can drive a hard bargain and pride themselves on negotiation. Decisions can take a long time; do not use high-pressure tactics to get to a final answer.

Dominican Rituals:

- Over 90% of the population is Roman Catholic although many are nominally so.

End-of-life care:

- Catholics will want a priest to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.
- Whenever possible, a dying person should be given the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.

- There is no Church ruling against organ donation.

Dominican Resources:

<http://www.hispanicallianceinc.org/>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Dutch patients.**

Considerations before providing care:

- Over 90% of individuals speak Dutch with the other 10% speaking a variety of regional dialects of the first language.
- The Dutch are very private people and prefer to keep personal relationships separate from working and/or public relationships.
- The strong social systems within Holland keep people from being too poor, although taxes on workers are very high. Many patients may expect a more socialized form of healthcare and may need to be educated on the medical system within the United States.
- Holland has very liberal drug laws and individuals may need some instruction on our current laws and regulations.

Meals:

- The Dutch consider it offensive to leave food on the plate and will finish everything presented to them.
- Dutch people tend to eat throughout the day and are not used to the “typical” American 3-meal day. They begin with breakfast, have coffee and a light snack a couple hours later (10-11 am), then have lunch, a couple hours later it is “tea time” (4 pm), followed by “borrel” (time for a quick alcoholic beverage and small snack), then dinner, and finally, the after dinner drink/dessert.
- Pastries and snack-type foods are common in the early part of the day. Dinner usually consists of vegetables (the mainstay of the meal), a protein, salad, and a milk-based dessert.
- Coffee is available throughout the day and is a common staple of all meals.
- Holland is well-known for its beer and there are many varieties available at most meals.
- Dutch treats are often deep-fried (bitterballen-fried meat balls and krokets-fried tidbits are two of the most common and well-loved).

Hospital Attire:

- Appearance is very important to the Dutch. They pay attention to the smallest details and expect conservative dress and cleanliness/neatness at all times.

- The Dutch do not appreciate excessive adornment and trappings of wealth.
- There is a rich tradition of regional costumes in Holland.
- There are no specific requirements of dress, however, modesty should be considered from a religious standpoint.
- The Dutch love indoor plants and flowers, having these in their rooms would be preferable.
- Television is also a high priority in many Dutch homes.

Communication:

- The family is the foundation of the social structure and tends to be a small, tightly knit unit. There are typically only one or two children in an immediate family.
- Most women do not work full-time outside of the home but their role within society is valued as much as any other.
- The Dutch are very egalitarian in the home, the outside working environment, and the public sphere.
- Same-sex partnerships are recognized in Holland and enjoy the same benefits as traditional marriages.
- Most Dutch are very tolerant of individuality and personal preferences. However, they do look down on displays of wealth and flamboyant attitudes and actions.
- The Dutch will not boast about personal accomplishments or financial status.
- The Dutch tend to see themselves as hard-working, disciplined, and organized.
- Most decisions will be made by gathering information from all involved and an attempt to reach a consensus will be made.
- The Dutch tend to be reserved and rather formal when dealing with people they do not know well.
- A handshake is the appropriate method of introduction.
- Dutch individuals are very close-lipped about personal issues and rarely show emotion. They will not ask personal questions and can become offended if you do so.
- Self-control is highly regarded.
- Punctuality is of utmost importance and can impact the relationship between patient and medical staff if it is abused.

- Personal friendships will not be acknowledged in the public arena (working arena specifically).
- The Dutch value their personal space and do not appreciate being touched or spoken to closely.
- Individuals will expect to get directly down to business and not to spend too much time on small-talk or pleasantries.
- Credentials and experience go far with the Dutch and they will expect those they are dealing with to have each.

Dutch Rituals:

- The Dutch value physical activity and love sports. Most people own a bicycle as this is a popular means of transportation in the country.
- Approximately 31% are Catholic, about 21% Protestant, and about 40% of the population is not affiliated with any religious institution. The remaining individuals are Muslim and a mixture of various religions.

End-of-life care:

- The Dutch have a privately run medical system but the government requires all individuals to have a minimum level of health care coverage. Patients in the American system may require some detailed explanation on our system and its functioning.
- There is a traditionally liberal attitude toward medical-based decisions in Holland.
- In 2002, euthanasia was declared non-punishable if a physician follows the due care criteria.
- Other considerations should be addressed due to a patient's religious background and family preferences.

Dutch Resources:

<http://www.taaltuin.com/>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **East Indian patients.**

Considerations before providing care:

- Most Indians speak English.
- Many Indians believe that good and bad health is a result of the interaction of three forces (*vata*-movement, *pitta*- heat or metabolism, and *kapha*- physical build).
- The majority of East Indians are Hindu.

Meals:

- The left hand is considered unclean. Use only the right hand to eat and hand over a plate or other items.
- Beef is forbidden for most Indians.
- Many Indians are vegetarian and protein deficiencies may be a problem.
- Most Hindus avoid alcohol. Water, tea and coffee are preferred.
- Many Indians are lactose-intolerant.
- Indians usually rinse their mouths and wash their hands both before and after meals.
- Food is often eaten with the fingers once it has been transferred, by utensil, from a common dish.
- Once food is on an individual plate, it should not be shared.
- Pregnancy is considered a “hot” condition and should be treated with “cold” foods like milk, vegetables, and tart foods.
- The practice of fasting may affect dietary treatments.

Hospital Attire:

- Cleanliness is a strong value and bathing every day before breakfast is important.
- Make every effort to pair female patients with female practitioners and care givers.

- Modest dress for female patients is very important and changing linens/clothing should be done by female care staff.

Communication:

- The traditional Indian greeting is to say "namaste" (nah-mas-tay) while placing your palms together in front of your chest (pointing upwards) and bowing slightly.
- Any gesture using the fingers is considered rude. "Please come here" is gestured by using the whole hand, palm facing down, sweeping all fingers toward you.
- Personal space is important. The acceptable conversation distance is 3 to 3.5 feet apart.
- Touching the head of an Indian person by an older Indian person or clergy is considered a blessing.
- Whistling may be considered rude.
- Winking has vulgar implications.
- Exposing the bottom of your feet or touching them to an Indian person is considered rude and an apology should be submitted if this happens.
- Social interaction between men and women is avoided. When a male comes in contact with an Indian woman he should avoid eye contact and any physical contact (handshakes, assistance into/out of a chair or car, etc.).
- Traditionally the male head of the family is addressed in discussing any issues, medical or other, and will speak on behalf of the family.
- Indian women will tend to defer to their husbands to answer questions (if he is present).

East Indian Rituals:

- The most notable feature in religious ritual is the division between purity and pollution. Purification, usually with water, is thus a typical feature of most religious action.
- Sacrifice is seen as holy and may include the performance of offerings in a regulated manner, with the preparation of sacred space, recitation of texts, and manipulation of objects.
- The concept of merit, gained through the performance of charity or good works, accumulates over time and can reduce sufferings in the next life.
- The home is the place where most Hindus conduct their worship and religious rituals. The most important times of day for performance of household rituals are

dawn and dusk, although especially devout families may engage in devotion more often.

End-of-life care:

- The oldest son is responsible for performing the rites of the deceased.
- The family will want privacy to wash and prepare the body after death.
- During the 10 days following the death of a loved one, family members are not to exchange gifts.
- Hindus will typically cremate the body, preferably on the same day as the death.
- The funeral and the last rites must be performed the proper way. There are specific instructions given in scripture that are to be performed upon the dead body before cremation. The family will want to take the body home quickly.

East Indian Resources:

<http://www.hindunet.org/>

<http://hinduwebsite.com/>

<http://www.thokalath.com/>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Episcopalian patients.**

Considerations before providing care:

- Often referred to as the Anglican Church, the American Episcopalian Church has many ties to the church in England.
- The Episcopalian church is divided into nine provinces and has dioceses outside the U.S. in [Taiwan](#), [Central](#) and [South America](#), the [Caribbean](#), and [Europe](#).

Meals:

- There are few dietary restrictions for Episcopalians. Some that lean more toward Catholicism may not eat meat on Friday.

Hospital Attire:

- The traditional concepts of modesty are prominent within the Episcopalian Church.
- Some members may carry crosses, rosaries, or amulets of the Saints.

Communication:

- The Episcopal Church tends to be much more liberal and progressive than the traditional Catholic and Protestant churches. Many oppose the death penalty, support same-sex marriage, and ordain women and homosexuals as priests. Many of these topics cause debate within the system and may be contentious with certain church members.
-
- The issue of abortion has supporters and opponents alike.

Episcopalian Rituals:

- The Episcopalian Church sees itself as a middle road between traditional Roman Catholic and Protestant faiths.
- Services and rituals can vary widely between congregations.
- Those leaning toward the Anglo-Catholic traditions may invoke saints as intercessors in prayer.

- [Book of Common Prayer](#) is the containing most of the worship services (or "liturgies") used in the Episcopal Church. One of its central tenants is the [Eucharist](#) ([Holy Communion](#) service), the where bread and wine are consecrated as the blood and body of Christ to be consumed by the people.
- There are many different theologies represented within the Episcopal Church.

End-of-life care:

- Many Episcopalians will want to be in contact with the chaplain during palliative and/or end-of-life care. They will often want clergy (or lay leaders) to perform rituals at the end of life.

Episcopalian Resources:

<http://www.anglicancommunion.org/>

You are working with one of Cleveland Clinic’s valued **Filipino patients.**

Considerations before providing care:

- Most Filipinos speak English, although Philippine is the national language.
- Roman Catholic beliefs and practices are often followed, including reluctance to practice birth control and prohibition against abortion in most cases.
- Hospitality and togetherness are fundamental values in the Filipino culture.
- Many Filipinos believe that what happens is God’s Will and may be apathetic to extended treatments and alternative care.

Meals:

- Food is central to Filipino social interaction and family may want to bring in prepared meals and eat as a family if possible.
- Filipinos will expect you to share their food if you interrupt a meal. A polite refusal is acceptable.

Hospital Attire:

- Allow for appropriate, modest attire for both men and women.
- Appearance matters. Filipino patients should be bathed regularly and hair, makeup, shaving, etc. should be kept up as much as possible.

Communication:

- Initial greetings are formal and follow a set protocol of greeting the eldest or most important person first.
- A handshake, with a welcoming smile, is the standard greeting. Establishing eye contact and then raising and lowering the eyebrows is also a common greeting.
- Presenting the proper image will facilitate building relationships.
- Social conversation often revolves around personal issues and may include questions about family life and other social interactions.

- Spoken language is often muted and harmonious. Filipinos are often very quiet unless celebrating.
- Extend an invitation to a Filipino at least twice; asking only once may seem insincere.
- A Filipino may smile when offering bad news in an attempt to hide embarrassment or distress. A smile can also convey friendliness or amusement.
- Expressions of anger are often considered childish and shameful.
- Filipinos may offer excuses rather than giving verbal expressions of “no.” A quick downward jerk of the head means “no” even though a Filipino may verbally say “yes.” Be aware of body language and ask for clarification.
- A Filipino may feel more comfortable being introduced by a third party as well as asking them to convey the concept of “no.”
- Any pointing gesture with the fingers can be insulting; a hand signal to beckon someone should be demonstrated by a small, palm-down, sweeping gesture.
- Filipinos often refer to something by pursing their lips or glancing toward the indicated item.
- To get someone’s attention, a small brush to someone’s elbow is most acceptable.
- Standing with your hands on your hips is considered an aggressive posture.
- Most decisions are made by family consensus. Everyone is treated with equal respect and conflict is avoided.

Filipino Rituals:

- Most Catholic holidays are honored with fasts and church ceremonies or celebrated with food and music. Important dates include Ash Wednesday and Lent, Good Friday, Holy Saturday, Easter, and Christmas.
- Approximately 10% of the population is Protestant and celebrate many of the holidays also celebrated by the Roman Catholic Church.

End-of-life care:

- The Filipino philosophy concerning death is commonly connected to their spiritual beliefs.
- Most Filipinos follow the Catholic tradition that the same Lord who has created them will also reward them with eternal life in heaven. In a Filipino family, the decision to inform the patient about his or her terminal condition should be discussed and agreed upon by all family members.

- It is not uncommon that family members request that the physician not divulge the truth to protect the patient.
- Making preparations for one's death is also considered to tempt fate. As a result, many traditional Filipinos are opposed to advance directives or living wills.
- A natural death is optimum and actions such as withholding life support or increasing pain medication are permissible in this natural process.
- It is of utmost importance to be respectful of a dying patient and his or her family. This includes having a Catholic priest available, providing an interpreter if the patient does not speak English, making arrangements for having the family participate in care, and having flexibility with visitation periods to ensure optimum family involvement.
- If possible, visiting hours should be flexible to accommodate Filipino traditions of mourning for the patient according to their customs.

Filipino Resources:

<http://countrystudies.us/philippines/>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **French patients.**

Considerations before providing care:

- Family relationships, even distant ones, are very important in French culture.
- Many French people prefer to keep a rather formal presence with those they do not know well.

Meals:

- Traditionally, meals tend to be elaborate affairs and can last hours. Much time is taken with preparing a perfect compilation of food and drink.
- The French typically drink wine with both lunch and dinner.
- There is a concern for good eating throughout the country.
- Adding condiments to food (ketchup, salt, pepper, etc) may indicate that the original food was not prepared well.
- A French meal typically consists of many courses including: fish/meat, salad, cheese, dessert, coffee, and chocolates

Hospital Attire:

- Some French see the American “preoccupation” with covering some personal body odors with colognes, shampoo, or lotions as excessive.
- The French tend to be on the more cutting edge of fashion and see being “pulled together” as an important part of daily life.
- Makeup, hairstyle, and accessories are very important to French women.

Communication:

- The French often give their last names first, double check if you are unsure.
- Use the titles Monsieur (Mr.), Madame (Mrs.) or Mademoiselle for young girls.
- Always give a brief handshake upon meeting someone.
- The French are likely to be very polite during personal meetings but very rude on impersonal interactions.

- Conversation will likely include biting humor and sarcasm. Some French will try to engage in interpersonal conflict.
- Conversation should revolve around general topics, asking about someone's personal life is considered rude and speaking of your own is considered shallow.
- Strong eye contact, large gestures, and excited tones don't necessarily indicate anger or distress but interest and involvement.
- The French hold social standing in high regard (education, good behavior, clothing/home style, knowledge of the arts, and family line).
- The French consider it rude to chew gum during conversation, talk with hands in your pockets, snap the fingers of both hands, and to slap an open palm over a closed fist.
- The French often look at set times as flexible and it is acceptable to be "fashionably late."

French Rituals:

- Roman Catholicism is the official state religion; however, there are a number of Protestants, Jews, and Muslims as well.
- Official holidays:
 - January 1: New Year's Day
 - March/April: Easter Monday
 - May 1: Labor Day
 - May 8: French Armistice Day
 - May/June: The Ascension
 - July 14: Bastille Day
 - August 15: Assumption of the Virgin Mary
 - November 1: All Saints Day
 - November 11: World War I Armistice Day
 - December 25: Christmas Day

End-of-life care:

- Traditionally, families have not had much information and say in the treatments provided to their loved one in care. France has seen an increase in the involvement of families, in life-determining decisions, which means more daily patient-situation updates, more explanations about diseases and prognoses, and more attempts at knowing patients' values and preferences.
- Many French may want a priest to be present to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Death may be viewed as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.
- Whenever possible, a dying person should be given the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.

French Resources:

<http://users.drew.edu/jcaldwel/pieretti.htm>

You are working with one of Cleveland Clinic’s valued **Gay patients.**

Considerations before providing care:

- Approximately 10% of our patient population is gay, lesbian, or bisexual. A gay person is someone who is physically attracted to persons of the same sex.
- The state of Ohio has legally accepted the issuances of marriage licenses to same sex couples on June 26, 2015.
- The gay population is heterogeneous and includes people of varying ages, socioeconomic statuses, genders, races, religions, and ethnic backgrounds.
- Begin by evaluating yourself and any assumptions, phobias, biases or beliefs that you might hold internally. Be aware of your own reactions and body language.
- It is especially important to create a non-judgmental open, caring atmosphere, because of the intense difficulty some patients experience disclosing same sex behaviors in a clinical setting.
- The issue of confidentiality is also an extremely vital aspect of care, as an inadvertent “outing” of a patient could have a significant impact on their family relationships, livelihood, social status, and personal safety.
- Explain the medical record documentation process to patients, as gay patients will be particularly conscious of protecting their medical information.
- Many will avoid seeking health care, because of negative past experiences, societal pressures, and the stigma attached.
- Friends and partners of gay patients should be given the respect and privileges usually afforded to a spouse or relative.
- Avoid using gender specific terms like husband or wife. Use gender neutral terms like “partner, mate, companion or spouse.”
- Questions about families need to allow for alternative definitions including same sex parents, or multiple parent situations.

Be careful not to make assumptions:

- Don’t assume that all patients are heterosexual. This assumption is called heteronormativity.
- It could take time for a Gay patient to have enough trust to divulge this information.

- A patient with children is not automatically heterosexual.
- Don't assume that teenagers, who think they are gay, are too young to be aware and are just going through a phase.
- When children express that they feel attracted to the same sex respect the information and support the child. Don't assume that the information is false.
- Gay men may need STD screening from the pharynx, rectum, and the genitals, as well as routine prostate exams.
- A gay man's health issues do not necessarily revolve around sexuality. Consider all possible diagnosis as with any other patient.
- Be sure to screen gay patients for domestic violence along with all other patients.

Meals:

- Refer to specific cultural patient care guide.

Hospital Attire:

- Be considerate of gender preferences.
- Allow for privacy and respect that some individuals may feel more comfortable having a family member or partner assist with dressing.

End-of-life care:

- Refer to specific cultural patient care guide.
- Counseling patients on their right to designate a durable power of attorney is especially important for same sex partners, specifically regarding who is authorized to make medical decisions.

Gay Resources:

<http://www.metrokc.gov/health/glbtproviders.htm>

<http://www.ohanlan.com>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **German patients.**

Considerations before providing care:

- Approximately 50% of Germans are Catholic and about 50% are Protestant.
- English is the second language in Germany and many Germans know enough to converse rather well.

Meals:

- Germans tend to eat rather hearty foods (meat, potatoes, and noodles) and many pickled selections are also available.
- Lunch is usually the most substantial meal of the day, although dinner can also be similar. Wine and beer are usually served with each.

Hospital Attire:

- German attire tends to be rather formal and conservative. Assist an individual in keeping their clothing as clean and orderly as possible.
- Provide modest attire for both men and women.
- Cleanliness and sanitation are extremely important to Germans.

Communication:

- Germans tend to be formal in most social interactions. Individuals should be addressed as Frau (Ms.) or Herr (Mr.) and someone with a title may be addressed with both (example: Frau Doktor Smith).
- Germans prefer to be introduced by a third party.
- A handshake is the proper method of greeting a new individual. You should also give a handshake upon leaving; shake everyone’s hand if you are in a group.
- Germans are very literal and rather blunt in their conversations and off-hand remarks may be taken seriously.
- Keep conversation to general topics, inquiring about a job or other personal matters is too forward.
- Germans tend to be very reserved in behavior and avoid loud conversations and unruly actions.

- Germans base decisions on facts, not feelings. They require detailed information to make these decisions.
- Decisions are often long in coming as many Germans review information and seriously weigh alternatives. Once these decisions are made they are firm.
- Punctuality, orderliness, and structure are highly valued in German culture. Flexibility and spontaneity are not held in high esteem.
- There is a strong sense of hierarchy in German culture and individuals often know their social place and it determines the type of daily interactions they will have.
- Germans tend to be relatively private, room doors should be closed and individuals should knock before entering. Germans also tend to want more personal space in conversation than typical in the United States.
- Smiles are typically reserved for friends and family and are not normally expressed with casual acquaintances.

German Rituals:

- Most Germans celebrate Catholic and/or Protestant holidays with traditional Christian celebration.
- Some important dates are:

January 1: New Year's Day

January 6: Epiphany

March/April: Good Friday, Easter Sunday and Monday

May 1: Labor Day

May/June: The Ascension and Corpus Christi

August 15: Assumption of the Virgin Mary

October 3: German Unity Day

October 31: Reformation Day

November 1: All Saints Day

December 25: Christmas Day

December 26: Boxing Day

End-of-life care:

- Germans tend to feel a great deal of control over their own lives and often believe that with enough structure and hard work their environment and/or situation can be altered. This may make it difficult for some Germans to accept long-term illness or injury.
- Catholics will want a priest to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Whenever possible, a dying person should be given privacy and the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Organ donation is an acceptable choice in German culture.
- German Protestants may want to have a pastor or church members visit an ill or dying patient. Prayers are often important aspects of these interactions and precaution should be taken to not interrupt during this time.

German Resources:

<http://www.loc.gov/rr/international/european/germany/resources/de-culture.html>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Greek patients.**

Considerations before providing care:

- Friends and family are of the utmost importance to Greeks and if possible many will visit someone while he/she is receiving medical care.

Meals:

- Lunch is the main meal of the day, preceded by a small breakfast and followed by a relatively small dinner.
- Greek coffee is a staple and is very strong (like espresso).

Hospital Attire:

- A good appearance is important in Greek culture and an attempt should be made to help patients look presentable to visitors.

Communication:

- Greek culture is hierarchical (young show respect to the old, women to men, employee to boss, and so on), however, it is understood that some Greeks may ignore given directions from authorities if they do not agree with them.
- To Greeks, time is often relatively flexible and being late to meetings or appointments is not seen as rude or unacceptable.
- Greeks traditionally take a long time to make a decision, weighing all options and the risks involved before coming to a conclusion.
- Family and friendship bonds are of utmost importance in Greek culture.
- Greeks are more comfortable being introduced by a third party if that is an option.
- Greeks may give a long handshake, a hug, or a kiss on the cheek when greeting someone or even upon introduction to someone new.
- Greeks tend to be naturally curious and may inquire about personal information but be somewhat reluctant to offer their own.
- Eye contact may be very direct, do not take this as an attempt to make you uncomfortable, it is intended to show interest.

- Physically when talking with a Greek: keep hands out of pockets, don't chew gum, don't lean against things, and avoid backing away if they stand closer than is typically comfortable in the United States.
- Do not show an open palm to a Greek individual, it is an insult. If you must beckon to someone, sweep all four fingers toward yourself while your palm is facing the floor.
- Feelings often impact decisions more so than data or theoretical concepts.
- Greeks tend to be rather informal and sometimes unpredictable in thought and deed.
- Greeks may say "no" by giving a short upward nod of the head, tipping the head to one side may indicate "yes" (ask for clarification if you are unsure).
- A smile may indicate anger, especially if given in the context of a disagreement or in frustration.

Greek Rituals:

- Nearly all Greeks are Christian (Greek Orthodox) and follow the standard rituals and celebrations of most American Christians.

End-of-life care:

- Greeks tend to be rather fatalistic and illness or death may be viewed as "meant to be" and that nothing can be done to change this fate.
- Because family and friends are so important, expect many visitors during the length of an individual's illness.
- Most Greeks will follow Christian methods of grief and burial practices.

Greek Resources:

<http://www.gogreece.com/>

<http://www.library.usyd.edu.au/subjects/languages/moderngreek/modgreekinternt.html>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Haitian patients.**

Considerations before providing care:

- Haitians are warm, friendly, and generous. They are also very proud of their culture and history.
- Haitian culture combines a wide variety of African, Spanish, and native (Taino) influences.
- Much of the traditional belief systems are combined with the more modern Christian influences. (about 80% of Haitians are Catholic and 15% are Protestant)
- There is a sharp divide between the wealthy and privileged mulattos (approximately 5%) and the mainly impoverished blacks within the country.
- Many Haitians have a deep belief in the culture and traditions of their homeland and will credit angry spirits or evil for various illness and injury.
- Health care beliefs vary widely and many Haitians will attempt home remedies or folk healers before seeking the advice or care of a professional provider. Legal status and monetary issues will also impact these decisions.
- Haitian immigrants to the US may be distrustful of American healthcare providers, due to their experiences of discrimination.

Meals:

- Traditional food consists mainly of vegetables (i.e., beans, plantains, pumpkin, squash and rice). When meat is served it is spicy and often high in salt and fat.
- Many Haitians believe that a heavy person is in better health than a thin person (who must be suffering from psychological or biological distress).
- Foods are often divided into hot, cold, or neutral categories and are said to affect the health of an individual. Anything that upsets the balance of hot and cold can cause illness.
- Many Catholics avoid eating meat on Fridays, especially during Lent. Fish is an acceptable alternative.
- During Lent, some Catholics may fast during the day or eliminate certain items from their diets. Be aware of how the diet is being altered in order to accommodate.

Hospital Attire:

- Some Haitians may want to wear amulets and/or charms to signify luck and health while within the medical setting.

Communication:

- The official languages of Haiti are Haitian Creole and French
- The educated and wealthy most likely speak French. The poorer, everyday Haitian tends to speak Creole (the majority of the population).
- Many Haitians have a hard time communicating with American medical staff; the expectation is that the Dr. will diagnose the problem without having to ask the patient too many questions. The expectation upon arrival at a medical facility is that there is a short personal conversation and then a hands-on evaluation. Some Haitians may appear quiet, apprehensive, or reserved when communicating with healthcare providers.
- Family and close friends are of great importance to Haitians and they will spend the majority of their time together.
- The family makes decisions regarding each individual member. The elder men are still seen as heads of the family unit and final decisions rest with them.
- Haitian parents are often very strict with their children.
- Haitians have a keen sense of humor and use it in a great deal of communication.
- Proverbs are an important aspect of everyday life. These sayings relate a great deal about Haitian life and struggles.
- Hospitality and politeness are of utmost importance.
- Conversations may include hand and eye gestures accompanied by boisterous and animated expressions.

Haitian Rituals:

- Approximately 85% of the population is Roman Catholic with another 20% being Protestant; however, many also mix Voodoo into these traditional religions.
- Vodou is a mixture of many different African traditions and is practiced most widely in the rural areas of the country (often alongside the more acceptable Christian beliefs and rituals). It has somewhat of a negative stigma both inside and outside of the country and discussion of it should be limited. Haitian Vodou involves a fusion of Catholic (Protestant) ritual and older African ones.

- Beliefs and ceremonies often vary depending on the family. Vodou revolves around deities and ancestors and each group of worshippers is independent.
- Vodou involves ceremonies revolving around birth and death, fortunate events, and the commemoration of local spirits (lwa). Some of these ceremonies will be used to heal disease and end bad luck. They may be performed somewhat secretly and privacy should be given in such circumstances.

End-of-life care:

- Many Haitians believe that traditional healers are the only ones who know how to treat certain illnesses and that seeing a western MD is pointless.
- Vodou priests will often be consulted to see if an illness is of natural or supernatural origin. The treatment will depend on this assessment.
- Many Haitians believe that irregularities in the blood can lead to various illnesses. "Hot" or "cold" blood is used to describe various conditions.
- Sending an aging parent into a nursing facility is taboo in Haitian culture.
- Friends and family will do their very best to be with an ill person near the end of life.
- Catholics will want a priest to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.
- Whenever possible, a dying person should be given the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.
- There is no Church ruling against organ donation.

Haitian Resources:

www.in.gov/isdh/files/cultrual_pirmer_on_haiti.pdf

You are working with one of Cleveland Clinic’s valued **Hare Krishna patients.**

Considerations before providing care:

- “Hare” is pronounced huh-ray.
- Hare Krishna’s believe that what we do in this life sets us on our way to the next.
- International Society for Krishna Consciousness (ISKCON) is the current leading authority on Krishna belief and spiritual practice.
- Although there has been some misconception in popular culture that the Hare Krishna faith has a connection with the “hippie” subculture in our society, one cannot assume that Hare Krishna’s align their belief system with “hippie” ideologies.
- Be aware that the Hare Krishna belief system does not allow for intoxicants. The use of prescription medications and/or other medical procedures will need to be discussed thoroughly with the patient.

Meals:

- Most major paths of Hinduism, from which Hare Krishna belief stems, hold vegetarianism as the ideal. For many Hindus, the belief in nonviolence, the avoidance of indulgences (as meat was considered an indulgence), and avoidance of bad karma all play into this decision.
- According to Krishna belief, the cow is sacred and fit to be honored or worshiped. Presenting beef to a Hare Krishna could be quite disturbing.
- Hare Krishna’s believe in eating wholesome foods like fruits, grains, vegetables, and milk products while avoiding meat, fish, and eggs.
- Hare Krishna’s do not believe in the use of any intoxicants: no drugs, liquor, coffee, tea, or cigarettes.

Hospital Attire:

- Be considerate of traditional clothing worn by most Hare Krishnas. The dress is in the way of the Vedic tradition, men in dhotis (robes) and kurtas (shirts) and women in saris and cholis (blouses).
- Most Krishna’s carry a bag that holds prayer beads. The neck beads are meant to remind the person wearing them and everyone else that we are all servants of God, or Krishna. They are very sacred to the individual.

- Many male devotees shave their heads, leaving only a small tuft of hair called a *sikha*, a sign of surrender to their teacher.

Communication:

- Many Hindus have experienced extensive persecution in various societies and locations. Keep in mind that some Hare Krishna's might be tentative when dealing with members of another society/culture.
- Hare Krishna's will spend a significant amount of time chanting the Great Mantra. Some people mistake this for singing and/or one carrying on a conversation with themselves, be aware that this should be expected.

Hare Krishna Rituals:

- The Hare Krishna belief system found its beginnings in traditional Hindu practice.
- This belief system revolves around the Maha Mantra ("Great Mantra") which is often spoken aloud or softly to oneself. It is believed by practitioners to bring about a higher state of consciousness when heard, spoken, meditated upon or sung out loud.
- According to this belief system a higher consciousness ultimately takes the form of pure love of God (Krishna). Krishna is a name of the Supreme. It means "all-attractive."
- The goal of Hare Krishna's is to work towards spiritual advancement, simplifying life and bringing one's mind and senses under control.
- Believers devote their lives to serving Krishna and spend several hours each day chanting the Hare Krishna mantra.
- Each morning male and female believers mark their foreheads with clay as a reminder that their bodies are temples of Krishna.
- Hare Krishna's do worship in temples and the Sunday feast is a main event in the week. Some individuals may want a spiritual leader to visit them during this time and accommodations should be made, if possible.

End-of-life care:

- Hare Krishna belief state that the spark of life keeps moving on from one body to the next. Your body changes and you're always the same.
- Hare Krishna's believe that the final change of body is what we call "death." But this is not really final. It's only another transition, another move. Just as one changes from childhood to youth to old age, at death you move on to go through the cycle again, with birth in another body.

- It is preferred that a person near death be brought home so that the family can gather and perform rituals. Family members will expect to keep vigil near a dying individual.
- Some Hindus have a spiritual teacher (a guru) which they may want to see while ill.
- If a person dies in the hospital, the family will want to take them home quickly to perform the complicated rituals associated with death.
- Death is considered a joyous event for the deceased and family members are encouraged to mourn, but not for too long as the soul may be held by this emotion.
- "Niravapanjali" is a sacred ritual in Hinduism where after the cremation rites, the ashes are ceremonially immersed in holy water by the closest relatives, so that the soul may rise to heaven.

Hare Krishna Resources:

<http://www.krishna.com>

<http://www.harekrishna.com/col/others/hkindex.html>

<http://religiousmovements.lib.virginia.edu/nrms/iskcon.html>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Hawaiian patients.**

Considerations before providing care:

- The current Hawaiian culture is a mix of many different ethnic groups and is a blending of eastern and western influences.
- Tourism has had a huge impact on the natural environment in Hawaii and the role of native Hawaiians in work and social life.
- Many native Hawaiians feel that tourism and contemporary society have sidelined them and their cultural heritage. There may be some feelings of resentment toward the “established” West.
- Military personnel make up about 1.5% of the population.
- Hawaii has the largest percentage of Asian Americans of the states and those of mixed race make up 20% of the population.

Meals:

- One of the staples of the Hawaiian diet is Poi made from the taro root. This is a thick, gummy paste that is provided with almost every meal.
- As could be expected, fruits play a central role in much Hawaiian cuisine.
- Pork, specifically the canned meat product Spam, is an integral protein in Hawaiian cooking.
- Tuna is the most important seafood in Hawaii, but many other fish are also eaten in abundance.
- Beef is consumed, although usually it has been salted and dried into a jerky.
- A plate lunch is traditional in the afternoon and consists of two scoops of rice, macaroni salad, and a piece of meat or seafood.

Hospital Attire:

- Kapa cloth is a traditional fabric made from bark and imprinted with various personalized designs.
- Lei’s are beautifully constructed neck pieces made from flowers or other materials that may bring solace to the ill.

- Hawaiian attire usually consists of vibrant colors and tropical prints, organic materials will often be used.
- Hawaiians may have special adornments that they prefer to keep with them.

Communication:

- English is the main language used in Hawaii today but it has many native Hawaiian words in addition.
- Pidgin, or a simplified version of English, is used in a variety of locals and is ever-changing (much like slang).

Hawaiian Rituals:

- Approximately 29% of Hawaiians consider themselves Christian, 9% are Buddhist, about 1% Jewish, but the majority fall somewhere in the category of "other" (61%).
- Hawaiians tend to feel a common thread between human and the natural surroundings. There is a belief in being a steward of the world and creating a balance of give and take.
- Conservation is highly regarded in traditional Hawaiian culture. There is a deep desire to preserve the land and creatures native to the islands.
- Much of native Hawaiian spirituality is tied directly to nature and the balance that should be established between humans and the organic world.
- Music and dance have played a central role in Hawaiian culture for centuries and continue to be dominant expressions of thought, feeling, and tradition.
- Hawaiian culture is full of many superstitions and omens.
- Legends abound in Hawaii.
- Hawaiians may want a quiet place to meditate and pray.
- Huna is a metaphysical belief system in Hawaii that focuses on the 3 selves (unconscious, conscious, and super-conscious). Specific prayers require extended time and secluded, quiet spaces.
- Traditional Hawaiian religion is polytheistic (the belief in more than one god) and is tied directly to the land and creatures within it.
- The love of celebration and continually good weather ensures that there are events and festivals on a fairly consistent basis.

End-of-life care:

- Hawaii has the longest life expectancy of any US state (77 years for men and 82.5 for women).
- Hawaii insures 95% of its inhabitants and there is a great deal of focus on preventative care.
- Because the majority of Hawaiians would classify themselves within the “other” category in religious definition, one must not assume a traditionally Christian viewpoint in relation to illness and death. Be sure to ask the patient and family members regarding specifics of their religious practices.

You are working with one of Cleveland Clinic’s valued **Hindu patients.**

Considerations before providing care:

- Hinduism is the world’s third largest religion and approximately 800,000 Hindus live in the United States.
- 99% of the world’s Hindus are of Indian or Asian descent (see the East Indian guide for more detail).
- Public displays of affection, including any type of touching, are considered religiously disrespectful.
- A dot of color on the forehead is worn as a reminder of spiritual dedication.
- Many Hindus use alternative forms of medicine (naturopathy, chiropractic, ayurveda [harmony with nature], homeopathy, and acupuncture) and caregivers should inquire about procedures currently used or methods used in the past.
- Hinduism is an ancient belief system that has a multitude of aspects and provides a vast body of scriptures and philosophies.

Meals:

- Most Hindus are vegetarians, be sure to ask about dietary preferences.
- The cow is sacred to Hindus and therefore being presented with beef is offensive.
- A bath is taken before breakfast is eaten and is a daily requirement. There is not to be any bathing after eating.
- Fasting, from a day up to a month, is a typical practice.

Hospital Attire:

- The Hindu belief in preservation may show in the refusal to wear leather or other animal products and the resistance to using soaps that are made from animal parts or that are destructive to the environment.
- Hindus may want to have spiritual icons displayed in their rooms.

Communication:

- In traditional Hindu society there are five caste systems roughly based on occupation. There are strict guidelines to how a member of one caste interacts with a member of another, if at all.

- Hindus typically show respect for the person in a position of authority (doctor, caregiver) and also respect traditional greetings.

Hindu Rituals:

- Hindus have many religious rites that mark various stages of life (childhood, childbirth, and adult coming-of-age and marriage).
- Hindus have numerous sacred days per month; caregivers should inquire of the family patient as to dates of a specific month and considerations that can be made.
- Most Hindus pray after the morning bath and in the early evening. Mantra are prayers or chants that through their meaning, sound, and chanting style help a person focus their mind on holy thoughts or to express devotion to God. Mantras are meant to give courage in exigent times and invoke one's inner spiritual strength.
- Yoga is used to help unite the elements of God and the individual soul, the primary goal of each Hindu.
- The Hindu belief in non-violence permeates all aspects of life.

End-of-life care:

- Hindus believe in reincarnation. It is believed that the next life will be spent resolving issues from this one. It is important for a person to settle debts, atone for wrongdoing, and to make peace with others before passing on.
- It is preferred that a person near death be brought home so that the family can gather and perform rituals. Family members will expect to keep vigil near a dying individual.
- Some Hindus have a spiritual teacher (a guru) whom they may want to see while ill.
- If possible, a dying person should be facing east or north and they or a family member will usually recite his or her mantra.
- If a person dies in the hospital, the family will want to take the body home quickly to perform the complicated rituals associated with death.
- Death is considered a joyous event for the deceased and family members are encouraged to mourn, but not for too long as the soul may be held by this emotion.
- Cremation is widely practiced, although some Hindus may choose to be buried.

Hindu Resources:

<http://www.hindunet.org/>

<http://www.hfb.org.uk/>

<http://www.hindunet.org/>

<http://virtualreligion.net/vri/hindu.html>

<http://hinduwebsite.com/>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Hungarian patients.**

Considerations before providing care:

- Hungary was controlled by the Communist Soviet Union until the last troops left in 1991. It is currently a democratic republic.
- The country is currently struggling under economic hardship which may impact patients here in the states.

Meals:

- Meals are often rather formal in Hungary, so etiquette is important.
- Most traditional foods are very flavorful (paprika) and require a thick sour cream to soften.
- Meals consist of a variety of fish and meats.

Hospital Attire:

- There are no specific requirements of dress, however, modesty should be considered from a religious standpoint.

Communication:

- 98% of Hungarians speak Hungarian so an interpreter may be necessary.
- The family is central to Hungarian life. Many generations will often live together with grandparents playing an integral role in raising children and providing support.
- Hungarians are very open and expect acquaintances to be the same. They may ask very probing questions and offer details about their personal life in an attempt to establish a relationship with medical staff. Small talk and socializing is an important part of building these relationships.
- It is appropriate to shake hands with both males and females upon meeting.
- It is best to use formal titles until asked to use first names.
- Proper etiquette and behavior are of extreme importance to Hungarians (for themselves and in those with whom they are interacting).

- Eye contact and clear, concise statements show sincerity and honesty in communicating with Hungarians. They would prefer face-to-face interactions to those via phone or email.
- Punctuality is of utmost importance.
- Hungarians are very detail-oriented and will want to know all aspects of a treatment or expense before making decisions regarding them.
- Avoid confrontations and pressuring decision-makers unless it is of crucial importance. Reaching a decision often involves a great deal of time.
- Decision-making is not left solely to men and women should be included in the conversation regarding medical topics of all kinds.

Hungarian Rituals:

- Gallantry and politeness are very important to Hungarians.
- The "spa" culture has been an integral part of Hungarian history. Bathing and relaxation are seen as restorative and beneficial to the health.
- Approximately 70% of the population is Roman Catholic, 20% Calvinist, and a mixture of Lutheran (5%) and a variety of others.

End-of-life care:

- Death and dying are subjects not traditionally discussed in Hungary and the support of patients and their families is often not addressed very well. A conversation regarding a seriously ill or dying patient will require a delicate touch.
- The majority of Hungarians would prefer to be at home during the end of life. Medical staff should do their best to provide a feeling of home and opportunity for family members to be available as often as possible. Hospice care should be considered when appropriate.
- One of the largest fears is loss of autonomy and the reliance on others during this time.
- Palliative care is not widespread in Hungary and a detailed explanation of the benefits and issues that can arise will be required.

Hungarian Resources:

- <http://www.ssees.ac.uk/hungary.htm>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Irish patients.**

Considerations before providing care:

- The majority of Irish are Roman Catholic.
- There has been an ongoing conflict between Catholics and Protestants in Northern Ireland.
- The Irish have one of the highest rates of heart disease in the world.

Meals:

- The potato has been a staple in Irish cooking for centuries.
- The majority of Irish cuisine focuses on meat, leading to concerns over cardiac health and with obesity.
- There has been a move toward more healthful preparations within the last few decades (focusing more on fish, vegetables, and non-fried options).
- Ireland has the 3rd greatest rate of alcohol consumption in the world.

Hospital Attire:

- Modest attire should be provided for both men and women.
- Many Catholic Irish may have amulets, rosaries, or similar religious items they will want with them.

Communication:

- English and Irish languages have traditionally influenced each other but Irish is now spoken in limited fashion on a daily basis. Polish is the 3rd most common language after these two.
- There are a number of divisions between the people of Ireland (religious, urban vs. rural, immigrants vs. native born, etc.).
- Irish people tend to be hospitable and friendly.
- Family life and structure is highly valued.
- The Irish believe in displaying affection.

- The Irish value humor and a quick wit and often tease the people that they feel close to.
- There is a large storytelling culture here as well.
- Greetings should be warm and friendly and will often lead to conversation before getting “down to business.”
- A handshake and eye contact are appropriate when meeting someone.
- Most Irish tend to be on the more casual side and formality is usually reserved for special occasions.
- The Irish tend to be modest and are not impressed by boasting or by loud conversation.
- Many Irish will avoid confrontation using humor or storytelling as a deflection.
- Communication can be direct but more often will be indirect, so you may have a challenge getting a negative answer. Non-commitment is more likely than a specific “no” (much is implied in Irish culture).
- Being polite is seen as being more important than being 100% truthful.

Irish Rituals:

- Pub culture crosses all cultural divides within Ireland and refers to the tendency for most Irish to frequent “public houses” for food, drink, and socializing.
- There is a love of music and dance in Ireland.

End-of-life care:

- The majority of Irish are Catholic.
- Catholics will want a priest to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.
- Whenever possible, a dying person should be given the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.

- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.
- There is no Church ruling against organ donation.
- Many Catholics are against birth-control and abortion.

Irish Resources:

<http://www.clevelandpeople.com/groups/irish/irish-radio.htm>

<http://www.irishamericanclubeastside.org/>

<http://www.wsia-club.org/>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Islamic/Arabic patients.**

Considerations before providing care:

- Islam is the world’s second largest religion. The majority of Arabic patients receiving treatment at Cleveland Clinic are from Kuwait, Saudi Arabia and United Arab Emirates.
- Try to pair patients with healthcare providers of the same sex.
- Be aware of generally permissible procedures: circumcision (strongly encouraged); blood transfusions; in vitro fertilization; organ transplantation; genetic engineering; organ donation; and abortion (traditional teachings say the soul is created after the third month; contemporary teachings say life begins upon conception).
- Avoid prescribing medication coated with pork-extracted gelatin and drugs containing alcohol, if possible.
- Muslims pray five times a day (see “Islamic rituals” below); do not interrupt/walk in front of the patient while he/she is praying.
- Try to accommodate visitors (usually every family member visits and may bring gifts/refreshments).

Meals:

- No pork or alcohol; daylight fasting during Ramadan.

Hospital Attire:

- Allow long gowns for female patients, who are required to cover their heads/bodies in the presence of men who aren’t their husbands/immediate family. Traditional Arabic women must not disrobe in front of a man, even if he is a doctor.
- Provide appropriate attire for male patients, who are required to cover their bodies from the navel to the knee.

Communication:

- Do accept gifts from patients; this is their way of showing appreciation. Nothing is expected in return.
- Try to communicate verbally (conversations/audio recordings) as much as possible.

- If written materials are provided, choose ones written in Arabic.
- Avoid shaking hands with patients/family members of the opposite sex.
- Avoid complimenting a woman's beauty or admiring objects.
- Avoid exposing the bottoms of your feet toward the patient (i.e., crossing legs, resting legs on a table).
- If possible, include the male head of the family in discussions; they typically receive all relevant medical information first.
- Approach any discussion about sex carefully; it is a **sensitive** subject.

Islamic Rituals:

- Praying five times a day – dawn, midday, afternoon, sunset, evening; facing Mecca (northeast).
- Washing the face, hands and feet before praying (nursing assistance is greatly appreciated for patients with limited mobility).
- Fasting (from eating, drinking, sexual activity and bad habits) during the month of Ramadan (lunar calendar); exceptions to the fast are the sick and women who are pregnant, nursing and/or menstruating.
- Following a special diet (e.g., no alcohol or pork, only meat from animals killed in a certain manner - halal).
- Reciting the Koran, barely audible, is believed to provide pain reduction.
- Newborn prayers, recited immediately after birth, are whispered into the right ear.

End-of-life care—advance directives:

- Notify the male head of the family, preferably with a religious advisor present.
- Notify family members, and contact Pastoral Care at ext. 52518 for a local mosque.
- If possible, place the patient with his or her head facing Mecca (northeast).
- Ask someone to recite the Shahdah (this can also be tape-recorded by a family member and played), or contact Pastoral Care at ext. 52518.

- Allow family to arrange for the ritual washing of the body; this does not interfere with Cleveland Clinic's post-mortem practice (communicate this to the head of the family).
- Allow family to make arrangements for proper funeral/burial of miscarriages.
- Avoid artificial life support for a patient in a vegetative state for a prolonged period.
- Avoid cremation or embalming, unless it is required by law.
- Avoid autopsies, unless it is for medical research and respect for the body can be guaranteed.

Islamic Resources:

- Main campus Islamic Sheikh Maktoum prayer room: located in the Glickman Tower across from Q1 – 101
- The Prayer Line: ext. 57200 (dial 3 for Muslim prayer).
- Pastoral Care – for religious/spiritual guidance (patient and provider) or for an appointment with an Imam (religious leader) or religious advisor: ext. 42518 (or page the on-call Chaplain at 14-22956).

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Italian patients.**

Considerations before providing care:

- Although Italian is the official language, spoken by 93% of inhabitants, over half of Italians speak regional dialects that are as diverse as separate languages. It is preferable to speak to Italians in their native tongue, an interpreter may be necessary.
- Italy is a traditional culture and new or controversial treatments may be viewed with skepticism and/or resistance. Risks are not taken lightly.

Meals:

- Coffee, wine, and cheese all play significant roles in Italian cuisine. These should be allowed if medically viable.
- Italian cuisine varies by region and each has its own specific flavors and holiday traditions.
- Meals are often viewed as a time to spend with family and friends and will often last for an extended period of time.

Hospital Attire:

- Dressing well is a priority in Italy and many patients will want to be seen as “presentable” during their time in a medical facility.
- Accessories are as important as dress to both men and women. Patients may be very focused on jewelry, watches, amulets, etc.

Communication:

- Family is of utmost importance in Italian life. Southern Italians often live with extended family, either in the same home or in compound-like environments.
- Most families are hierarchical and younger members defer to the older, more successful members of the family. Individuals will most likely feel a high level of responsibility toward family.
- First impressions are held in great regard and dressing appropriately is essential. Many Italians are very fashion conscious and evaluate how you dress and carry yourself. This shows Italians your status, education level, and overall competence.

- Punctuality is not essential in Italian culture and medical staff may expect to wait 15-30 minutes after established meeting times. This is more common with individuals from southern Italy.
- Greetings are enthusiastic but often rather formal. You should be invited to use first names. A traditional handshake is expected upon first meeting but “air-kissing” becomes customary after having known someone for a while (especially among men).
- Many Italians will present calling cards upon meeting new people; these are somewhat like business cards but with a social connotation.
- Italians prefer face-to-face interactions and developing relationships is very important.
- Many Italians are very expressive in communicating. It is common for individuals to interrupt others and/or for many people to speak at once while decision-making.
- It is important for Italians to like and trust you. Make sure to spend some time asking about personal life and interests.
- Avoid putting excessive pressure on decision-makers (unless it is a medical necessity) and expect some level of haggling when coming to conclusions.
- Information presented should be supported with facts and figures.

Italian Rituals:

- The Vatican, the religious capital of Catholicism, is located in Italy.
- Roman Catholicism is the primary religion in Italy and exerts an influence over most aspects of daily life.
- Many public buildings exhibit religious symbols and patients may want to display their own as well.
- Many individuals are named for saints and celebrate their saint’s day as their own birthday.

End-of-life care:

- Many Italians will want a priest to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.
- Whenever possible, a dying person should be given the opportunity to prepare for death.

- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.
- There is no Church ruling against organ donation and it is an acceptable practice to most Italians.

Italian Resources:

<http://www.kwintessential.co.uk/resources/global-etiquette/italy-country-profile.html>

You are working with one of Cleveland Clinic’s valued **Jain patients.**

Considerations before providing care:

- An individual, who follows the Jain Dharma, or Jainism, is called a Jain.
- Compassion for all life, human and non-human, is central to Jainism. Human life is valued as a unique, rare opportunity to reach enlightenment. To kill any person, no matter what crime they committed, is considered unimaginably abhorrent. Human life is deemed the highest form of life. For this reason, it is considered vital never to harm or upset any person.
- Jains insist that we live, think and act respectfully and honor the spiritual nature of all life.

Meals:

- Jains are vegetarian and many refuse to eat or use any animal product and are vegan. Most Jains refuse food obtained in a cruel manner.
- Many Jains choose not to accept food that is cooked for them, would prefer to eat with minimal utensils, and may not partake in meals with a layperson.
- Some Jains exclude root and green vegetables completely, while others will chose this option one day a week, in order to preserve the lives of the plants from which they eat.
- Alcoholic beverages are prohibited and medical staff should be aware of prescription drugs that may contain trace amounts.
- Many Jains prefer to drink water that is first boiled and then cooled to room temperature. Jains do not drink unboiled water because it contains billions of micro-organisms.
- Fasting is common among Jains and a part of Jain festivals. Most Jains fast at special times, during festivals, and on holy days.
- Many devout Jains do not eat, drink, or travel after sunset.

Hospital Attire:

- Jains adhere strictly to the concept of Asceticism (which Westerners might think of as “chastity”) characterized by avoiding worldly pleasures especially sexual activity and immodest behavior.

- Jains wear very simple and modest clothes (often white robes).
- Many do not wear shoes unless by necessity.
- Some Jains wear a cloth over their mouths and noses while performing holy deeds and/or to avoid accidentally inhaling germs.

Communication:

- Jains do not touch any person of the opposite sex. All effort should be made to ensure that medical staff is of the same gender as the patient.
- Education and knowledge are of extreme importance in Jainism.
- Jains are usually very welcoming and friendly toward other faiths and often help with interfaith functions.
- Jainist tradition focuses on five main tenants: truth, non-stealing, purity of mind and body, and non-attachment to possessions.
- You may see Jain monks and nuns walk barefoot and sweeping the ground in front of them to avoid killing any insects or other tiny beings

Jain Rituals:

- Jain Dharma shares some beliefs with Hinduism.
- Worship rituals may include gazing at or anointing images of the gods and/or chanting mantras to them. Although the prime focus of Jainism is self-discipline, adherents may call upon their deities for assistance on their spiritual journey.
- Jains do not believe in a Supreme Being or creator, but rather in an eternal universe governed by natural laws.
- Jains bow and say their universal prayer, the Namokara Mantra, on a daily basis. This ritual is believed to dispel evil, cure illness, and bring good fortune.
- Meditation is an important aspect of Jainist belief and focuses on achieving a peaceful state of mind. This usually involves the chanting of mantras which are a significant part of Jain worship and ritual.
- The holiest symbol in Jainism is the swastika (which has been used in multiple global cultures).
- Karma, the concept of equality of good and ill in the world, has long been an essential component of Jainism.

End-of-life care:

- Jains believe that the universe and everything in it is eternal.
- Jains also believe that every human is responsible for his/her actions and all living beings have an eternal soul. Jains believe in the concept of Heaven and Hell.
- Some Jains revere a special practice, where a person who is aware that he or she may die soon, and feels he has completed all his duties, ceases to eat or drink until death. This form of dying is called santhara. It is considered to be extremely spiritual and creditable.
- Although there is not one Supreme Being in Jainist tradition, individuals may call on various deities for assistance in various times of life (including in illness and death).
- For Jains, the purpose of life is to attain moksa, or release, from the cycle of rebirth.
- Depending on one's karma and level of spiritual development, death may mean being reborn in another physical appearance in the earthly realm, suffering punishment in one of eight hells or joining other liberated souls in the highest level of heaven.

Jain Resources:

<http://www.religionfacts.com/jainism/index.htm>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Jamaican patients.**

Considerations before providing care:

- Jamaica's population is consisted mainly of African descent, compromising about 91% of the demographics.
- Jamaican culture represents a rich blend of cultures that have inhabited the island. Spanish and British settlers, West African slaves, Chinese and Indian immigrants have all brought cultural pieces.
- Over the past several decades, close to a million Jamaicans have emigrated, especially to the United States, the United Kingdom and Canada.

Meals:

- Jamaican food is usually classified along with others as “Caribbean cuisine” which is a fusion of African, Amerindian, French, Indian, and Spanish cuisine.
- A typical dish and one increasingly common outside of the area is "jerk" seasoned meats.
- There is a difference in the flavor of meats in Jamaican than in most other countries (due to animal diet). Jamaicans eat much more chicken than beef or pork. Be aware that meat products served may not agree with the palate of some Jamaicans.
- Rice is a prime food eaten with various sauces and beans.
- For obvious reasons, seafood is one of the most common cuisine types on the island.
- Jamaicans tend to drink a great deal of tea (both with meals and throughout the day).

Hospital Attire:

- Many Jamaicans practice some form of Christianity and therefore considerations should be made for modest attire for both men and women.
- Be respectful of amulets, charms, and various other totems that may be worn or used as adornment.

Communication:

- The language of government and education is English, although the patois (“slang”) form of Jamaican Creole is widely spoken. Most Jamaicans can use both Patois and English depending on the circumstances and often combine the two.
- Jamaicans, in general, have a large interest in sports and can often be engaged in discussion around their favorite cricket or football (soccer) teams.
- Christianity remains a strong influence on cultural life, particularly in music (dancehall, reggae, ska). Most people learn their music at church, and biblical references are often used in popular songs.

Jamaican Rituals:

- By far the largest religious group in Jamaica is the Christian faith (mainly the Church of God and the Anglican Church).
- The Rastafarian religion is a folk derivative of the larger Christian culture. It is based on selected teachings of the Bible and most known for its reggae music and Ethiopian influences. There is not a set dogma for the Rastafarian religion.
- There is a very small Jewish presence in Jamaica.
- Elements of ancient witchcraft remain in remote areas, most of which practices are described generally as Obeah (sometimes spelled “Obi”).
- Obeah is practiced in many Caribbean countries and aspects of this belief system can be seen throughout much of the traditional culture.
- Music and dance have always been important on Jamaica and is often associated with Christian holidays and observances. The current music of Jamaica is a fusion of many influences from the US, Africa, and many island nations.

End-of-life care:

- Christianity is the principal religion of Jamaica (with a small Jewish minority), and faith in God and family support are critical factors in patient care at the end of life.
- An individual may want to see a pastor, priest, or rabbi.
- Rastafarians may want to include music and specific cultural additions to dealing with the ill.
- Be aware of the possible rites and/or expectations that may go along with belief in the more ancient and secretive cults of the country.

- Many individuals prefer to die at home rather than in hospital. This may be partially due to the traditional absence of pain relief and much-needed counseling, information, and financial support. These factors also increase the need for spiritual comfort.
- Patients are often not provided with enough information to help them understand disease processes, and what to expect as the ill person nears death. Be aware that caregivers may need to detail this information to the patient and the family.

Jamaican Resources:

<http://www.loc.gov/rr/international/hispanic/jamaica/jamaica.html>

http://jamaica_wi.tripod.com/jamaica2.htm

<http://www.ipl.org/div/subject/browse/rci20.00.00/>

You are working with one of Cleveland Clinic’s valued **Japanese patients.**

Considerations before providing care:

- Most Japanese have better understanding with written English. Their comprehension or spoken English may be poorer than you expect.
- It is disturbing for a native born citizen to be taken for a foreigner, unless informed otherwise, assume that anyone with an oriental appearance is a citizen.
- Japanese Patients prefer a room which more privacy due to cultural and language difficulty. However, they may agree to use a shared room if it is quiet, undisturbed, and a private environment is protected.
- Family members, especially a mother, may want to stay with the patient and offer care and support. They may want to do many of the care-taking tasks. In this case, it is wise to tell them the limit of the care-taking tasks provided by them to the patient if their care giving may interfere with the recovery or treatment process. It is also wise to explain how to give a patient care if a hospital caregiver decides to accept their willingness to help.
- Many Japanese may avoid showing pain or discussing health changes depending on a person or situation. Care givers may need to inquire directly regarding comfort levels or provide treatment without having the patient admit to a certain amount of suffering.
- There is a general stigma associated with mental illnesses. It is difficult for Japanese native people to recognize that they are affected by mental illnesses. In general, it is difficult for him/ her to accept treatment for mental illness even if the person afflicted understands or his/ her family recommends treatment.

Meals:

- Japanese prefer food that is as fresh as possible and that is presented in an attractive fashion.
- Japanese consume most things available in the United States such as fish, poultry meats, rice, fresh vegetables, fruit and tofu. However, preparation methods and flavors for foods are slightly or significantly different. Taste of foods varies depending on an individual including their background and ages, etc. It should not be assumed that raw fish (“Sashimi”) is an everyday part of the Japanese diet. Note: “Sushi” is rice with seafood including slice raw fish, other seafood or/and vegetables.

- Patients may prefer to eat with chopsticks but they use utensils such as a fork, knife and a spoon on a regular basis. If chopsticks are used, do not stick them in rice. Please leave chopsticks on the tray not in the foods.
- Herbal or green tea can be the preferred beverage. Coffee, regular tea, juices, and other beverages are also common in Japan.

Hospital Attire:

- Cleanliness and hygiene are of great importance. They are linked to the belief in and importance of the purification of the body to help restore health.
- Daily tub baths are the preferred method of bathing, in the evening before bedtime in general. However, their bath is quite different from our bath in U.S.A. They take showers as well.
- Use of the bathroom is primarily for privacy.
- Hair washing occurs daily or several times per week and nails are generally kept short and clean.
- Japanese women may be modest with family members including their elders, and children. However, you cannot expect them to be that way all the time nowadays.
- A female caregiver is likely to be more accepted by a Japanese patient than a male caregiver in general.

Communication:

- Men use to be the decision makers and are given the respect in traditional Japanese families.
- The concept of "saving face" is still very important in Japanese culture. They tend to avoid or hide anything that may bring shame to the family or community, no matter how small it is.
- Communicate respect, especially to elders. Formality in speech and manner is preferred.
- Address people as Mr., Mrs., Dr., etc. with their last names in general. You may ask him/her if he/her prefers their first name. Please put Mr., Mrs., Dr., etc. with the first name as well.
- A handshake is acceptable, but no other touching. A slight bow may be appropriate.

- Smiling or laughing often is a reaction to cover embarrassment or discomfort. These reactions should be expected when discussing serious medical concerns or delicate situations.
- Indirectness in conversation is preferred and confrontation is often avoided in Japanese. However, indirectness in conversation in English may create more complication in conversation due to the language difficulty.
- A verbal “yes” may be given in order to be polite and may not necessarily express agreement. If you give them a negative question, their answer can be totally reversed. Be cautious.
- A third party may be used to communicate problems or discomfort.
- Education is considered very important in Japanese society and presenting oneself as educated and knowledgeable is expected and will gain trust and respect.
- The Japanese will also often want to deal with the most educated or highly recommended care providers and expect the use of the most innovative technologies during care.
- The numbers 4 and 9 are symbols for death in the Japanese culture.

Japanese Rituals:

- Illness may be thought to be a lack of bodily balance and harmony of energies.
- Japanese Americans may belong to many kinds of Christianity including Catholicism and Protestantism. And Buddhism and Shinto are also widely practiced religions and some of them are non-religious.

End-of-life care:

- Many Japanese ascribe to both Eastern and Western influences on health and along with the newest technologies will want to incorporate “body balancing” practices.
- Dying, death, end-of-life care, advance directive and informed consent should be approached with courteous respect.
- Open frank discussion on dying and death may be difficult depending on the degree to which a person or his or family maintains traditional culture.
- Elders may wish to defer decision making to their children, relatives, any family members, and often to their oldest son.
- There is a desire not to burden others with the sadness and grief that comes with impending loss.

- The Japanese Americans may try to put off the time to utilize nursing homes for their elders compared to their non-Asian American counterparts. However, they prefer to utilize nursing homes if the situations are critical. Affordable, and the patient wishes to utilize the facilities.
- A family member may moisten the lips of an individual immediately following death. Please ask a family member if they need time to proceed with tradition before taking care of the body.
- A family member may wish to keep a lock of the deceased's hair.
- Traditionally, organ donation is not favored. They are likely to mention it before the death comes. It depends on a situation.

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Jehovah’s Witness patients.**

Considerations before providing care:

- There are slightly over 1 million witnesses in the U.S. and approximately 111,000 in Canada.
- Jehovah’s Witnesses do not believe in blood transfusions and medical alternatives need be employed. The courts have systematically ruled in favor of religious belief over the institution’s regulations in such situations.
- Although there was a historic ban on vaccinations, The Jehovah's Witnesses now take a neutral stand on and neither endorsed nor prohibited the practice. Individuals should be consulted regarding his/her stand on the issue.
- Abortion is considered murder.

Meals:

- Jehovah’s Witnesses believe in subscribing to a healthy lifestyle. There are no specific limitations on food items.
- Jehovah’s Witnesses do not allow smoking and approve of alcohol only in moderation.

Hospital Attire:

- There is not a specific religious dress; however, Jehovah’s Witnesses feel that being dressed conservatively and appropriately is very important.
- Men are typically clean-shaven.

Communication:

- Jehovah’s Witnesses are expected to spread the word of God on a regular basis (using the Bible, pamphlets, or in everyday conversation).
- The family structure is patriarchal and the father has the final say in decisions made.
- The *WATCHTOWER*, the non-theologically based periodical *Awake*, and *Kingdom Ministry* are all publications widely used by Jehovah’s Witnesses.
- They remain neutral in all political conflicts and believe that God will intervene in man’s affairs to bring about a peaceful human society earth wide.

- Jehovah's Witnesses do not believe in gambling. Entertainment including sexuality, materialism, spiritualism or violence is strongly discouraged.

Jehovah's Witness Rituals:

- Jehovah's Witnesses follow many of the same belief systems as traditional Christians.
- Like many Christian sects, local congregations meet at places of worship (called Kingdom Halls). Kingdom Halls are modest and religious symbols such as crosses or images are not used. The public is warmly invited to all meetings and congregational gatherings.
- In addition to these services, Jehovah's Witnesses are encouraged to read the Bible daily and to study the Bible at home with their families. The Jehovah's Witnesses believe that following the Bible's practical principles strengthens family ties, helps people cope with stress, allows them to get to know God as a real person, and helps them to get along better with friends and neighbors.
- Jehovah's Witnesses only commemorate Christ's death by observing The Lord's Evening Meal, or Memorial, the date which varies annually.

End-of-life care:

- During illness, Witnesses may want to hold 'Congregation Book Study' in which members gather in small groups to discuss spiritual topics.
- Jehovah's Witnesses believe in resurrection and so death is often viewed as a temporary split between those who remain and the loved one that will be raised with the return of Christ.
- Witnesses believe that the soul dies with the physical self. They believe that hell is a resting place for all who die and is simply a place of unconsciousness. Those who are not saved will be snuffed out of existence.
- Jehovah's Witnesses believe that any custom relating to the dead and fear of spirits or ghosts is wrong.

Jehovah's Witness Resources:

<http://www.jw-media.org/index.html>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Korean patients.**

Considerations before providing care:

- It is estimated that there are over 1 million Koreans living in the United States, many of those individuals are in California, New York, Hawaii, Illinois and Texas.
- Do Not Resuscitate orders would be common because prolonging life is seen as unacceptable.
- Organ donation and transplantation is seen as a disturbance in the integrity of the body.
- Family members will want to provide a great deal of the care to an individual, even when hospitalized. They are a good resource for the true level of pain an individual is experiencing.
- There is still much stigma attached to mental illness.
- Information should be given on preventative measures since Koreans tend to focus on curative issues.
- Be aware that the individual may be using herbal remedies or other cultural healing practices (cupping, acupuncture, etc.). You will need to assess for drug interaction.
- A Korean person's stated age may be one or two years more than their age expressed in the Western tradition because Koreans are regarded as one year old when they are born, and their age increases on New Year's Day rather than on the anniversary of their birthday.
- You may need to encourage Korean patients and family members to access social workers, counselors, and other support staff.

Meals:

- Korean cuisine is largely based on rice, noodles, fermented vegetables (usually cabbage, radish, or cucumber), tofu and limited amounts of meat. Traditional Korean meals are notable for the number of side dishes that accompany steam-cooked short-grain rice and soup.
- Three meals per day are usually eaten in silence, with breakfast is viewed as most important.

- There is also a Korean Tea Ceremony (based on the Chinese version) that is gaining renewed popularity in this fast-paced, modern era.

Hospital Attire:

- Traditional dress (*hanbok*) is worn occasionally for special events or situations. The traditional hat (*gwanmo*) has special meaning attached to it for many individuals.

Communication:

- North and South Korea share much of the same traditional cultures, although the political split between the two has left a current cultural divide.
- Korean is the official language of both North and South Korea, and is widely spoken in Korean communities abroad.
- Koreans value scholarship very highly, emphasizing learning and rewarding education.
- Koreans highly value respect and make all effort to avoid being rude to anyone, especially elders, superiors, or guests.
- Family lineage and duty is of great importance to many Koreans.
- It is considered very rude to drink while looking straight at an elder, to be rambunctious during meals, and to eat much faster or slower than others at the table.
- It is common to offer food and drink to visitors but important for visitors to not accept upon first asking; respect is shown by allowing several offers before accepting.
- It is also rude to place profits over people, listen poorly, or impose your ideas or changes without knowing current situations well.
- It is culturally unacceptable and disrespectful to assume familiarity between acquaintances too soon and to address others by their first names unless the person is a family member or well-established friend.
- Many Koreans see meaningful conversation as highly regarded while small talk is often seen as pointless.
- Communication of feelings through facial expressions is uncommon. Koreans will often avoid eye contact. Smiling and joking are acceptable only in certain situations under certain conditions.

- Personal space is important to many Koreans and overly familiar touching is seen as disrespectful. Koreans will accept the touch of a doctor or caregiver, but may be resistant to “therapeutic touch.”
- Children receive minimal teaching about sexual practices. The only formal instruction concerns the menstrual cycle, which is taught to the females only. Information regarding pregnancy and childbirth or sexually transmitted diseases may need to be provided.

Korean Rituals:

- Like many East Asians, Koreans, have traditionally been eclectic in their religious commitments. Their religious outlook has not been conditioned by a single, exclusive faith but by a combination of indigenous beliefs along with ideas imported into Korea.
- Confucian tradition has dominated Korean thought, along with contributions by Buddhism, Taoism, and Korean Shamanism.
- Recently, Christianity has been on the rise in South Korea although approximately 46% of the population does not subscribe to any specific faith practice.
- North Korean’s communist regime suppresses religious ideas.

End-of-life care:

- Traditional Korean belief values dying at home. Illness is sometimes seen as a disharmony between the natural forces of yin and yang. Maintaining one’s inner peace and calm state of mind is important to most Koreans and should be especially respected during illness and in times of death.
- Among older or tradition-minded Koreans, illness is often seen one's fate and hospitalization may be seen as sign of impending death.
- Because of the combination and diversity of spiritual beliefs, assessment should be made before spiritual care is introduced.
- Traditionally, many Koreans believed that once a family member dies, they remain in spirit form within the family circle. To traditional thinking Koreans, the presence of the deceased can be a very real and personal one.
- Many Koreans see excessive crying as an indication of your faithfulness as a child or loved one.
- At the time of death it is expected that people will talk about the things the person has done. The death itself is not talked about.

- In traditional Korean society, the first son and his wife are responsible for taking care of the parents as they age. Feelings of guilt may arise if the first son and his wife think they may have been able to do something more to ease the person from life to death.

Korean Resources:

<http://wason.library.cornell.edu/CEAL/>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Lebanese patients.**

Considerations before providing care:

- The country consists of a range of liberal to highly conservative Muslims and Christians. It is important to assume a conservative viewpoint until otherwise noted. Review the religious information for both prior to care.

Meals:

- Meals consist of starches, vegetables, olive oil, and fish/seafood.
- Red meat is eaten sparingly.
- Meals are served “mezze” style which has many small plates offered for the meal.
- Pita bread is served with every meal.
- Drinks are rarely consumed without food present although coffee is a staple which is served throughout the day.

Hospital Attire:

- Being well-groomed is an essential for most Lebanese.
- Modest clothing is appropriate, especially for women from more traditionally conservative areas.
- Women tend to wear full make-up and have hair done in most situations.

Communication:

- Upon meeting someone, a handshake between men is expected, there may be a series of three kisses on each cheek if they know each other well. Women will typically interact in the same manner.
- When opposite sexes are introduced, there may be a handshake but the man should pay close attention to see if the woman would prefer to not (she will most like cross her hands across her body). In many traditional Islamic societies, men and women that are not related will meet on a very infrequent basis.
- A man should wait for the woman to initiate the introduction (and should not be offended if she does not).
- Lebanese communication is somewhat indirect but can depend on how well someone knows another.

- One should not be surprised to see an outburst of anger in public.
- Loud voices are often the norm in conversation and do not necessarily express anger but may show many types of emotion.
- Family is extremely important in this culture. Inquiring about family members and situations shows respect and is appreciated.
- Personal space is somewhat closer in conversations than many Westerners may consider appropriate (less than an arm's length).
- Touching, interlocking arms, and hand-holding are all seen as appropriate ways for same-gendered friends to express that relationship. Opposite-sex conversationalists may find this inappropriate depending on the situation (with more traditional Muslims, this will not be expected).
- The discussion and/or expression on homosexuality are found to be offensive.
- The Lebanese tend to be rather relaxed with time, meetings or appointments can range from timely to 20 minutes after the expected start.
- Traditionally Muslim families tend to see a clear distinction between men and women in the work and home spheres. Women are to care for children and the home; most do not work outside of the home.
- Women and men enjoy most of the same rights and positions in the secular arena.
- It is considered very offensive to point the sole of your foot toward someone and/or to move things with your feet.
- When someone doesn't understand something, they typically will shake their head from side to side (what we might consider the "no" signal).
- If one means to say "no", they will often raise eyebrows and nod the head up and down slightly and/or make a 'tch' sound.
- Decisions tend to be made based on personal relationships which will sometimes overshadow rational choice. Medical staff should be aware of developing good relationships with patients and their families.

Lebanese Rituals:

- 60 % of the population is Muslim, 40% Christian (see respective religious information).
-

End-of-life care:

- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Suicide/euthanasia is not an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.
- There is no ruling against organ donation.

Lebanese Rituals:

<https://saintelias.org/>

<http://www.saintmaron-clev.org/>

You are working with one of Cleveland Clinic’s valued **Lesbian patients.**

Considerations before providing care:

- Approximately 10% of our patient population is lesbian, gay, or bisexual. A lesbian is a female who is physically attracted to members of the same sex.
- The state of Ohio has legally accepted the issuances of marriage licenses to same sex couples on June 26, 2015.
- The lesbian population is heterogeneous and includes people of varying ages, socioeconomic statuses, genders, races, religions, and ethnic backgrounds.
- Begin by evaluating yourself and any assumptions, phobias, biases or beliefs that you might hold internally. Be aware of your own reactions and body language.
- It is especially important to create a non-judgmental open, caring atmosphere, because of the intense difficulty some patients experience disclosing same sex behaviors in a clinical setting.
- The issue of confidentiality is also an extremely vital aspect of care, as an inadvertent “outing” of a patient could have a significant impact on their family relationships, livelihood, social status, and personal safety.
- Explain the medical record documentation process to patients, as lesbian patients will be particularly conscious of protecting their medical information.
- Many will avoid seeking health care, because of negative past experiences, societal pressures, and the stigma attached.
- Friends, partners and spouses of lesbian patients should be given the respect and privileges usually afforded to heterosexual relationships.
- Avoid using gender specific terms like husband or wife. Use gender neutral terms like “partner, mate, companion or spouse.”
- Questions about families need to allow for alternative definitions including same sex parents, or multiple parent situations. Ask open ended questions while gathering information about the family structure.

Be careful not to make assumptions:

- Don’t assume that all patients are heterosexual. This assumption is called heteronormality which is to normalize all females to be heterosexual.
- It could take time for a lesbian patient to have enough trust to divulge this information.

- A patient with children is not automatically heterosexual.
- Don't assume that teenagers, who think they are lesbian, are too young to be aware and are just going through a phase.
- When children express that they feel attracted to the same sex respect the information and support the child. Don't assume that the information is false.
- Lesbians need regular Pap tests, and breast exams.
- A lesbian woman's health issues do not necessarily revolve around sexuality. Consider all possible diagnosis as with any other patient.
- Don't assume that lesbian women are not at risk for sexually transmitted diseases.
- Be sure to screen lesbian patients for domestic violence along with all other patients.

Meals:

- Refer to specific cultural patient care guide.

Hospital Attire:

- Be considerate of preferences.
- Allow for privacy and respect that some individuals may feel more comfortable having a family member or partner assist with dressing.

End-of-life care:

- Refer to specific cultural patient care guide.
- Counseling patients on their right to designate a durable power of attorney is especially important for same sex partners, specifically regarding who is authorized to make medical decisions.

Lesbian Resources:

<https://womenshealth.gov>

<http://www.ohanlan.com>

<https://ncbi.nlm.nih.gov>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Mexican patients.**

Considerations before providing care:

- In Mexican culture the expectation of working and socializing together is a key component of society, and has a basis in the strong ties formed within the family.
- In many Mexican communities, *curanderos* (traditional healers) use indigenous folk medicine, spiritual, and Christian faith healing to treat ailments and "cleanse" spiritual impurities.
- Traditional medicines, as an alternative practice to official medicine, maintain its effectiveness and social legitimacy for a wide sector of the population.
- Mexican Americans account for 64% of the Hispanic or Latino population of the United States.
- Some drugs that require a prescription in the U.S. are sold over the counter in Mexico.

Meals:

- The Mexican diet is filled with an assortment of foodstuffs and sauces, soups and stews are common and expected.
- Some of the most common ingredients used in Mexican cooking include: corn (most commonly used for tortillas), chilies (used both fresh and dried), beans, (from lentils to kidney and fava beans) and tomatoes.
- There are few dietary restrictions relating to meat and/or other specific food items.
- Many Mexicans prefer to start the day with a big breakfast and then have lunch later in the day and a small dinner later in the evening.
- There tends to be a focus on the midday meal.

Hospital Attire:

- Embroidery and weaving has a very long tradition in Mexico and in many cases where traditional costume has disappeared, the women continue to embroider, wear, and sell traditional looking blouses and skirts.
- Many Mexicans may want to wear traditional dress on certain holidays.
- Allow for appropriate, modest attire for both men and women.

Communication:

- Refrain from using first names until invited to do so. Titles are important and should be included on business cards. You may directly speak to someone by using his or her title only, without including the last name.
- People without professional titles are addressed using Mr., Mrs., or Miss and his or her surname. *Senor* is Mr., *Senora* is Mrs., and *Senorita* is Miss.
- Conversations take place at a close physical distance. Stepping back may be regarded as unfriendly.
- Good conversational topics are Mexican culture, history, art, and museums. Never discuss the Mexican-American war, poverty, illegal aliens, or earthquakes.
- Mexican men are warm and friendly, and make a lot of physical contact. They often touch shoulders or hold another's arm. To withdraw from this touch is considered insulting.
- Mexican's use a "psst-psst" sound to catch another's attention in public. This is not considered rude.
- Standing with your hands on your hips suggests aggressiveness, and keeping your hands in your pockets is impolite.
- Mexicans may not make eye contact. This is a sign of respect and should not be taken as an affront.
- Men shake hands upon meeting and leaving, and will wait for a woman to be the first to offer her hand.
- Women may shake hands with men and other women. Many times a woman may pat another woman's shoulder or forearm, or kiss on the cheek.
- Punctuality is not rigid because of the emphasis on personal obligations. The best time for appointments is between 10:00 a.m. and 1:00 p.m., with late afternoon a second choice.
- Do not use red ink anytime you are writing someone's name.

Mexican Rituals:

- The majority of Mexicans are Roman Catholic (89%) and Protestant (6%).
- Our Lady of Guadalupe, also called the Virgin of Guadalupe, (Lupita) is a 16th century Roman Catholic Mexican icon depicting an apparition of the Virgin Mary. It is Mexico's most popular religious and cultural image: The Virgin of Guadalupe has also symbolized the Mexican nation since Mexico's War of Independence.

- Mexico is known worldwide for its folk art traditions.
- Mexican Holidays:

January 6th and 7th: Dia de los Reyes Magos

February 14: El Dia Del Amor y La Amistad (Valentine's Day)

March 1: Benito Juarez Birthday

May 5: Cinco de Mayo

September 16: Mexican Independence Day

November 1 and 2: Dia de los Muertos (Celebration of the dead).

December 12: Dia de la Virgen de Guadalupe (4:00 to Mass).

End-of-life care:

- Sickness is sometimes seen as an imbalance caused by the lack of harmony or the breaking of the laws of the cosmos.
- Palliative care is traditionally substandard in Mexico and some individuals may not know what to expect with end of life care. Caregivers should be prepared to ask individuals if they understand procedures and clearly explain all options available.
- Religion, the family, and the use of alternative medicines at the end of life will be of great importance to many Mexican individuals.

Mexican Resources:

<http://www.texmextogo.com/Recipes.htm>

<http://www.lasculturas.com/lib/libMexico.htm>

<http://www.mexicodesconocido.com.mx/english/index.cfm>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Mormon patients.**

Considerations before providing care:

- The official name of the Church is The Church of Jesus Christ of Latter-day Saints. While the term "Mormon Church" has long been publicly applied to the Church as a nickname, it is not an authorized title, and the Church discourages its use. When referring to Church members, however, the term "Latter-day Saints" is preferred, though "Mormons" is acceptable.
- When referring to people or organizations that practice polygamy, the terms "Mormons," "Mormon fundamentalist," "Mormon dissidents," etc. are incorrect; Latter-day Saints do not practice polygamy.
- The Church of Jesus Christ of Latter-day Saints is a Christian church but is neither Catholic nor Protestant. Rather, Latter-day Saints believe it to be a restoration of the Church of Jesus Christ as originally established by Jesus in the New Testament of the Bible. The Church does not embrace the creeds that developed in the third and fourth centuries that are now central to many other Christian churches.
- In addition to the Old and New Testaments of the Bible, Latter-day Saints believe the Book of Mormon is another testament of Jesus Christ. It is said to contain the writings of ancient prophets, giving an account of God’s dealings with the peoples on the American continent. For Latter-day Saints it stands alongside the Old and New Testaments of the Bible as Holy Scripture.

Meals:

- The health code for Latter-day Saints is considered a commandment, said to have been received by revelation to the prophet Joseph Smith in 1833. It encourages the consumption of a well-balanced diet and discourages the use of substances considered to be harmful. Accordingly, alcohol, tobacco, tea (except for some herbal infusions), coffee, and illegal drugs are forbidden. Though not part of the commandment, known as the “Word of Wisdom,” nor part of Church doctrine, some Latter-day Saints choose not to drink caffeinated beverages either.
- Generally on the first Sunday of each month, healthy and capable Latter-day Saints abstain from food or water for two consecutive meals as a means of spiritual renewal and to accompany prayers for special needs (e.g., praying for a sick individual).

Hospital Attire:

- Faithful adult members of The Church of Jesus Christ of Latter-day Saints wear temple garments. These garments are simple, white underclothing composed of two pieces: a top piece similar to a T-shirt and a bottom piece similar to shorts. Not unlike the Jewish *tallit katan* (prayer shawl), these garments are worn underneath regular clothes. Temple garments serve as a personal reminder of covenants made with God to lead good, honorable, Christlike lives. The wearing of temple garments is an outward expression of an inward commitment to follow God. Because of the personal and religious nature of the temple garment, the Church asks individuals to handle the subject with respect, treating Latter-day Saint temple garments as they would religious vestments of other faiths. Ridiculing or making light of sacred clothing is highly offensive to Latter-day Saints.

Communication:

- Mormonism can have a cultural element that is not necessarily linked to religious doctrine. There are many who participate in the culture of Mormonism, but may be non-practicing or non-religious altogether.
- Latter-day Saints are offended by profanity, lewd discussions, and the use of God's name as an expletive or in a common or less-respectful manner. Employees should avoid use of such language when within earshot of Latter-day Saints.

Mormon Beliefs:

- Latter-day Saints believe unequivocally that: 1) Jesus Christ is the Savior of the world and the Son of God, our loving "Heavenly Father;" 2) Christ's Atonement allows mankind to be saved from their sins and return to live with God and their families forever; and 3) Christ's original Church as described in the New Testament has been restored in modern times.
- Latter-day Saints believe the Church to be governed today by apostles, reflecting the way Jesus organized His Church in biblical times. Three of the twelve apostles constitute the First Presidency (consisting of the president or prophet of the Church and his two counselors).
- Latter-day Saints uphold the Ten Commandments, as described in the Bible. They also have additional commandments that were received by modern-day prophets via revelation.
- The practice of *polygamy is strictly prohibited* in the Church of Jesus Christ of Latter-day Saints. They believe that for periods in the Bible, polygamy was practiced by the patriarchs Abraham and Jacob, as well as kings David and Solomon. It was again practiced by a minority of Latter-day Saints in the early

years of the Church. Polygamy was officially discontinued in 1890 — 122 years ago. Those who practice polygamy today have nothing whatsoever to do with the Church of Jesus Christ of Latter-day Saints.

- Faithful Latter-day Saint men, generally between the ages of 18 and 25, are encouraged to serve two-year full-time missions. Women may also serve as missionaries if they desire to do so. More than 52,000 missionaries, most of whom are under the age of 25, are serving missions for the Church at any one time. Missionary work is voluntary, with most missionaries funding their own missions. They receive their assignment from Church headquarters and are sent only to countries where governments allow the Church to operate.

End-of-life care:

- For Latter-day Saints, mortal existence is seen in the context of a great sweep of history, from a pre-earth life where the spirits of all mankind lived with God to a future life in His presence where continued growth, learning and improving will take place. Life on earth is regarded as a temporary state in which men and women are tried and tested — and where they gain experiences obtainable nowhere else. God knew humans would make mistakes, so He provided a Savior, Jesus Christ, who would take upon Himself the sins of the world. To members of the Church, physical death on earth is not an end but the beginning of the next step in God's plan for His children.
- According to Latter-day Saint belief, marriages performed in the Church's temples do not end at death. Marriage and family relations are sealed for "time and all eternity" and are of central importance.
- Since Latter-day Saints hold families to be of central importance, many of them will find it necessary to have family and friends present for extended periods of time.
- During periods of illness, Latter-day Saints will often request that a Latter-day Saint with the authority of the Priesthood bless the sick individual by the laying on of hands.

Latter-day Saint Resources:

- <http://www.mormonnewsroom.org/>
- <http://www.mormon.org/what-do-mormons-believe>
- <http://www.mormonnewsroom.org/article/mormonism-101>
- <https://www.lds.org/?lang=eng>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Nepalese patients.**

Considerations before providing care:

- Nepal is located between China and India and is home to about 22 million people made up of an assortment of ethnic groups, who live in different regions, wear different clothing, and speak a variety of languages. There are 36 ethnic groups and over 50 spoken languages.
- Tibetan speaking people can be found in the Himalayas, the Sherpas live in the central and eastern regions, the Brahmins, Chettris, and Newars live in the midlands, the Rais, Limbus, Tamangs, Magars, Sunwars, Jirels, Gurungs, Thakalis, and Chepangs are other Tibeto-Burman speaking people found living in the middle hills. They each have their own distinct social and cultural patterns. The Dun valleys and the lowland Terai are inhabited by people such as the Brahmins, Rajputs, Tharus, Danwars, Majhis, Darais, Rajbansis, Statars, dhimals and Dhangars.
- Though Nepal is a mosaic of dozens of ethnic groups, they are bound together by their loyalty to the institution of Monarchy, and by the ideas of peaceful coexistence and religious tolerance to form one unified nation.
- In Nepal, religion is not just a set of beliefs and accompanying rituals handed down from generation to generation; rather it is a complex intermingling of traditions, festivals, faiths and doctrines that have permeated every strata of Nepalese Society in such a way as to become the very heartbeat of the nation. The major religions represented are Hinduism, Buddhism, Tantrism, Islam, and Christianity.
- Nepal is one of the poorest countries in the world. This poverty can be attributed to scarce natural resources, a difficult terrain, landlocked geography, and a weak infrastructure but also to feudal land tenure systems, government corruption, and the ineffectiveness of development efforts.
- Although infant mortality rates are extremely high, fertility rates are higher.

Meals:

- Most residents eat a large rice meal twice a day, usually at midmorning and in the early evening. Rice generally is served with *dal*, a lentil dish, and *tarkari*, a cooked vegetable. Often, the meal includes a pickle *achar*, made of a fruit or vegetable. In poorer and higher-altitude areas, where rice is scarce, the staple is *dhiro*, a thick mush made of corn or millet. In areas where wheat is plentiful, rice may be supplemented by flat bread, *roti*.

- Conventions regarding eating and drinking are tied to caste. Orthodox high-caste Hindus are strictly vegetarian and do not drink alcohol. Other castes may drink alcohol and eat pork and even beef. Traditionally, caste rules also dictate who may eat with or accept food from whom. Members of the higher castes were particularly reluctant to eat food prepared by strangers.

Communication:

- Shaking hands is the standard form of Pakistani always shake with the right hand. Avoid shaking hands with patients/family members of the opposite sex.
- Traditionally the male head of the family should be addressed when discussing medical or other issues. This male head will communicate the decisions made.
- Pakistani women will tend to defer to their husbands to answer questions (if he is present).
- Social interaction between men and women is avoided. When a male comes in contact with a Pakistani woman he should avoid eye contact and any physical contact (handshakes, assistance into/out of a chair or car, etc.).
- Women are often separated socially from the men. This cultural tradition may impact visitation considerations and should be handled delicately.
- Approach any discussion about sex carefully; it is a **sensitive** subject.

Nepalese Rituals:

- Women often describe themselves as "the lower caste" in relation to men and generally occupy a subordinate social position. However, the freedoms and opportunities available to women vary widely by ethnic group and caste. Women of the highest castes have their public mobility constrained, for their reputation is critical to family and caste honor. Women of lower castes and classes often play a larger wage-earning role, have greater mobility, and are more outspoken around men. Gender roles are slowly shifting in urban areas, where greater numbers of women are receiving an education and joining the work force.
- Nepal is overwhelmingly patrilineal and patrilocal. Arranged marriages are the norm in the mainstream culture. Because marriages forge important social bonds between families, when a child reaches marriageable age, the family elders are responsible for finding a suitable mate of the appropriate caste, education level, and social stratum.

End-of-life care:

- Nepalese may prefer to die at home! In that case, a family member will take the patient outside of the house in the last few days of his/her life.

Nepalese Resources:

http://en.wikipedia.org/wiki/Economy_of_Nepal

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Norwegian patients.**

Considerations before providing care:

- Over 99% of individuals speak Norwegian, which has two types of written form, an
- Is part of “Scandinavia” and shares many cultural traditions with the other countries of this region.

Meals:

- Seafood is a traditional staple in Norway (smoked salmon being one of the biggest exports).
- Game meats are also used in a great deal of Norwegian cooking. Sweet and sour sauces, along with other spicy accompaniments.
- Dairy products are extremely popular in Norway.

Hospital Attire:

- There are no specific requirements of dress, however, modesty should be considered from a religious standpoint.

Communication:

- Many couples live together and begin a family without being married.
- Most families consist of the nuclear family; extended family is not as close in proximity or relationship.
- Norwegians follow “jante” law which stresses humility. Norwegians see everyone as equal and refrain from criticizing others. That criticism that is used will be based on fact rather than opinion.
- Norwegians are very egalitarian and do not respond well to shows of excessive wealth or prestige.
- Relationships tend to develop slowly and require a great deal of background knowledge being shared by all individuals involved.
- Appearing overly friendly at the beginning of a relationship can be viewed as weakness.

- Norwegians may not openly express much emotion outside of the context of their families.
- Overall communication style is relaxed and informal.
- Many Norwegians are straight talkers and expect the same from others. Honesty is highly valued and expected.
- There is not a lot of small talk involved in business transactions (which medical discussion may be viewed as).
- Avoid high pressure decision-making situations, most Norwegians will want to discuss the options and come to a consensus.
- Norwegians tend to be punctual and expect the same, being late can be damaging to business relationships.
- Individuals tend to want to separate their business and personal lives, so the medical environment may be a bit tricky area it often unites the two.
- It is important to keep to commitments and deadlines.

Norwegian Rituals:

- Norway is overwhelmingly Protestant and 83% of Norwegians belong to the Evangelical Lutheran Church of Norway. There is an ongoing debate regarding the separation of church and state.
- Norway is considered one of the least religious countries in Western Europe.

End-of-life care:

- Lutherans share a great deal of religious beliefs with Catholics but do not confess to a priest or receive the last rights as Catholics do.
- Lutherans do believe in the importance of professing their faith and will often want to have written statements that do so.
- The Book of Concord is an additional religious text that may be desired by an ill patient.

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Orthodox Jewish patients.**

Considerations before providing care:

- In Judaism, life is valued above almost all else.
- Judaism is more like a nationality than like other religions, being Jewish is like a citizenship.
- Visiting the sick is considered a very great commandment.
- Upon waking in the morning, Orthodox Jews are expected to wash hands and to pray (preferably before touching any food items).
- Abortions where necessary to save the life of a mother are acceptable (the fetus is considered a limb of the mother and may be sacrificed at any stage of the pregnancy to save the life of the mother).

Meals:

- Jewish food is required to be Kosher. This is not a style of cooking; it is a set of regulations to be followed in regards to all foods. Meat and poultry should come from a kosher butcher and kosher certified products carry appropriate labeling.
- Meat (the flesh of birds and mammals) cannot be eaten with dairy. Fish, eggs, fruits, vegetables and grains can be eaten with either meat or dairy. Utensils that have come into contact with meat may not be used with dairy, and vice versa. Utensils that have come into contact with non-kosher food may not be used with kosher food. (This applies only where the contact occurred while the food was hot.)
- Pork and shellfish are forbidden only fish with fins and scales can be consumed.
- Wine must also be Kosher (made by Jews).
- It is important to bless a meal before eating, and to say Grace after the meal when one is finished eating.
- Fasting during certain holy days is common (ex. Yom Kippur).

Hospital Attire:

- Modesty is extremely important. Women prefer female physicians/nurses.

Communication:

- In traditional Judaism, women are seen as separate but equal. Women's obligations and responsibilities are different from men's, but no less important. There is no question that the primary role of a woman is as wife and mother, keeper of the household. However, Judaism has great respect for the importance of that role and the spiritual influence that the woman has over her family.
- At its height less than a century ago, Yiddish was understood by an estimated 11 million of the world's 18 million Jews, and many of them spoke Yiddish as their primary language. Yiddish is not as popular as it once was, but many Jews still speak and understand the language.

- **Some basic words in Yiddish:**

Shabbat Shalom: (shah-BAHT shah-LOHM) "**Peaceful Sabbath**"

Shavua Tov: (shah-VOO-ah TOHV) "**good week**" (to wish someone...)

Have an easy fast: This is the proper way to wish someone well for Yom Kippur. Don't wish people a Happy Yom Kippur; it's not a happy holiday.

Shalom: (shah-LOHM) "**peace**" (A way of saying "hello" or "goodbye.")

Mazel Tov: (MAH-zl TAWV) "**good luck**" Traditional way of expressing congratulations.

L'Chayim: (li-KHAY-eem) "**to life**"

Orthodox Jewish Rituals:

- Jews pray 3 times a day (morning, afternoon, and evening).
- According to Jewish Law, men and women are separated during prayer.
- Jewish beliefs states that in observance of Shabbat (Saturday), the use of electricity as well as work of any kind (including carrying items), are avoided. Walking is limited and travel as well.
- Shabbat begins on Friday evening at sundown and is over on Saturday evening an hour after sundown (25 hours). This is a day of prayer, rest, and more elaborate and leisurely meals.
- Preparation for Shabbat usually begins at 2 to 3 hours prior, please be respectful of this time.
- The "Torah" refers to the Five Books of Moses: Genesis, Exodus, Leviticus, Numbers and Deuteronomy. But the word "torah" can also be used to refer to the entire Jewish bible (the Old Testament), or in its broadest sense, to the whole body of Jewish law and teachings.

- Following the torah law is of utmost importance to Orthodox Jews.
- Jewish celebrations include Rosh Chodesh, the first day of each month, a minor festival, where women do not work. Rosh Hashanah, the Jewish New Year is one of the holiest days of the year. Yom Kippur is the most important holiday of the year and is a day to "afflict the soul," to atone for the sins of the past year. Jews refrain from eating and drinking (even water), washing and bathing, anointing one's body (with cosmetics, deodorants, etc.), and wearing leather shoes. Pesach (Passover) is the most commonly observed. The most significant observance related to Pesach involves the removal of chametz (leaven). Chametz includes anything made from the five major grains (wheat, rye, barley, oats and spelt) and rice, corn, peanuts, and legumes (beans).

End-of-life care:

- Because life is so valuable, Jews are not permitted to do anything that may hasten death, not even to prevent suffering. Euthanasia, suicide and assisted suicide are forbidden by Jewish law.
- However, where death is imminent, and the patient is suffering, Jewish law permits one to cease artificially prolonging life.
- Death is not considered a tragedy, even when it occurs early in life or through unfortunate circumstances. Death is a natural process.
- Mourning practices in Judaism are extensive, but are not an expression of fear or distaste for death, they have two purposes: to show respect for the dead and to comfort the living.
- After a person dies, the eyes are closed, the body is laid on the floor and covered, and candles are lit next to the body. The body is never left alone until after burial, as a sign of respect. Caregivers should allow for someone to stay with the body whenever possible.
- Respect for the dead body is a matter of paramount importance. It is of great disrespect to eat, drink, or say commandments in the presence of the dead.
- Most communities have an organization to care for the dead, known as the chevra kaddisha (the holy society). Caregivers should allow for these volunteers to care for the body if possible.
- Autopsies are discouraged as desecration of the body. They are permitted where it may save a life or where local law requires it. If performed the procedure must be minimally intrusive.
- In preparation for the burial, the body is cleaned and wrapped in a simple, plain linen shroud.

- The body must not be cremated, but buried in the earth. Coffins are not required, but if they are used, they must have holes drilled in them so the body comes in contact with the earth.
- When a close relative (parent, sibling, spouse or child) first hears of the death of a relative, it is traditional to express the initial grief by tearing one's clothing.
- From the time of death to the burial, the mourner's sole responsibility is caring for the deceased and preparing for the burial. This period is known as aninut and usually lasts 1-2 days.
- The body is never displayed at funerals; open casket ceremonies are forbidden by Jewish law

Orthodox Jewish Resources:

<http://www.jewfaq.org/toc.htm>

<http://www.shamash.org/trb/judaism.html>

<http://lii.org/pub/htdocs/search?search=judaism;action=show;searchtype=keywords>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Pakistani patients.**

Considerations before providing care:

- Many Pakistani speak English as English and Urdu are official languages in Pakistan.
- Over 95% of Pakistanis are Muslim.
- Be aware of generally permissible procedures: circumcision (strongly encouraged); blood transfusions; in vitro fertilization; organ transplantation; genetic engineering; organ donation; and abortion (traditional teachings say the soul is created after the third month; contemporary teachings say life begins upon conception).

Meals:

- Pakistani food includes mainly beef, chicken, and mutton in curries and other spices.
- Pork and alcohol are forbidden. Avoid prescribing medication coated with pork-extracted gelatin and drugs containing alcohol, if possible.
- Muslims eat meat only from animals killed in a certain manner (halal).
- The left hand is considered unclean, therefore, when handing someone food, use the right hand.
- Using utensils while eating is acceptable, however, Pakistanis typically use their hands.
- Fasting (from eating, drinking, sexual activity and bad habits) during the month of Ramadan (lunar calendar) is expected; exceptions to the fast are the sick and women who are pregnant, nursing and/or menstruating.

Hospital Attire:

- Modest dress for female patients is very important and changing linens/clothing should be done by female care staff.
- Make every effort to pair female patients with female practitioners and care givers.

Communication:

- Shaking hands is the standard form of greeting; always shake with the right hand. Avoid shaking hands with patients/family members of the opposite sex.
- Traditionally the male head of the family should be addressed when discussing medical or other issues. This male head will communicate the decisions made.
- Pakistani women will tend to defer to their husbands to answer questions (if he is present).
- Social interaction between men and women is avoided. When a male comes in contact with a Pakistani woman he should avoid eye contact and any physical contact (handshakes, assistance into/out of a chair or car, etc.).
- Women are often separated socially from the men. This cultural tradition may impact visitation considerations and should be handled delicately.
- Approach any discussion about sex carefully; it is a **sensitive** subject.

Pakistani Rituals:

- Muslims pray five times a day – dawn, midday, afternoon, sunset, evening; facing Mecca (northeast), caregivers should take care not to walk in front of someone while at prayer.
- Washing the face, hands and feet before praying is an important component of this ritual (nursing assistance is greatly appreciated for patients with limited mobility).
- Reciting the Koran, barely audible, is believed to provide pain reduction.
- Newborn prayers, recited immediately after birth, are whispered into the right ear.

End-of-life care:

- Notify the male head of the family, preferably with a religious advisor present.
- Notify family members, and contact Pastoral Care at ext. 52518 for a local mosque.
- If possible, place the patient with his or her head facing Mecca (northeast).
- Ask someone to recite the Shahdah (this can also be tape-recorded by a family member and played), or contact Pastoral Care at ext. 52518.

- Allow family to arrange for the ritual washing of the body; this does not interfere with Cleveland Clinic's post-mortem practice (communicate this to the head of the family).
- Allow family to make arrangements for proper funeral/burial of miscarriages.
- Avoid artificial life support for a patient in a vegetative state for a prolonged period.
- Avoid cremation or embalming, unless it is required by law.
- Avoid autopsies, unless it is for medical research and respect for the body can be guaranteed.

Pakistani Resources:

<http://www.loc.gov/rr/international/asian/pakistan/resources/pakistan-general.html>

<http://www.kwintessential.co.uk/resources/global-etiquette/pakistan.html>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Panamanian patients.**

Considerations before providing care:

- The culture, customs, and language of the Panamanians are predominantly Caribbean and Spanish; however, Panama is a melting pot of various ethnicities and belief systems.
- Many Panamanians struggle with poverty and paying for medical services may be challenging.

Meals:

- Rice and bean dishes are staple to the Panamanian diet.
- The plantain, corn, and seafood are also used heavily in Panamanian cooking.
- Because a majority of the population is Catholic, individuals may choose not to eat meat on Fridays, preferring fish or vegetarian dishes.
- There are few other dietary restrictions for Panamanians; caregivers should ask the patient and/or family members in regards to personal need.

Hospital Attire:

- Traditional folk dress or ornamentation may be desired, especially if a patient comes from an area with deep Spanish ties.
- Neatness and cleanliness are very important in Panamanian culture and patients or family members may be offended by an unkempt appearance.

Communication:

- Spanish is the dominant language, but English is the preferred second language in Panama.
- Many Panamanians are bilingual.

Panamanian Rituals:

- The overwhelming majority of Panamanians are Roman Catholic, accounting for almost 80% of the population, although there is no official state religion.
- The Jewish community makes up the second largest religious concentration in the region.

- The Baha'i faith is growing significantly as Panama boasts a Baha'i temple, one of only eight in the world.
- The Islamic faith is also represented within the culture.
- Panama is also rich in folklore and popular traditions which vary depending on the region of origination.
- Panamanians celebrate many religious and secular holidays:

New Year's Day	(January 1)
Martyr's Day	(January 9)
Carnival	(Monday/Tuesday before Ash Wednesday)
Ash Wednesday	(Wednesday before Easter)
Holy Friday	(Friday before Easter)
May Day	(May 1)
Christmas Day	(December 25)

End-of-life care:

- Most Panamanians follow the Catholic tradition that the Lord who has created them will also reward them with eternal life in heaven.
- A natural death is optimum and actions such as withholding life support or increasing pain medication are permissible in this natural process.
- The most important thing is to be respectful of a dying patient and his or her family. This includes having a Catholic priest available, providing an interpreter if the patient does not speak English, making arrangements for having the family participate in care, and having flexibility with visitation periods to ensure optimum family involvement
- If possible, visiting hours should be flexible to accommodate Panamanian traditions of mourning for the patient according to their customs.

Panamanian Resources:

- www.geography.about.com/library/maps/blindes.htm

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Polish patients.**

Considerations before providing care:

- Poland today is ethnically almost homogeneous (98% Polish) and Poles may be slow to interact with individuals of racial and cultural diversity.
- Poles often tend to be passive about health care and preventative medicine. They will rarely seek additional information or alternative treatments. Practitioners may need to provide numerous options for care and give steady encouragement to follow up on suggestions.
- Friends and family are very important to the Polish people.
- Most Poles do not speak English.

Meals:

- Polish food is typically higher in fat content and includes a great deal of potatoes and wheat or rye products.
- Lunch is the main meal of the day, preceded by a small breakfast and followed by a relatively small dinner.
- There are few restrictions in the Polish diet, yet caregivers should be aware of individual family preferences.

Hospital Attire:

- Most Poles wear crosses or other religious medals as protective measures against danger or disease.
- Women wear very little make-up and tend to dress in a conservative manner. Allow for modesty and conservative attire.

Communication:

- An interpreter may be necessary as few Poles speak English. Be aware of the need to speak clearly and to explain medical procedures in detail.
- Poles prefer to be introduced by a third party when available.
- Eye contact is expected when holding a conversation. It is considered rude to chew gum while talking to someone.

- Always shake hands when meeting someone for the first time. Poles typically shake hands upon meeting and when leaving a conversation. Shake hands with everyone in the room.
- Gentlemen may kiss a woman's hand in greeting.
- Always address adults formally using a title (Dr.) or Mr. (*pan*), Mrs. (*pani*), Ms., etc.
- Poles are usually quiet and reserved and dislike loud public behavior.
- Casual touching is unusual except for close friends and family. Arm's length or more is an acceptable distance for conversation.
- Physically when talking with a Pole: keep hands out of pockets, don't chew gum, don't lean against things, and avoid crossing ankle over knee when sitting.
- Poles are typically very sensitive to the feelings of others and direct communication may suffer because of the fear of hurting one's feelings.

Polish Rituals:

- Approximately 95% of the Polish population is Roman Catholic and celebrate the major Roman Catholic holidays.
- Families traditionally go to church on a weekly basis.
- Major holidays include:
 - Ash Wednesday, (February 22)
 - Palm Sunday, (April 1st)
 - Good Friday, (April 6th)
 - Easter, (April 8th)
 - Harvest Holiday, (August 15th)
 - Feast of Greenery, (September 8th)
 - All Saints -All Souls Day, (November 1st and 2nd)
 - St. Andrew's Night, (November 30th)
 - St. Nicholas Day, (December 6th)
 - Christmas Eve and Christmas Day, (December 24th and 25th)

End-of-life care:

- Most Poles will want to follow the Roman Catholic traditions during illness and death (including having a priest available).
- Poles believe that they do have some control over their future and will work to make changes that they see as important. Not as fatalistic as some other cultures, they may be more willing to try alternative treatments and "hang on" through illness.

- After death, bodies are brought home for a wake, followed by a church service and burial.
- Embalming is not typically used.

Polish Resources:

<http://www.poland.pl/index.htm>

<http://www.polish.org/?view=home>

<http://www.bl.uk/collections/easteuropean/pollink.html>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Puerto Rican patients.**

Considerations before providing care:

- Family ties are strong and extended families are the norm. Families are expected to support each member and to provide emotional, social, and financial guidance and support.
- Traditionally, Puerto Rican children are assigned two co-parents to provide support throughout their lives. This fact has created a bonded network within the community and may lead to numerous visitors and discussions on how best to proceed with medical concerns.
- Puerto Ricans may exhibit a fatalistic view of an illness and require encouragement that medical treatments can be beneficial and to stay positive.
- Puerto Ricans frequently use folk remedies when dealing with illness, be aware of this and ask to see what is being used that might interfere with medication and/or treatment.

Meals:

- Traditionally, Puerto Rican food is high in complex carbohydrates, fats and sodium and food brought in by family members will probably contain large amounts of each. Be aware of this when considering dietary concerns of various patients.
- Beans and rice is a staple of the Puerto Rican diet and may be seen as a comfort food.
- *Sofrito* is a favorite seasoning. The main ingredients used are cilantro leaves, garlic, green peppers, onions, and oil (it may vary depending on who’s making it).

Hospital Attire:

- Female modesty is a very strong value. This may make it difficult to do some examinations and discuss sexuality and/or other female health concerns.
- Women, especially young women, should not be left with a man without chaperons present.
- Make an effort to pair female patients with female practitioners and care givers.
- Many Puerto Ricans will wear religious charms or symbols, mainly depicting specific saints for which they feel a unique bond.

Communication:

- Some Puerto Ricans may have two surnames (one from the father's family and one from the mother's family); use an individual's full name or the father's surname.
- Expect a conversational distance that is closer than the traditional American norm.
- Traditionally, the concept of *machismo* is strong within families and the community. Men run the families and often make decisions for its members.
- Puerto Ricans believe strongly in the need for personal relationships and will be more comfortable and willing to follow the directives of care givers who develop rapport and a sense of trust.

Puerto Rican Rituals:

- Approximately 99% of Puerto Ricans are Christian with 70% of them being Catholic.
- Most community events (parades, festivals, etc.) have a religious basis. There is a focus on participating in these group religious experiences, more so than focusing on the individual rituals of the faith (example: going to mass).
- Many Puerto Ricans believe in contact with the dead and may pray for their support in health matters.

End-of-life care:

- It is important that all family and friends have access to a terminally ill patient as there is some belief that the spirit cannot enter the afterlife if there is something left unsaid.
- A Catholic Priest may be desired in order to take confession and perform last rites.
- Puerto Ricans may also want special amulets, blessing candles, ointments, water, etc. that could be provided by a spiritualist in order to ease the transition towards death.
- You may want to encourage organ donation if this is appropriate (explain to the family that Latinos are approximately three times more likely to need an organ transplant than European Americans).

Puerto Rican Resources:

<http://www.loc.gov/rr/international/hispanic/pr/resources/pr-general.htm>

<http://www.aspira.org/Internet%20Resources/hispresources.htm>

http://dmoz.org/Society/Ethnicity/Hispanic_and_Latino/

"Every Life Deserves World Class Care"

You are working with one of Cleveland Clinic's valued **Rastafarian patients.**

Considerations before providing care:

- There are more than one million Rastafari faithful worldwide with a concentration in Jamaica and Ethiopia.
- Some Rastas do not believe in medicine, but do consider the use of various herbs to be acceptable.

Meals:

- Many Rastafarians follow an *ital* - the general principle is that food should be natural, pure, and from the earth.
- Rastas avoid food which is chemically modified or contains artificial additives. Some also avoid added salt in foods.
- In strict interpretations, foods that have been produced using chemicals such as pesticides and fertilizers are not considered *ital*. And avoid food that has been preserved by canning or drying and even prohibit the use of metal cooking utensils.
- Rastas do not eat pork.
- Some Rastas also avoid eating fish and shellfish.
- Most Rastas avoid the consumption of all red meat.
- Some are strict vegetarians.
- Herbal remedies are permitted within this diet.
- Rastafarians do not allow alcohol, cigarettes, or coffee.

Hospital Attire:

- An Afro centric identification with the colors red, gold, and green, of the Ethiopian flag as well as, with the addition of black, the colors of "Pan-African Unity."
- Dreadlocks are very closely associated with the movement and should be left intact if at all possible.

Communication:

- Rastafarians use "I" to replace the first letter of many words and embrace non-standard dialects. Many will consciously modified words and phrases (e.g. "I-an-I" rather than "we" or other pronouns).
- The messages expounded by the Rastafari promote love and respect for all living things and emphasize the paramount importance of human dignity and self-respect.
- Some Rastafarians will say Pink people when referring to Caucasians.
- Above all else, they speak of freedom from spiritual, psychological, as well as physical slavery and oppression. In their attempts to heal the wounds inflicted upon the African peoples by the imperialist nations of the world, Rastafari continually extol the virtue and superiority of African cultures and civilization past and present.
- Many Rasta's reject modern society (seen as corrupt); medical staff should be aware that this may include some forms of treatment and/or may lead to distinctive behaviors.
- Some Rastafari speak Amharic and an interpreter may be necessary.
- Repatriation, the desire to return to Africa after 400 years of slavery, is central to Rastafari doctrine.
- Rastafari reject "-isms" (for example communism and capitalism) and especially reject the word *Rastafarianism*.

Rastafarian Rituals:

- Rasta's believe in the spiritual use of Cannabis which is often accompanied by Bible study and discussion. Its use is seen as an essential aspect of the belief system and it accompanies all ceremonies and holy observances.
- A reasoning is a simple event where the Rasta's gather, smoke marijuana, and discuss ethical, social and religious issues.
- Many Rastas believe that their body is the true church or temple of God and see no need to make temples or churches out of physical buildings.
- Rastafari is not a centralized organization and individual Rastafari work out their religion for themselves. This results in a wide variety of doctrines which are covered under the general umbrella of Rastafari.
- The drum is a powerful symbol of the faith and many believe that the spirit of divine energy is present in the drum.

- Reggae music is an important component of the belief system.
- The Bible, Kebra Nagast, The Promise Key, and Holy Piby are all holy texts.
- Rasta's believe that Haile Selassie, who was crowned Emperor of Ethiopia in 1930, is the living God incarnate.

End-of-life care:

- Many Rastas are physical immortalists who believe the chosen few will continue to live forever in their current bodies.
- The idea of ever living is very strong and important. Some Rastas may refuse treatment and/or preparing for death (creating a will for example) due to this belief.
- Some Rastas do not believe in medications and will ask for natural treatments.

Rastafarian Resources:

<http://www.avesta.org/avesta.html>

<http://rastafarionline.com/creed.html>

You are working with one of Cleveland Clinic’s valued **Reformed Jewish patients.**

Considerations before providing care:

- Reformed Judaism has approximately 1.1 million followers and is the largest Jewish population in the United States.
- The major difference between traditional Judaism and Reformed Judaism is the focus on traditional law and custom. Reformed Jews do not follow the ancient laws and focus a great deal more closely on personal autonomy.
- A Jew may be someone of Jewish ancestry (following the faith or not), someone of a family that practices Judaism, or a converted individual.

Meals:

- Although Reformed Jews do not follow much of the ancient Jewish law, there has been a movement toward a more traditional approach in United States. Staff will need to ask the patient where they stand in relation to the traditional “unclean” foods.
- “Unclean foods” consist of any land animal that does not have hooves or chews a cud, shellfish, and reptiles.
- Kosher meat must be slaughtered and prepared in a certain manner. Kosher meats are labeled.
- A Kosher diet will not combine meat and dairy products. Utensils used for each should be kept separate.

Hospital Attire:

- Jews wear a traditional head covering called a Kippah (yarmulkeh in Yiddish). The styles are different from various geographical locations and some will wear it during prayer while others will keep it on at all times.
- Reformed Jews will often dress modestly.
- There are often special clothes reserved for Shabbat and festival times.

Communication:

- English, Modern Hebrew, and Russian are the most widely spoken languages of Jews worldwide.

- There are many aspects of Reform Judaism that are distinctly Jewish but that have little religious connotation.

Reformed Jewish Rituals:

- Shabbat is observed by Jews in many forms. Many Reformed Jews will partake in actions that others will not. Many Jews will choose not to purchase items or spend money on this holy day. The Sabbath is to be distinctly different than other days. Traditions will vary by family.
- Many Reform Jews will celebrate civic holidays in the United States.
- The High Holidays are celebrated at the Jewish New Year (Rosh Hashanah) and Yom Kippur (Atonement), there are traditionally 40 days of celebration and prayer leading up to these most important days.
- Males are expected to be circumcised as newborns.

End-of-life care:

- Organ donation and transplantation is accepted within Reformed Judaism.
- It is permissible to remove life support systems of Reformed Jews.
- The clothing and personal effects of a deceased loved one are often donated to charitable organizations.
- Although acts which will shorten a Reformed Jew's life are not condoned, treatment administered must have a reasonable chance at success. Experimental treatments are not condoned.

Reformed Jewish Resources:

<http://www.beingjewish.com>

<http://www.renewreform.org>

You are working with one of Cleveland Clinic’s valued **Romanian patients.**

Considerations before providing care:

- Romania was under communist control until 1989 and many older Romanians may be cautious when interacting with medical staff.
- There is a tendency to mistrust strangers and a relationship will need to be established with medical staff for optimum communication.

Meals:

- Meals hold a significant place in Romanian culture and items available are influenced from many sources (Turks, Greeks, Hungarians, Bulgarians and Austrians).
- One of the most common meals is corn-meal mush.
- Pork is the most often consumed meat source.
- Wine is the most popular drink.

Hospital Attire:

- There is little in the way of formal dress although modesty is important. Many Romanians tend to dress simply.
- Romanians tend to be very formal and have a high need for privacy (they may prefer private rooms if available).

Communication:

- Romania has developed an unique cultural heritage based on influences from a number of cultures from Central and Eastern Europe, the Balkans, and the West as well.
- Many Romanians will speak English and/or French (along with the traditional Romanian); however, many will appear shy or quiet upon first meeting.
- Folk tradition, storytelling, and theater are very strong in Romanian culture.
- Music and dance play an important role in the culture as well.
- Age and position are highly regarded in Romania, as are modesty and humility.
- Titles are very important in this culture they should be used at all times.

- Family is of great importance in Romanian culture and it is expected that the elder male member of the family make the decisions for the group.
- Meetings between family members and medical staff should maintain some formality.

Romanian Rituals:

- The large majority of the population is Romanian Orthodox (see Catholic Orthodox) and will follow rather strict church practice.
- The Church is the most respected institution in Romania.

End-of-life care:

- Because of the Orthodox Catholic tradition, most Romanians will want to be in contact with a priest during their illness/treatment.

Romanian Resources:

<http://www.bl.uk/collections/easteuropean/stateink>

<http://www.loc.gov/rr/international/european/romania/resources/ro-general>

<http://www.unc.edu/depts/slavic/resources/countries>

<http://www.orthodoxlinks.info>

You are working with one of Cleveland Clinic’s valued **Russian patients.**

Considerations before providing care:

- Approximately 85% of Russians are members of the Russian Orthodox Church (associated with the Eastern Orthodox).
- There are an estimated 21-28 million Muslims in Russia, constituting approximately 15% of the population. Relations between the Russian government and Muslim elements of the population have been marked by mistrust and suspicion.
- There is also a growing Russian Jewish population in the United States.
- Upon arrival to a medical facility, caregivers should be aware of the tradition of self-medication in Russia.

Meals:

- Much Russian food is based on the peasant food of the rural population in an often harsh climate, with a combination of plentiful fish, poultry, game, mushrooms, berries, and honey. Soups have always played an important role in the Russian meal.
- Many Orthodox Christians fast every Wednesday and Friday. In general, fasting refers to abstaining from meat, fish, dairy, and other animal products; and for symbolic reasons olive oil and wine. There are also four major fasting periods during the year (you may want to ask an patient about these times).

Hospital Attire:

- Orthodox Russians do not have a specific traditional dress, but all attempts should be made toward modesty and conservative hospital attire.
- Make sure to allow for traditional religious amulets and such.
- Islamic Russians will traditionally expect women patients to be fully covered and a female doctor and nurses should be provided if possible.

Communication:

- Russian is the common official language throughout the Russian Federation understood by 99% of its current inhabitants and widespread in many adjacent areas of Asia and Eastern Europe.

- Men in Russia will always shake hands upon meeting. It is taboo to shake hands with gloves on. Shaking hands and giving things across the threshold is also taboo.
- It is traditional in Russia for men to give flowers to women on nearly every occasion.
- It is impolite to point with your finger. But if you must point, it's better to use your entire hand instead of your finger.
- It is impolite to put your feet up on furniture with your shoes on. Sometimes, simply showing the soles of your shoes is considered rude.
- Whistling indoors is considered very rude.
- Traditional Russian cheek kissing is done using three kisses; it is not used upon every greeting.

Russian Rituals:

- Ethnic Russians have predominantly followed the Russian Orthodox Church, aligned with the Eastern Orthodox Church, which most effectively preserves the traditions of the early Christian church.
- Religious icons are of great importance and tales of miraculous icons that moved, spoke, cried, or bled are not uncommon in the Orthodox community. Most Orthodox homes have an area set aside for family prayer, usually an eastern facing wall, where many icons are set up.
- Because there is a significant minority of Muslim Russians, their specific rituals should also be accommodated (see Islamic resource sheet).

End-of-life care:

- The Orthodox believe that when a person dies his soul is "temporarily" separated from his body. Though it may linger for a short period on Earth, it is ultimately escorted either to heaven or hell.
- An individual who is seriously ill or dying may request to see a priest for confession and to be anointed (Holy Unction). They may also request that religious symbols and icons be present in the room.
- Islamic Russians will want to follow traditional practices associated with death and burial (see Islamic resource sheet).

Russian Resources:

<http://www.russianinternetguide.com/>

<http://www.websher.net/inx/icdefault1.htm>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Scientologist patients.**

Considerations before providing care:

- The keynote of the Scientology religion is the growth of the human spirit.
- Scientology strongly favors the use of its specific practices for spiritual/mental healing over the use of conventional medical treatment.
- There is no specific policy against the use of medicines for a specific medical issue; this decision is left up to the doctor and the patient.
- However, there is an opposition to drug therapy, especially with antidepressants and other mental health related medications. These types of drugs are often seen as superficially treating problems rather than getting to the root of the issue.

Meals:

- Scientology is a religion based on the individual, there is no specific diet and/or restrictions to food and beverage. Medical staff should be aware that each scientologist may have personal concerns regarding food choice and be sure to ask the patient and/or the family present.

Hospital Attire:

- The 8-armed cross and the triangle both symbolize specific tenets of the faith.
- Unlike many religions, scientology preaches that material wealth is a physical manifestation of reaching higher levels of knowledge. Many patients may prefer to have their material possessions on their person (ex. jewelry).

Communication:

- Scientology has founded and supports many organizations for social betterment because of the belief that you cannot free yourself spiritually without working to free others. Some scientologists may be eager to talk to staff and care givers about the basics of scientology.
- Dianetics, the precursor to scientology, was originally established as a self-help therapy with a focus on a basic understanding of how the mind works and how to remove problematic memory traces.
- Scientology is shrouded in a great deal of secrecy and loyalty to the Church is of great importance.

- Silent birth is a significant expectation of Scientology. Having a quiet or gentle birth is all about providing the best environment for the birthing mother and her new baby. The concept forms around the idea that words spoken during pain and unconsciousness can have effects on an individual later in life.

Scientologist Rituals:

- Scientology's structure looks very similar to a corporate structure, which is quite hierarchical.
- The thetan (what many of us would consider the "soul") is the aspect that is continually trying to reach a higher plane of understanding.
- Memory traces (engrams), specifically moments of pain, get burned in the reactive mind and then cause both physical problems and psychological problems in the future. Medical staff should try to keep a calm and quiet space for the individual.
- There is a focus on dealing with the engrams of this particular life--going all the way back to childhood, even in a prenatal state. The ultimate goal is to clear all of the problematic engrams and reaching a "clear" state (where you are completely free from negative memory experiences).
- The main Scientology religious practice is spiritual counseling called "auditing." It is a form of personal counseling intended to help an individual look at his/her own existence and improve his/her ability. This process involves pinpointing negative engrams, reliving them and thereby clearing them from your reactive mind.
- Auditing is a precise, thoroughly codified activity with exact procedures.

End-of-life care:

- According to Scientology, suffering occurs as part of the spirit's entrapment here in the physical universe.
- Scientologists believe in reincarnation. After death, rebirths continue until one consciously confronts all pre-birth, current-life, and previous-life traumas and realizes one's true nature as a "thetan." Achieving this state enables the spirit to escape the cycle of birth and death--to operate independently of the physical universe and become one with God.
- As one passes on, the environment should be as peaceful as possible to avoid the establishment of further engrams (painful memories) to be dealt with in another life.

Scientologist Resources:

<http://www.scientology.org/>

<http://www.whatisscientology.org/>

<http://www.scientologytoday.org/>

You are working with one of Cleveland Clinic's valued **Scottish patients.**

Considerations before providing care:

- English is the major language used in Scotland.
- The majority of Scots are Christian.
- Scots are known to have high rates of heart disease and obesity issues.

Meals:

- Most traditional Scottish dishes are high in fat and are poor in nutrition. Although there has been a movement toward healthier eating habits, many still have very poor diets.
- Deep-frying is a widely used method of cooking and fast food restaurants are favored among many.
- Haggis (using sheep's offal) is still a favorite meal in Scotland.
- Fish, meat, and porridge/soup are major components of meals.
- Although the legal drinking age is 18, it is rarely enforced. Scotch is served after most dinners.

Hospital Attire:

- Casual and somewhat modest attire should be provided for both men and women.
- Many Catholic Scots may have amulets, rosaries, or similar religious items they will want with them.

Communication:

- A casual handshake is the common greeting among individuals of the same and opposite sexes.
- Using titles (Mr. Mrs. Miss) is important, wait to be invited to use first names.
- A two-fingered "peace" sign is obscene.
- Scots tend to be rather indirect in their communication style. One would do well to pay close attention to body language and facial expressions to see what subject may be uncomfortable and/or being avoided.

- Realize that direct questions may get elusive responses.
- Try to avoid confrontational conversations as this will often be nonproductive.
- Using humor is a good way to manage difficult discussions.
- Being polite is of extreme importance and you will hear many “please” and “thank you” in a given conversation.
- It is seen as extremely rude for someone to “cut in line” and all individuals are expected to wait their turn.
- Make sure to avoid calling a Scot “English” as it can be very offensive.
- Many Scots will be hesitant to complain, medical staff should be aware that a patient may be in discomfort and/or avoid discussing medical problems.
- Scots appreciate their personal space and do not appreciate individuals being too close during conversations (within 2 feet).
- It is appropriate to keep your hands to yourself unless you know a Scot very well.
- Men and women are treated equally in the home and the workplace.

Scottish Rituals:

- The Church of Scotland is the national Christian church of Scotland (45% of population belong). The Roman Catholic Church is the second largest denomination with almost 20% of the population belonging.
- Approximately 28% of Scots do not affiliate with any church.
- Games and festivals play an important part in Scottish life.

End-of-life care:

- Christians may want a pastor present and may ask to attend services if they are provided.
- Medical professionals should ask about the personal views/needs of the patient and family in regards to religious expectations.
- Catholics will want a priest to provide the *Anointing of the Sick* when someone is extremely ill or dying.
- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.

- Whenever possible, a dying person should be given the opportunity to prepare for death.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Suicide/euthanasia is never considered an option (by the Catholics), however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.
- There is no Church ruling against organ donation.
- Most Catholics are against birth-control and abortion.

Scottish Resources:

<http://www.scottishheritageohio.com/>

<http://www.scottishamericansociety.org/>

You are working with one of Cleveland Clinic’s valued **Shinto patients.**

Considerations before providing care:

- Shinto is an ancient polytheistic religion that was the state religion of Japan until directly after WWII. Since the mid 1900’s, the number of Japanese citizens identifying their religious beliefs as Shinto has declined a great deal, however, the general practice of Shinto rituals has not.
- Shinto beliefs and ways of thinking are deep in the subconscious fabric of modern Japanese society. "Shinto gods" are called kami. They are sacred spirits which take the form of things and concepts important to life, such as wind, rain, mountains, trees, rivers and fertility. Shinto teaches that everything contains a kami ("spiritual essence" which is sometimes translated into "god", though perhaps soul or spirit would be more accurate).
- A relatively small number of people practice Shinto in America.

Meals:

- Before eating, many (though not all) Japanese say, "I will humbly receive this food" in order to show proper thankfulness to the preparer of the meal in particular and more generally to all those living things that lost their lives to make the meal.

Hospital Attire:

- A whole range of talismans are worn for good luck and protection in most areas of life. Many traditional Japanese will want to have the *omamori* (an amulet to gain protection by *kami*) on their person.

Communication:

- One of the most important theme in the Shinto belief system is a great love and reverence for Nature in all its forms and for natural artifacts and processes.
- Failure to show proper respect (to nature and others) can be seen as a lack of concern for others. This is looked down on because it is believed to create problems for all. Those who fail to take into account the feelings of other people and *kami* will only bring ruin on themselves.
- There is a great emphasis placed on the need for cooperation and collaboration throughout Japanese culture today. Morality is based upon that which is of benefit to the group.

- Allegiance and respect to these groups is of great importance.
- Modern Japanese continue to place great emphasis on the importance of ritual phrases and greetings.
- Propaganda and preaching are not common, because Shinto is deeply rooted in the Japanese people and traditions; there is not much desire for "conversion."
- Essentially all followers of Shinto are Japanese. It is difficult for a foreigner to embrace Shintoism because there is no book to help a person learn about the religion. It is transmitted from generation to generation by experiencing the rituals together as a group.

Shinto Rituals:

- Shinto is greatly influenced by Taoist, Confucian, and Buddhist themes. It is a compilation of many ideas and legends into a unified account of Japanese mythology.
- Although the term "ritual customs" is used to refer collectively to Shinto practices, their content, shape and oral tradition varies greatly.
- The purpose of most Shinto rituals, however, is to keep away evil spirits by purification, prayers and offerings to the kami.
- Shinto has no binding set of dogma, no holiest place for worshippers, no person or *kami* deemed holiest, and no defined set of prayers. Instead, Shinto is a collection of rituals and methods meant to mediate the relations of living humans and *kami*.
- The family is seen as the main mechanism by which traditions are preserved. Their main celebrations relate to birth and marriage.
- Nature is sacred; to be in contact with nature is to be close to the kami. Natural objects are worshipped as containing sacred spirits.
- Physical cleanliness is important in the Japanese culture and followers of Shinto take baths, wash their hands, and rinse out their mouths often.
- Ancestor worship, ancient superstitions, and the importance of community festivals (*matsuri*) are important cultural, if not spiritual, aspects of the Japanese concept of Shinto. There are a number of "matsuri" held each year.

End-of-life care:

- The Japanese, although they recognize each person as an individual personality, do not take him/her as a solitary being separated from others. S/he is regarded as the bearer of a long, continuous history that comes down from his/her ancestors and continues on to the descendants.
- In the Shinto belief system, the present moment is the very center of time. Shintoists are expected to participate directly in the eternal development of the world, and must live fully each moment to do so.
- Though Buddhism and Shinto have very different perspectives on the world, most Japanese do not see any challenge in reconciling these two very different religions, and practice both. Thus it is common for people to practice Shinto in life yet have a Buddhist funeral.
- Death is considered a source of impurity, and the human remains should be disposed of quickly. Many family members may have difficulty with the decision to donate organs, dissect the body, and so on because of a desire to maintain a form of relationship with the "itai" (spiritual aspect of the physical remains). Medical staff should approach this subject with care.
- The afterlife is not a primary concern in Shinto; much more emphasis is placed on fitting into this world, instead of preparing for the next. However, there is a belief that the spirit of the dead can visit this world if people make a ritual or show reverence by holding festivals.
- In Shinto custom, when people die, they will most likely become Kami.

Shinto Resources:

www.religioustolerance.org/shinto.html

<http://www.religionfacts.com/shinto/index.html> (basic facts)

You are working with one of Cleveland Clinic's valued **Somali patients.**

Considerations before providing care:

- Somalia is located on the horn of Africa, has a uniquely long coast line bordering the Indian Ocean and the Red sea, and is one of the few African countries that is composed almost entirely of only one ethnic group.
- The official language is Somali, an afro-asiatic language related to Swahili and other Semitic languages like Arabic, Hebrew, and Amharic, but a considerable number speak English.
- The vast majority of Somali are Sunni Muslim and Arabic is like a second language. Attitudes, social interactions, and gender roles are based on traditional Islamic values. *(also see Islamic/Arabic patient guide)*
- Over a million Somalis have fled their country because of the famine, death and destruction brought on by internal civil disputes.

Meals:

- Somali diets vary from region to region. Southern Somali are accustomed to diets rich with green vegetables, corn, and beans. Those from the cities have been exposed to western foods like pasta and canned goods. Milk and rice are more prevalent in northern diets.
- Cambuulo a dish made of well-cooked Azuki beans combined with sugar and butter is a favorite dinner meal.
- No pork or alcohol; avoid prescribing medication coated with pork abstracted gelatin and drugs containing alcohol, if possible.
- It is common for a Somali dinner to be served as late as 9:00 in the evening; even later during Ramadan after prayers have been given.

Hospital Attire:

- Allow long gowns for female patients, who are required to cover their heads/bodies in the presence of men who aren't their husbands or part of their immediate family; some women may cover their faces.
- Somali Women do not traditionally wear pants as in the western sense, but they may be worn under a skirt.

- Women are extremely modest and there is a strong preference for them to be seen by female health care providers and interpreters.

Communication:

- The traditional greeting is "salama alechem" (May peace be with you) and a hand shake. The traditional parting phrase is "nabad gelyo" (goodbye).
- Boys and girls both have opportunities for education thus the literacy rate is relatively high.
- Men and women do not touch, and respect is given to elders. Elders are addressed as aunt or uncle even if they don't know them.
- The left hand is considered unclean, and the right hand is used for eating, writing, and greeting others. Men shake hands with men and women with women.
- Somali are modest and may avoid direct eye contact.

Somali Rituals:

- There are three parts to a Somali name, the given name is first, the fathers name is next, and the paternal grandfather's name is third. Male and female children will share the second and third names. Women do not change their names when they marry.
- Somali men may have up to four wives. Marriages can be arranged or by choice, and the common age for marriage is about 14 or 15.
- Men are the head of the household and may speak for the family.
- Having children enhances a Somali woman's status and they usually begin having children right after marriage. A normal family might very easily consist of seven or eight children.
- When a child is born the mother will stay indoors for a period of forty days, this time is called "afatanbah." There is a naming ceremony and a celebration with food, family and prayer at the end of this time.
- Women will want to breast feed and may find pumping for milk foreign. They may be unfamiliar with the concept of prenatal care.
- Circumcision is practiced on males and females; uncircumcised people are considered unclean.
- Male circumcision will take place sometime between birth and the age of five and is usually performed by a doctor or nurse in a hospital setting.

- Female circumcision is usually performed between birth and the age of five by a family member or in some hospitals, and could be related to many different procedures in varying amounts of removal of genitalia tissue.
 - Removal of the clitoral hood and leaving the rest (sunna circumcision)
 - Removal of the clitoris and anterior labia minora
 - Removal of the clitoris, the entire labia minora, part of the labia majora, and suturing of the labia majora leaving a posterior opening for passage of urine and menstrual flow, (infibulation) the most common form of female circumcision.

Even though a lot of attention has been given to the social-psychological implications most Somali women see this as a normal part of their culture. This is an emotionally charged and sensitive subject, but communications must be kept open in order to provide quality care and to respectfully manage these patients.

- Many will live with extended families, and the entire extended family and friends may want to stay with the patient while he or she is in the hospital.

End-of-life care:

- It is seen as callous for a physician to tell a patient or their family that they are dying, but they may explain the extreme graveness of the illness.
- As death approaches a section of the Koran is read, a sheik of the same gender is called upon to clean, perfume, place the body in white clothing, and say prayers.

Somali Resources:

http://ethnomed.org/ethnomed/cultures/somali/_cp.html

<http://depts.washington.edu/pfes/cultureclues.html>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Swedish patients.**

Considerations before providing care:

- Swedish is spoken by the majority of people although Sammi (spoken in the northern region).
- Over 75% of Danes are Evangelical Lutheran but only a very small minority actually professes to attend church services.

Meals:

- Hospitality and formality at meals are surprising aspects of a society that is so relaxed and formal in other areas of life.
- Pickled fish and vegetables, potatoes, cultured dairy products, crispy breads, fruits and various meats are the staple of most Swedish diets.

Hospital Attire:

- Restraint is a strong tenant in Swedish society and modest attire should be provided for both men and women. Excessive shows of wealth and/or flamboyance are frowned upon.

Communication:

- Swedes tend to speak in a soft and calm manner, rarely raising their voices or showing strong emotion in public. Many would rather listen to others than to talk above the group to be sure they are heard.
- The Swedish tend to be a humble and thankful people; they will profess thanks often and expect others to do the same.
- “Lagom” highly influences behaviors in Sweden and can be loosely translated into “moderation in all things.” The excess of anything is viewed negatively.
- Swedes are very egalitarian and do not stress competition.
- Danish men and women expect to be treated in the same respectful manner and to take equal parts in decision-making.
- Family is of utmost importance in Sweden and most places that you travel within the country are extremely family friendly. Parents will expect their children to be allowed access to all areas and to be treated with care and respect.

- Swedish parents enjoy broad laws allowing for the care of their children and may expect the same type of situation in the US; staff may need to educate parents on local expectations and limitations.
- Promptness is of great importance to Swedes, being too early or too late is rude.
- Swedes tend to be very private and will want to keep many of their belongings and personal effects secluded.
- A firm handshake and eye contact are very important during introductions and upon leaving.
- Use titles and last names until asked to use first names.
- Personal space is very important to the Swedish so make sure to give adequate distance and to avoid unnecessary touching.
- Swedes pay a great deal of attention to detail and will expect medical staff to do the same.
- The first time meeting with someone will most likely be low key and any major decisions will be avoided.
- There is no such thing as “awkward silences” in Sweden; they will not see a lull in the conversation as uncomfortable.

Swedish Rituals:

- Swedes celebrate the traditional Christian holidays.
- Mid-summer festivals are of high importance (celebrating summer solstice).
- April 30th evening and May Day (May 1st) is a time of celebration from a rather socialist perspective.

End-of-life care:

- Lutherans share a great deal of religious beliefs with Catholics but do not confess to a priest or receive the last rights as Catholics do.
- Lutherans do believe in the importance of professing their faith and will often want to have written statements that do so.
- The Book of Concord is an additional religious text that may be desired by an ill patient.
- Lutherans do not promote active euthanasia but do not discourage physicians from making the choice to withhold some medical care in certain circumstances (passive euthanasia). Organ donation is left up to the patient and the family.

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Thai patients.**

Considerations before providing care:

- Most Thai people are friendly, polite and tolerant as well as remarkably kind and patient. Thailand is a non-confrontational society.
- The official language is Thai.
- Buddhism isn't just a dominant religion, but the outlook, the moral philosophy and the way of life in Thailand; upon which their sense of etiquette is based.
- Nearly 95% of Thai are Buddhists.
- Thai’s respect hierarchical relationships, and the family is the cornerstone of society.

Meals:

- Serving cold water before a meal is considered social etiquette.
- Instead of a single main course with side dishes found in Western cuisine, a full meal typically consists of either a single dish or rice with many complementary dishes served with it.
- Food is generally eaten with a fork and a spoon. Chopsticks are rarely used.
- Meals are often served with a variety of spicy condiments to embolden the dish.

Hospital Attire:

- Appearance should be neat, clean, and conservative.
- The traditional outfit for men is long trousers with a shirt high-collar shirt (can be short-sleeved for a casual look or long-sleeved for a more formal occasion). On formal occasions, a cummerbund is typically worn around the waist.
- Female attire tends to be rather formal and elegant.
- Most Thai women wear dresses and some may prefer to wear an evening dress when entertaining visitors if possible.
- Conservative dress is expected for both men and women.

Communication:

- Thais do not normally shake hands when they greet one another, but instead press the palms together in a prayer-like gesture (accompanied by a slight bow) called a wai.
- Winking is inappropriate in any situation.
- Avoid touching Thai people, as it is too intimate; a gesture of an invasion of personal space.
- Generally, a younger person wais an elder, who returns it. There are web videos which provide a guide on to how to wai.
- Do not be surprised if you are addressed by your first name; for instance, Mr. Bob or Miss Mary instead of by your surname.
- Many have the nicknames, which are used in informal, casual contacts which are sometimes used in place of real names, which are quite long and hard to pronounce.
- Thais regard the head as the highest part of the body both literally and figuratively. As a result, they do not approve of touching anyone on that part of body; even in a friendly gesture. Do not touch anyone's head particularly the head of someone's child. Children are held in very high regard in Thailand.
- Do not touch or point at anything with your feet, they are considered dirty.
- Meet face-to-face if possible.
- Elders are shown great respect and will make family decisions.
- Modify vocal tone and volume as not to appear loud.
- Punctuality is of great importance in Thailand.
- Thailand people have a deep, traditional respect for anything to do with the King, Royal Family, and Buddha.
- Losing your temper in public is poor manners, and you are more apt to get what you want by keeping a cool head and concealing your emotions.

Thai Rituals:

- Almost each household has a special place with a miniature of the Buddha House (called the House of Spirits), which is where the family conducts their daily rituals and religious ceremonies. Thai patients may desire room to set up a Buddha House in his/her room.

- All Buddha images, large or small, ruined or not, are regarded as sacred objects. Hence, don't climb up on one to take a photograph or, generally speaking, do anything that might show a lack of respect.
- Buddhist priests are forbidden to touch or to be touched by a woman or to accept anything from the hand of one. If a woman has to give anything to a monk, she first hands it to a man, who then presents it.
- It is considered offensive to cause any disturbance at an assembly engaged in the performance of religious worship.

End-of-life care:

- Death is definite but the time of death is indefinite so a Buddhist aspires to be ready by being mindful of the preciousness of life and the uncertainty of its length.
- Death is viewed as an opportunity for great spiritual achievement if one is prepared and remembers one's spiritual practices and beliefs / understandings during the death process.
- Since the state of mind at the time of death is vitally important, it's most important to die with a calm and peaceful mind; with strong spiritual/ positive thoughts prevailing.
- Listen and acknowledge feelings without judgment.
- Support "letting go" and the release of everything of this world.
- Focus on the positive and encourage rejoicing for the life that is about to be reborn.
- Death is not viewed merely as discontinued breathing or heartbeat. Death is seen as a process with stages.
- Thai patients may want to visit with a Buddhist monk and/or other religious figure while ill.
- It's best if the body is not touched until a Buddhist Monk, Nun or Lay Practitioner can do the recommended prayers. If the body must be moved, then touch the top of the head and /or pull the hair on the crown first before touching any other part of the body.
- Allow for amulets and other religious symbols to be displayed and treat them with respect. If there is a Buddhist Stupa, text (scripture) or statue, it's best to use these to touch the crown of the head. And make prayers or good wishes for their peace and passing.

- Well trained Buddhists will not cry or show strong emotion near the body during the death process. Provide a quiet space away from the body if possible and support as you would anyone with loss.
- Buddhists believe that a happy, positive, peaceful mind creates a life of good deeds and morality, which produces a happy, fortunate rebirth. Bereaved Buddhists want the deceased to achieve this and will continue to do prayers and rituals for 49 days.

Thai Resources:

<http://tlc.ucr.edu/references/index.html>

www.commisceo-global.com/coutry-guides/thailand-guide

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Transgender patients.**

Transgender: people who have a gender identity or gender expression that differs from their assigned sex at birth.

- Transgender is an umbrella term that encompasses people whose gender identity is the opposite of their assigned sex, or whose identity is not exclusively masculine or feminine, or whose identity is a third gender which is a conceptualized middle gender between a male and female.
- Transgender is described as a person’s inner sense of self. Gender expression is how a person communicates their identity outwardly in appearance, emphasizing your masculine or feminine culturally acceptable dress and behavior choices.
- Transgender congruence is the degree that a person feels that their assigned sex aligns with their chosen gender identity. The acronym CIS represents the term “Comfortable In Skin”, which reflects a transgender person’s authentic state of being accepting for their gender identity.
- Gender dysphoria is incongruence and may lead a transgender person to seek medical care to Transition into the other sex. The medical term for this surgical procedure is called sex reassignment surgery.
- A trans-man refers to a man who has transitioned from female to male. A trans-woman refers to a woman who has transitioned from male to female. To remember the correct terminology recall that medical providers want to honor a person’s gender identity and therefore take on the title that reflects the person’s successful gender identity as the outcome of the surgery.
- Transgender is independent from a person’s sexual orientation. Sexual orientation is a focused characteristic about a person describing who they are attracted to romantically or sexually. Transgender people may identify as heterosexual, homosexual, asexual, bisexual or inexplicable titles of their partner choices.
- Queer is a general term that is used by a person to describe themselves as non-gender conforming. Every person in LGBT community can ubiquitously be termed queer. This term historically was used as a derogatory term and still today used with sensitivity. The term could only be used if a person has self -identified themselves and confirms that the term could be used to label themselves by others.
- The term transsexual is no longer used. It historically is one aspect of the transgender community umbrella term that defines a person whose assigned birth sex is not the same as their gender identity.

- Begin by evaluating yourself and any assumptions, phobias, biases or beliefs that you might hold internally. Be aware of your own reactions and body language.
- It is especially important to create a non-judgmental open, caring atmosphere, because of the intense difficulty some patients experience discussing being transgender in a clinical setting.
- The issue of confidentiality is also an extremely vital aspect of care, as an inadvertent "outing" of a patient could have a significant impact on their family relationships, livelihood, social status, and personal safety.
- Explain the medical record documentation process to patients, as transgender patients will be particularly conscious of protecting their medical information.
- Many will avoid seeking health care, because of negative past experiences, societal pressures, and the stigma attached.
- Friends, partners, and spouses of transgender patients should be given the respect and privileges usually afforded to a spouse or relative.
- Questions about families need to allow for alternative definitions including, same sex parents, or multiple parent situations. Use open ended questions when gathering information about family structures.

Be careful not to make assumptions:

- Don't assume that transgender patients are necessarily homosexual.
- It could take time for a transgender patient to have enough trust to divulge information.
- A patient with children is not necessarily heterosexual.
- Don't assume that teenagers who are transgender are too young to be aware and are just going through a phase.
- Ask questions about sexual orientation only if the question is relevant to the health care concern. Sexual health questions are important to all patients for preventative health care.
- Transgender men (female to male transition) require pap tests unless they have had a complete hysterectomy. Don't assume they have all had hysterectomies. A gynecological exam is an uncomfortable experience both physically and emotionally for a transgender male, be certain to continue to refer to the individual as "he" throughout the exam.
- Transgender males also need regular breast exams.

- Transgender women (male to female transition) require prostate exams. Show sensitivity to the uncomfortable nature of the exam and continue to refer to her as “she” during the exam.
- Transgender females may need STD screening from the pharynx, rectum, and the genitals.
- A transgender person’s health issues do not necessarily revolve around sexuality. Consider all possible diagnosis as with any other patient.
- Be sure to screen transgender patients for domestic violence along with all other patients.

Meals:

- Refer to specific cultural patient care guide.

Hospital Attire:

- Be considerate of gender preferences.
- Allow for privacy and respect that some individuals may feel more comfortable having a family member or partner assist with dressing.

End-of-life care:

- Refer to specific cultural patient care guide.
- Counseling patients on their right to designate a durable power of attorney is especially important for same sex partners, specifically regarding who is authorized to make medical decisions.

Transgender Resources:

<http://www.ohanlan.com>

<http://www.common-grnd.com>

<http://lgbtqnationn.com>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Turkish patients.**

Considerations before providing care:

- The Turkish is an interesting combination of clear efforts to be "modern" and Western, alongside a desire to maintain traditional religious and historical values.
- There are many “grey areas” within a culture that tries to maintain secular standards but in which 99% of the population claims to be Sunni Muslim.
- Be aware of generally permissible procedures: circumcision (strongly encouraged); blood transfusions; in vitro fertilization; organ transplantation; genetic engineering; organ donation; and abortion (traditional teachings say the soul is created after the third month; contemporary teachings say life begins upon conception).

Meals:

- Turkish cuisine varies a great deal depending on region.
- Turkish Cuisine generally consists of sauced dishes prepared with cereals, various vegetables and some meat (usually Lamb), soups, cold dishes cooked with olive oil and pastry dishes.
- Breakfast in Turkish culture is a rich one as a range of products are consumed (cheese, butter, olives, eggs, tomatoes, green pepper, and honey are the main ingredients).
- A vegetable dish is the usual main course in a Turkish meal. There is a very large variety of vegetables used such as spinach, leek, cauliflower or artichoke. A typical vegetable dish is prepared with a base of chopped onions and garlic sautéed in olive oil, later with tomatoes or tomato paste.
- A Turkish meal usually starts with a thin soup (*çorba*) with a low consistency.
- Turkish cuisine has a huge variety of meat dishes, lamb dishes being favored.
- Turkish cuisine has a range of pastries (either salty or sweet). One of the best-known desserts in Turkish cuisine is baklava.
- Ayran (salty yogurt drink) is the most favorite cold beverage which might accompany almost all dishes in Turkey.
- Turkish coffee is a worldly known coffee which can be served sweet or bitter.

Hospital Attire:

- Modest dress for female patients is important and changing linens/clothing should be done by female care staff.
- Make every effort to pair female patients with female practitioners and care givers.
- Many Turkish women are not veiled in public and are somewhat more relaxed in their dress.

Communication:

- Turkish is the official language, but there are a number of different languages and dialects found (depending on the region of origination).
- Older and younger people in Turkey tend to express themselves with a different vocabulary due to a sudden change in the language. While the generations born before the 1940s tend to use the old Arabic origin words, the younger generations favor using new expressions.
- There is a strong tradition of secularism (separation of church and state) in Turkey. The constitution recognizes religious freedom and protects various religions, however, an enormous percentage of the population is Islamic and some individuals are more fundamentalist than others.
- Traditionally the male head of the family should be addressed when discussing medical or other issues. This male head will communicate the decisions made.
- Approach any discussion about sex carefully as it is often a **sensitive** subject.

Turkish Rituals:

- Muslims pray 5 times a day (see "Islamic rituals" below); do not interrupt/walk in front of the patient while he/she is praying.
- Most Turks will follow the religious holidays of Islam.
- The tradition of folklore (folktales, jokes, and legends) is very rich in this culture. In some regions, desperate patients with incurable diseases and sick babies are said to have been "shown to the moon on a wooden shovel." You may hear reference to this or other folk legends.
- Some holidays: January 1 - New Year's Day, April 23 - National Sovereignty and Children's Day, May 19 - Commemoration of Atatürk, Youth and Sports Day, August 30 - Victory Day, October 29 - Republic Day

End-of-life care:

- Notify the male head of the family, preferably with a religious advisor present.
- Notify family members, and contact Pastoral Care at ext. 52518 for a local mosque.
- If possible, place the patient with his or her head facing Mecca (northeast).
- Ask someone to recite the Shahdah (this can also be tape-recorded by a family member and played), or contact Pastoral Care at ext. 52518.
- Allow family to arrange for the ritual washing of the body; this does not interfere with Cleveland Clinic's post-mortem practice (communicate this to the head of the family).
- Allow family to make arrangements for proper funeral/burial of miscarriages.
- Avoid artificial life support for a patient in a vegetative state for a prolonged period.
- Avoid cremation or embalming, unless it is required by law.
- Avoid autopsies, unless it is for medical research and respect for the body can be guaranteed.

Turkish Resources:

<http://www.pbs.org/wnet/wideangle/shows/turkey/resources.html>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Ukrainian patients.**

Considerations before providing care:

- The Ukraine is a culture where women are somewhat subordinate to men and most discussions concerning health care should take place with the male head of the household.

Meals:

- Ukrainians tend to drink vodka often, with meals and between. Family members may see this as something to be given as a gift or to make a hospital stay more endurable. Be aware of what medications might be effected by alcohol.
- Lunch is the main meal of the day, preceded by a small breakfast and followed by a relatively small dinner.

Hospital Attire:

- Ukrainian women are highly valued and seen as the moral center of the family; provide them with appropriately modest clothing.
- Some Ukrainians may wear crosses or other religious symbols that give comfort in distress.

Communication:

- Upon meeting, Ukrainians will typically shake hands and give their name instead of saying hello.
- Address individuals as Mr., Mrs., or Dr. when having conversation.
- Ukrainians may use emotion during conversation or in bargaining, being very reserved or being extremely dramatic. You may see a swift change in mood during conversation as well.
- For the most part, Ukrainians tend to be soft-spoken with slow careful speech.
- Ukrainians tend to be independent and self-reliant. Asking for and accepting help may be viewed as weakness.
- It is important to have a great deal of information before a decision is made in Ukrainian culture.

- The traditional American “ok” sign (forefinger and thumb together in a circle) is an offensive gesture as is making any gesture with a shaking fist.
- When seated, it is proper to keep your knees together and rude to put your ankle on your other knee. It is also considered inappropriate to move past seated people with your back facing them.
- Traditionally, an arm’s length is the appropriate conversation distance in the Ukraine.

Ukrainian Rituals:

- Most Ukrainians living in the United States are Christian and belong to the Ukrainian or Russian Orthodox Church. The Ukrainian Church is one of the most mystical, ritualistic, and symbolic of all Orthodox churches.
- Ukrainians are very focused on celebrating the past without relying on too many plans for the future.
- Remember that the Eastern Orthodox calendar is in effect in the Ukraine and so the dates of many of the main religious festivals (ex: Christmas and Easter) are on different dates than celebrations held here in the West.

End-of-life care:

- Ukrainians will want to support the sufferer to the greatest extent with prayers and expressions of love and caring.
- Ukrainians do not attempt to stave off death through artificial means.
- Ukrainians believe that death is a passage to the life eternal.
- Sometimes people veil mirrors in the belief that the spirit of the dead person might be reflected in them.
- It is traditional to veil the face of the reposed with a cloth.

Ukrainian Resources:

<http://www.loc.gov/rr/international/european/ukraine/resources/ua-culture.html>

<http://reenic.utexas.edu/countries/ukraine.html>

You are working with one of Cleveland Clinic’s valued **Vietnamese patients.**

Considerations before providing care:

- Most Vietnamese follow Buddhist concepts. Buddhism on the whole is best understood not as a religion in the Western sense but more a philosophy of life, and it impacts profoundly on the health care beliefs and practices of Vietnamese.
- Pain and illness are sometimes endured and health-seeking remedies delayed because of the Buddhist belief in fate. Similarly, preventive health care has little meaning in this philosophy.
- When Vietnamese enter the American health care setting, they do so frequently with the goal to relieve symptoms. In general, the Vietnamese patient expects a medicine to cure the illness immediately.
- The doctor is considered the expert on health; therefore, the expectation is that diagnosis and treatment should happen at the first visit, with little examination or personally-invasive laboratory or other diagnostic tests.
- Vietnamese frequently discontinue medicines after their symptoms disappear; similarly, if symptoms are not perceived, there is no illness. Be prepared to discuss the need to continue medications in full.
- Vietnamese commonly believe that Western pharmaceuticals are developed for Americans and Europeans, and hence dosages are too strong for more slightly built Vietnamese, resulting in the potential for self-adjustment of dosages.

Meals:

- The emphasis of Vietnamese cooking is on serving fresh vegetables and/or fresh herbs as side dishes along with dipping sauce. The Vietnamese also have a number of Buddhist vegetarian dishes. The most common meats used in Vietnamese cuisine are pork, beef, prawns, various kinds of tropical fish, and chicken.
- A typical Vietnamese meal would consist of a roasted meat or fish dish, a stir-fried vegetable dish, rice to share amongst the family, small bowls of fish sauce and soy sauce, and a large bowl of soup to share amongst the family (as typical in Vietnamese cuisines the soup most often a clear broth with vegetables and meats).

Hospital Attire:

- In daily life, the traditional Vietnamese styles are now replaced by Western styles. Traditional clothing or costume is worn instead on special occasions, with the exception of the Ao Dai (national formal dress usually reserved for special occasions) for females.

Communication:

- In the United States there are more than one million people who speak Vietnamese which is the seventh most-spoken language.
- Vietnamese in this country will rarely be confrontational with their American counterparts; in disagreement, a "face-saving" measure of avoidance or superficial acceptance is preferred to questioning or defiance, especially of those in positions of superiority, such as doctors. Even direct eye contact or physical positioning of elevation over one's superior is considered forward and impolite.
- The family unit is more important than the individual, with less emphasis on the "self." Accordingly, health care decision-making is frequently a family matter and the family will typically be involved in treatment.

Vietnamese Rituals:

- Most Vietnamese follow Buddhist concepts. Buddhism on the whole is best understood not as a religion in the Western sense but more a philosophy of life, and it impacts profoundly on the health care beliefs and practices of Vietnamese.
- The diagnosis of illness is frequently understood in the three different, although overlapping, concepts of spirituality, balance, and Western ideas of medicine.
- Many Vietnamese may practice some form of ancestor worship which entails praying for the lineage on the male's line of descent. These dead ancestors are believed to play a role in a family's wealth, health, and success, and therefore, paying the proper respect means that the ancestors will bless the family.

End-of-life care:

- The prospect of burial away from ancestral burial sites is a source of significant distress to older Vietnamese and should be handled delicately and with family.
- It must be taken into account that misfortune which befalls a family (illness or death) may be attributed to the ancestors' displeasure.
- In Vietnamese culture, grief and bereavement are not necessarily private, time-limited, nor does it give the appearance that the grieving family member "let's go."

- Many Vietnamese do not like to discuss death and dying because it is associated with evil and bad luck.

Vietnamese Resources:

<http://asia.dir.yahoo.com/regional/countries/vietnam/>

<http://digicoll.library.wisc.edu/PAIR/textMapIE.html>

<http://www.pocanticohills.org/vietnam/sources.html>

<http://www.library.wisc.edu/guides/SEAsia/internet/Vietnam.html>

You are working with one of Cleveland Clinic's valued **Wiccan patients.**

Considerations before providing care:

- A person who follows the Wicca tradition will often refer to themselves as a Witch.
- There are a number of variations in the Wicca tradition along with a considerable amount of overlap between Wicca and various other nature religions and shamanic traditions - (Neo-paganism, Goddess spirituality, Women's spirituality, Nature religion and New Age).
- Core Wicca belief is in the One Divine Source which is the essence of Love. All things are part of this One. According to this philosophy, we are all spiritual beings and all part of the great spiral of existence.
- A person can follow Wicca in conjunction with following other spiritual paths, such as Buddhism, Judaism, Christianity, etc.
- Wiccan belief is in the existence of two worlds: the energy/spirit/consciousness realm that unites us all, and the outer/matter-formed/"ordinary" world.

Meals:

- Some witches may not eat meat, fish, or dairy products. Medical staff should ask dietary preferences and may want to consult a nutritionist.
- Specific "potions" (cocktails of various herbs) may be desired for particular ceremonies.

Hospital Attire:

- Much of Wicca clothing reflects the freedom expressed in this religion. Many will choose to wear simple, light-weight clothes that slip on and off easily. They will often choose cloth of natural tones without buttons, zippers, or snaps.
- There is no specific Wiccan dress, however, be aware that many Wiccans may want to wear pendants, amulets, and/or specific articles of clothing while receiving medical care. Care should be taken when these articles must be removed for treatment purposes.

Communication:

- Every Witch is personally responsible to the Divine for her choices, words, actions, and inaction.
- According to the belief it is every person's right and responsibility to find her/his own way, determine her/his own values, and live by her/his own choices.
- No one should judge or dictate another's path.
- According to this system, everyone is their own prophets, priests/ priestesses, and leaders. Power is a commodity to be shared and passed from hand to hand.

Wiccan Rituals:

- Witches believe that the world is a Temple and all of life a sacrament.
- Since we are all manifestations of the One, we are all equal. There is no higher authority, no prophet, no bible, and no single leader that can legitimately claim authority over others.
- The Divine is directly accessible to every person, through meditation, prayer, introspection, ritual, and magic. No one needs an interpreter or intervener, but his/her own heart and body and mind. However, while there is no worldly authority and no interpreters mediating between a Witch and the Divine, there are many who help in understanding. These leaders and guides are offered respect and gratitude and should be allowed access to the patient when possible.
- Tarot, runes, astrology, and all other divination techniques along with tools such as stones, shells, herbs, and other natural elements may be used in rites and rituals.
- Symbols such as wands, candles, pentacles, incense, etc. are used as aids in focusing attention and accessing other levels of consciousness. The mandala is also used (circular artworks with a spiritual context. In Sanskrit, the word means *circle*, or *completion*.)
- Drawing Down the Moon is a core spiritual practice which involves a specific stance, requires the light of the moon, and should be respected with quiet so that the sensory experience may be fully felt.
- Grounding Meditation, spoken mantras, prayer dance, yoga, and other meditative practices are also common methods used to center him/herself before practicing any ritual.

- Alters are seen as a physical representation of one's relationship to the divine. They can be placed anywhere but are usually kept confidential.
- Dream analysis and interpretation along with creative visualization are also common.

End-of-life care:

- Because everything is "recycled" by Nature, life is not lost at death. A person's essence continues, although the details of this can't be fully known. The probability of reincarnation as one option.
- Unlike most religions, Wicca does not fear mortality. While a loved one's passage is always painful, witches don't shrink from the natural processes of life. The Wheel turns, and things (persons) must be let go, being returned at a later time.
- From a spiritual perspective, death is not an ending. It is simply a transition.
- There is the belief that mortal beings pass through a door to another realm of existence. Witches believe that sometimes this other side can be seen and that those on the other side can always see the mortals here.
- Many witches believe they can commune with the dead in some fashion or another.
- According to Wicca practice, death is a freedom from the burdens and blindness that come with a physical body and is an inevitable part of life. This doesn't mean that a witch neglects to do what she can to preserve and improve life, within reason. But it is pointless - even harmful - from a Wicca perspective to keep someone alive at any cost, or without an enjoyable quality of life, or against a person's wishes.
- As a state of expanded consciousness and Oneness with the Divine, then certainly all witches go to "Heaven". If not after this incarnation, after some future one.

Wiccan Resources:

<http://www.wicca-spirituality.com/index.html>

http://www.religioustolerance.org/wic_beli.htm

<http://www.religionfacts.com/neopaganism/paths/wicca.htm>

“Every Life Deserves World Class Care”

You are working with one of Cleveland Clinic’s valued **Zoroastrian patients.**

Considerations before providing care:

- Mazdaism is the religion that acknowledges the divine authority of Ahura Mazda proclaimed by Zoroaster (the prophet). This term can be used interchangeably with Zoroastrianism.
- The majority of individuals who follow this belief system reside in India and Iran.
- In the English language, an adherent of the faith commonly refers to him- or herself as a Zoroastrian or, less commonly, a Zarathustrian.
- Zoro has had an enormous impact on the world’s main religions although the number of adherents has diminished over the years.
- There is not specific instruction on organ and/or tissue donation or transplant.

Meals:

- The Parsis (Iranian) have three forms of prayers to be recited as grace before meals.
- Bread is the main staple of the diet (long ago replacing meat); however, most are not vegetarian.

Hospital Attire:

- The Kusti, or sacred thread-girdle, is a string that is long enough to pass three times very loosely round the waist, to be tied twice in a double knot, and to leave the short ends hanging behind. It is composed of seventy-two very fine, white, threads. It should be treated with respect by medical staff.
- Among many Zoroastrians, a great deal of importance has been attached to the Purification of the body. Purity is seen as essential for the good of the body as for the good of the soul.
- The word Padyab is the modern Persian form of an ancient term meaning "throwing water over the exposed parts of the body."
- The Padyab should be performed: (1) Early in the morning after rising from bed, (2) On answering calls of nature, (3) Before taking his meals, (4) Before saying prayers. The Padyab is the simplest form of purification and should be completed several times during the day.

Communication:

- Zoroastrian communities are comprised of two main groups of people: those of Indian background known as Parsis (or Parsees) and those of Iranian background.
- *Behdin* is used as a title for an individual who has been formally inducted into the religion.

Zoroastrian Rituals:

- According to Zoroastrian belief there is one universal and transcendental God, Ahura Mazda.
- According to Zoroastrian belief, there is a constant battle between order and chaos within the universe. Human beings play a part in this conflict and it is their duty to defend order. Active participation in life through good thoughts, good words and good deeds is necessary to ensure happiness and to keep the chaos at bay.
- Zoroastrians believe that we bear responsibility for all situations we encounter due to our choices and actions toward others. Moral decisions are central to the belief system.
- Their worship includes many prayers and symbolic ceremonies. Members can pray at home instead of going to a temple if they wish.
- Traditionally, Zoroastrians do not preach their faith or work for conversions (one is born into the religion).
- The Avesta is the collection of the sacred texts of Zoroastrianism.
- The energy of the creator is represented in Zoroastrianism by fire and the sun which are both enduring, pure and life sustaining. Zoroastrians usually pray in front of some form of fire (or other source of light).
- The baresman, sacred bundle of twigs or "slender wands", is a ritual implement which is also used in many Zoroastrian rituals.
- The Nirang-i Kusti is a religious rite which a Parsi man or woman ought to perform every time the hands have been washed, whether for the sake of cleanliness, or in preparation for prayer.

End-of-life care:

- Religious rituals related to death are all concerned with the person's soul and not the body. Zoroastrians believe that on the fourth day after death, the human soul leaves the body and the body remains an empty shell.

- After death, the urvan (soul) is allowed three days to meditate on his/her past life. The soul is then judged. If the good thoughts, words and deeds outweigh the bad, then the soul is taken into heaven, if not, then to hell.
- Although the body was once disregarded after a soul's departure, burial and cremation are becoming increasingly popular alternatives.
- When a man is on the point of death his relations send for two or more priests, who assemble round the sick bed of the dying person and pray for repentance.
- A short time before death, the dying person is sometimes made to drink a few drops of the consecrated Haoma water. Haoma is a plant that symbolizes immortality. A few drops of the water prepared with its juice will be gently thrown into the mouth of the dying person.
- Sometimes the juice of a few grains of pomegranate is dropped into the mouth of the dying person.
- A short time after death, the body of the deceased is completely washed with water and a white clean suit of cotton clothes is put over him.
- The "Kusti" or sacred thread is then girded round the body by some relative reciting prayers. The deceased is then placed on a white clean sheet of cotton cloth spread over the ground (bed). Two persons sit by his side and someone recites mantras very close to his/her ear. The relations of the deceased now meet him for the last time.
- After this time, nobody is allowed to touch or come into contact with the body (it has begun to fall under the evil influence of decomposition).
- Not only should a man not come into contact with the dead body, but even utensils and other articles of furniture should be kept away from the corpse. If wearing clothes have been defiled by the sweat, vomit, etc., of the dead, they should be altogether rejected and destroyed.

Zoroastrian Resources:

<http://www.avesta.org/avesta.html>

http://www.zoroastrianism.cc/universal_religion.html

<http://www.zarathushtra.com/>

2 Understanding Culture

Values & Attitudes that Support Cultural Sensitivity

- **Making** – a conscious effort to avoid imposing your values on others.
- **Intervening** – tactfully when others engage in behaviors that show cultural insensitivity or racial bias.
- **Understanding** – that family is defined differently by different cultures.
- **Accepting** – that male/female roles around decision making may vary significantly among cultures.
- **Respecting** – individuals/families as decision makers even when your professional and moral views differ.
- **Recognizing** – that the meaning or value of medical treatment and health education may vary.
- **Acknowledging** – that religious and other beliefs influence responses to sickness, disease, and death.
- **Understanding** – that health, wellness, and preventative services may have different meanings.
- **Realizing** – beliefs influence reactions and approaches to children born with disorders, or special needs.
- **Seeing** – that grief and bereavement are influenced by culture in a variety ways.
- **Obtaining** – information on acceptable behaviors, courtesies, customs, unique to a particular culture.
- **Keeping** – abreast of major health concerns for a culturally diverse patient population.
- **Developing** – an awareness of environmental or socioeconomic risk factors contributing to health issues.

Impact of Cultural Differences on Patient Compliance

- Not understanding the instructions.
 - Forgetting verbal advice.
 - Not comprehending the seriousness of the condition.
 - Not understanding the urgency of the recommended follow up visit, test or referral.
 - Being confused by oral instructions for use of medication.
 - Language barriers, hearing impairment, fear, mental confusion, literacy may impede their capabilities.
 - Compliance with prescribed treatment and self-care regimens.
 - Making medication or treatment mistakes.
 - Seeking preventative care soon enough.
 - Getting diagnosed later in the course of the disease.
 - Putting them at higher risk for hospitalization.
 - Needing hospitalization nearly 2 days longer per visit than the norm.
- Ask patients to repeat back the information or instructions that you have provided in their own words so that you can gauge and ensure the proper level of understanding.

Examples of Cultural Differences

- **Time** - The concept of time can be perceived in various ways by different groups. North Americans and Asians tend to be more schedule driven, punctuality is valued and lateness is considered a sign of disrespect. In African, Arab, and Latin American cultures, time is a more fluid concept and attitudes may be more relaxed about punctuality.
- **Pauses in Conversation** - In North America and in Arabic countries pauses are short, in Japan pauses can give a contradictory sense to the spoken words. Enduring silence is perceived as comfortable in Japan, while in India, Europe and North America it may cause embarrassment.
- **Laughing** - Connected to happiness in most countries; in Japan it is often a sign of confusion, insecurity or embarrassment.
- **Dinner** - If invited to dine in some Asian countries and Central America it is well mannered to leave directly following the meal; not leaving may indicate that you have not had enough to eat. In India, European, and North American countries leaving is considered rude, indicating the guest wanted to eat but not enjoy the company of the host.
- **Weight** - In Africa telling a female friend she has put on weight means she is physically healthier and has had a nice holiday. This would be considered rude in India, Europe, North America, and Australia.
- **Eye Contact** - In Africa, Asia, and Latin America avoiding eye contact is generally a sign of respect. These same signals can be misinterpreted as signs of deception or shame in North America and European countries.
- **Loudness** - In Africa, South America and Mediterranean countries talking and laughing loudly in public places is widely accepted. In Western European and Asian cultures it is considered rude and could be interpreted as self-centeredness or attention-seeking behavior.
- **Personal Space** - Africans, Arabs, and Mediterranean Europeans tend to stand close to one another during conversation. Hispanics or Latinos even closer with a lot of touching. Anglo Americans prefer a distance of about 2-3 feet. Asians prefer more distance and less touching.
- **Gestures** - The “ok” sign, thumbs up, the “v” sign (such as when referring to the number 2) sitting with the soles of your shoes facing up or touching someone with your shoes, a left handshake, and pointing at or beckoning someone with a single finger, are all considered rude gestures in various cultures.

3 Communication

Making Health Care Communication More Understandable

Instead of using:

Active role
Activity
Adequate
Adjust
Adverse (reaction)
Ailment
Avoid
Benign
Cardiac
Cautiously
Chronic
Cognitive
Collaborate
Condition
Dysfunction
Edema
Excessive
Factor
Fatigue
Gauge
Generic
Hazardous
High-intensity
Hypertension
Increase gradually
Inhibitor
Intake
Intermittent
Landmark
Lesion
Malignant
Moderately
Noncancerous
Option
Oral
Poultry
Procedure
Progressive
Prosthesis
Referral
Routinely
Screening
Significantly
Support
Temporary

Consider using:

Take part in
Something you do, or do often
Enough
Change; fine tune
Bad
Sickness, illness, problem with health
Stay away from; do not use; do not eat
Will not cause harm; harmless; not cancer
Heart
With care; slowly
Happens repeatedly
Learning; thinking
Work together
How you feel; health problem
Problem; not working well
Swelling
Too much
Other thing
Tired
Measure; test; get a better idea of
Product sold without a brand name
Not safe; dangerous
Use an example like running exercise
High blood pressure
Add to
Drug or medicine that stops something bad
What you eat or drink, what goes into your body
Off and on
Very important event; turning point
Wound; sore; infected patch of skin
Cancerous
Not too much
Not cancer; does not have cancer
Choice; more than one way
By mouth
Chicken, turkey, etc.
Operation; something done to treat the problem
Gets worse or better
Replacement for a body part
Get a second opinion; see another doctor
Often
Test
Enough to make a difference
Help with needs
For a limited time

Toxic
Vertigo
Wellness

Poisonous
Dizziness
Feeling good; good health

When prescribing medication, provide written instructions and information:

- a. Name of drug.
- b. How it should be taken, or applied, etc., be specific?
- c. How long?
- d. What is it for?
- e. What will it do?
- f. Important side effects.
- g. When to notify a physician?
- h. What precautions to take?
- i. What to do if a dose is missed?

Keys to Successful Cross Cultural Communication

- **Withhold Assumptions** - Are beliefs not objective truths.
- **Be Empathetic** - You must be empathetic to gain an understanding and appreciation of people from other cultures.
- **Involve Others** - Involving others solidifies relationships and is essential for collecting different points of view.
- **Exercise Open** - Open-mindedness fosters innovation and creativity.
- **Show Sensitivity** - Insensitivity is divisive, counterproductive, and stifles progress.
- **Use Wisdom** - Interact with others in a mature and respectful manner.
- **Listen Actively** - Attentive listening is vital to understanding meanings, read between the lines.
- **Speak** - Cross cultural communication is enhanced through.
- **Affirmatively** - Positive speech.
- **Ask Questions** - Asking questions allows you to increase your knowledge and stops you from making assumptions.
- **Observe Attentively** - Pay attention to voice tone, emotion, body language, and other behaviors.
- **Utilize Patience** - Respect is formed through patience and cultural knowledge is enhanced.
- **Be Flexible** - Rigidity inhibits our ability to embrace cross cultural differences.

- **Remove Barriers** - Barriers can be broken down through learning. Preconceptions and stereotypes are obstructive.
- **Build Trust** - Mutual understanding leads to greater trust, once established greater cooperation ensues.
- **Find Commonality** - Develop a sense of mutual understanding by focusing on commonalities.
- **Show Respect** - Showing respect and courtesy for others creates a climate of openness and civility.
- **Exercise Tolerance** - Tolerance is necessary for respecting other people's views and realities.
- **Identify Problems** - Review the context of situations or circumstances and focus on getting to the root of the issue.
- **Interact** - Frequent interaction builds deeper interpersonal relationships and greater awareness.
- **Simplify Language** - Avoid using complex language, slang, or colloquialisms.
- **Take Turns** - Relationships are enhanced by allowing equal time to converse, making points and listening to responses.
- **Confirm** - Ensure that the message is clear by asking others to *understanding* summarize or rephrase and repeat back.
- **Write** - Writing information helps those who lack the confidence to say they don't understand.
- **Avoid Blame** - Blame is destructive. Analyze the situation, break it down constructively, and seek a solution.
- **Be Cautious** - A funny joke to one person can be insulting to another. Be *with Humor* sensitive with humor.
- **Be Supportive** - Making others comfortable and encouraging interaction builds trust.
- **Self-Reflect** - Look inward and find ways to improve yourself.

4 Glossary of Diversity Words and Terms

A.

Able-bodied.

A person who does not have a disability or a “non-disabled” person.

Ableism / Ablism.

Preference based on mental or physical disability, which can be discriminatory.

Accent.

A distinctive manner of expression in reference to the inflection, tone, or emphasis on pronunciation that is distinctly different from the listeners, and is taken to be unique. Characterizing an individual as having a thick accent, could be defining them as “other” or “less than” and could be seen as stereotyping.

Accessibility.

The extent to which a facility is readily approachable and useable by individuals with disabilities.

Acculturation.

The process of acquiring a second culture. It is not assimilation which is to absorb into another culture.

ADA.

Acronym for “American Disabilities Act,” federal civil rights legislation dealing with discrimination in employment, public accommodations, transportation, and telecommunications, on the basis of disability.

Advertising/Media and Diversity.

Often a haven for stereotypes that affect the public’s perception of various groups, with dominant groups being presented as the norm, and others as deviations from the norm.

Advocate.

Someone who speaks up for her/himself and others of her/his particular identity group.

Affirmative Action.

Federal law aimed at “providing access” to correct the effects of discrimination in employment or education. Taking concrete steps to eliminate discrimination.

Africa.

Use when relating to the continent as a whole. Use specific countries or regions when possible. Do not use “Dark Continent.”

African.

Resident of Africa, regardless of race or ethnicity.

African American.

Americans of African origin. “Black” is also acceptable.

Age / Ageism.

A group identity based on the chronological number of years since a person’s birth. Discrimination often occurs against people who are “too young” or “too old.” When in doubt do not refer to a person’s age.

Glossary. A cont'd

Agnosticism.

The belief that one can not know the existence of God without physical evidence. Not a religion.

AIDS.

Acronym for “Acquired Immune Deficiency Syndrome.” Individuals diagnosed with AIDS prefer to be identified as “people with AIDS” (PWAs) rather than as AIDS victims.

Alien.

Used to describe a foreign born U.S. resident who is not a citizen. Those who enter legally are known as “resident aliens” and are issued “alien registration cards” or “green card.” Those who enter illegally are classified as “illegal aliens.” These terms can be considered derogatory and should be avoided outside the legal context. These terms can be isolating and demeaning to immigrants. Use “Legal immigrant” or “legal resident” instead of resident alien. Use “illegal immigrant” or “undocumented immigrant” instead of illegal alien.

Ally.

A person who supports the efforts of a group, but is not a member of that group.

American.

A term used to refer to citizens of the United States. However, this is a limited use of the term since “American” includes all people in the western hemisphere (North, South, and Central America). America is comprised of more than just the United States. To present a more global focus use “U.S. resident” or “U.S. citizen.”

American Indian.

Preferred term for “Native Americans.” Avoid the use of “Indian” as a synonym.

Anti-bias.

An active commitment to challenging prejudice, stereotyping, and all forms of discrimination.

Anti-Semitism.

Hostility toward or discrimination against Jews.

Asexual.

Having no evident sex or sex organs. In usage, may refer to a person who is not sexually attracted to other people.

Arab.

Any native of 22 Arab countries or one who claims ancestry to the Arab world. Not all Middle Easterners or Middle Eastern Americans are Arab. Not all Arabs are Muslim, many are Christian, and not all Muslims are Arab, most live in other places including Asia, Indonesia, Africa, and North America.

Arab American.

U.S. citizen of Arabic descent.

Asian. A resident of the continent of Asia, regardless of race or ethnicity. Not a synonym for *Asian American*.

Glossary. A cont'd

Asian American.

Used to designate U.S. citizens of Asian origin.

Asian Indian.

A person who originates or is descended from the Indian subcontinent, although commonly used to refer to a person from India.

Assumption.

Something taken for granted or accepted as true without proof. A supposition.

Atheism/ Atheist.

The belief that there is no God. A person who denies the existence of God.
Not a religion.

B.

Baha'i.

A religion that emphasizes the spiritual unity of humankind, and the oneness of God. Baha'i believe in the equality of men and women, universal education, world peace and the creation of a world federal system of government. Founded by Mirza Husayn 'Ali Nuri, who took the name Baha'u'llah while in exile in Baghdad. They have no public rituals and praying is done in private.

Bias.

A conscious or subconscious preference which interferes with impartial judgment.

Bigotry.

An unreasonable belief or an irrational attachment to negative stereotypes and prejudices about other groups of people.

Bilingual.

Fluency between any two languages.

Biological sex.

The physiological and anatomical characteristics of maleness and/or femaleness.

Bindi.

Hindi name for decoration worn by some Asian women between the eyebrows.

Bi-racial.

A person who identifies with two races. A person whose biological parents are of different races.

Birth defect.

Derogatory term used for disability since birth. Use "congenital disability" or "disability since birth."

Bisexual.

A person who is attracted to both sexes, women and men.

Black.

Non-white person of African descent regardless of national origin.

Glossary. B cont'd

Blind.

Use only for a person with total loss of sight. Many people who are “legally blind” have partial sight. Use “visually impaired,” “partially sighted,” or “person with low vision.”

Boy.

Derogatory reference to an adult male.

Braille.

A system for writing and printing for people who are visually impaired, where characters and letters are formed by raised dots felt with the fingers. Not limited to English. Always capitalized.

Brain injury.

Describes a condition where there is long term or temporary disruption in brain function resulting from injury to the brain. Do not say “brain damaged.”

Buddhism.

A religion of eastern and central Asia growing out of the teaching of Gautama Buddha that suffering is inherent in life and that one can be liberated from it by mental and moral purification.

C.

Cantonese.

Dialect spoken in the Canton province of China and Hong Kong, by many 19th century immigrants to the U.S. and still spoken in several Chinese American communities today.

Catholic.

Usually refers to the “Roman Catholic” church, but can also refer to other Catholic Christian denominations such as the “Eastern Orthodox” churches.

Caucasian.

Used as a synonym for white person; derived from the erroneous notion that the origin of Indo-Europeans came from Russian Caucasus Mountains. It was once used to designate one of the geographical types of human beings including people from Europe, Africa, and India characterized by tall stature, and straight or wavy hair, etc.: loosely called the “white race” although it embraced many peoples of dark skin color, is now generally discredited as an anthropological term.

Chicano / Chicana.

Derived from Mexicano (Mejicano); refers to people of Mexican American origin, used by some members of the younger Mexican American generation.

Chinese.

A person from China, or the written language of China and Taiwan. The spoken language is “Mandarin.” Should not be used as a synonym for a “Chinese American.”

Glossary. C cont'd

Christianity.

Began as a breakaway sect of Judaism about 2000 years ago. The two religions share the same history up to the time of Jesus Christ. Christians believe in original sin and that Jesus died in the place of humanity to save humans from that sin. They believe in heaven and that those who repent their sins before God will join him in heaven.

Civil Rights.

Political, social and economic legal rights and responsibilities guaranteed by the government. The rights of personal liberty guaranteed to U.S. citizens by the 13th and 14th amendments to the Constitution and by acts of congress. "The Civil Rights Movement" refers to the struggles of African Americans. Do not use special rights.

Civil Union.

Legal recognition of same sex couples that provides many of the legal rights of married couples, although different from a marriage or "domestic partnership."

Class.

A group identity usually based on economic or social status.

Classism.

Systemic oppression based on economic status.

Closeted, in the closet.

A term used to describe a gay or Lesbian person who does not want to reveal his or her sexual orientation or gender identity.

Coalition.

A collection of different people or groups, working towards a common goal.

Cognitive Disability.

A disability that affects learning and similar brain functions. Avoid "mental retardation" use specific disabilities when possible.

Coming out.

Abbreviated from "coming out of the closet" or choosing to reveal formerly hidden sexual orientation or gender identity. Refers to the overall developmental process that gays and lesbians experience as they come to terms with their sexuality.

Confucianism.

Founded in the 6th and 5th centuries B.C. by the philosopher Confucius, one of the Chinese traditional religions, whose followers recorded his sayings and dialogues. Confucianism, which grew out of a tumultuous time in Chinese history, stresses the relationship between individuals, their families, and society, based on "li" (proper behavior) and "jen" (sympathetic attitude).

Congenital Disability.

A disability since birth or born with a disability. Do not use "birth defect."

Cripple.

Derogatory term for a person with a disability.

Glossary. C cont'd

Culture.

The patterns of daily life learned consciously and unconsciously by a group of people. These patterns can be seen in language, governing practices, arts, customs, food, religion, holiday celebrations, dating rituals, clothing, and more.

Cultural Competence.

The capacity to function effectively with all cultures and to successfully navigate a multicultural society.

Cultural Diversity.

The inclusion and acceptance of the unique world views, customs, norms, patterns of behavior and traditions of many groups of people.

Cultural Myopia.

The belief that one's particular culture is appropriate to all situations and relevant to all other individuals.

Cultural Sensitivity.

Basic and obvious respect and appreciation of various cultures that may differ from your own.

D.

Deaf.

Used to describe a person with total or profound hearing loss. Many only have mild or partial loss of hearing. Use "person with hearing loss," "partially deaf," or "hearing impaired." Do not use *deaf-dumb* or *deaf mute*.

Denigrate.

To attack someone's Character by defaming, disparaging, or belittling them.

Derogatory Term.

Offensive words or phrase that should be avoided.

Developmental Disability.

Federal, local, and legal definitions vary, but the term can include conditions such as autism and epilepsy. Use specific terms when possible.

Dialogue.

Communication that creates multiple understandings. It may not end in agreement, but it is safe, respectful, and has greater understanding as its goal.

Disability.

General term for functional limitation. "Person with a disability" or "differently abled" is preferred. Do not use *victim of*, *suffers from*, *stricken with*, or *afflicted with*.

Disabled.

Do not use "handicapped" or "the disabled." Use "people with disabilities," "disability community", or "disability activists" as alternatives.

Disadvantaged.

A historically oppressed group having less than sufficient resources to meet basic needs or a lack of access to the full benefits of economic, social, and political opportunity.

Glossary. D cont'd

Discrimination.

A prejudice based action taken by a dominant group member against a subordinate group member. These actions are used to affect another group's opportunities, confidence, access, and ability to perform in society.

Diversity.

The condition of being different or having differences. Differences among people with respect to age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job and function, personality traits and other human differences.

Diversity Competence.

The capacity to function effectively with differences and to successfully utilize a diverse workforce.

Diversity Consultant.

A consultant who provides expert advice about the impact of human diversity on the structure, process, and success of organizations.

Diversity as Economic Empowerment.

A diverse employee base creates value for patients, employees, and stakeholders, through innovation technology, and operational expertise. It establishes access to market shares and new talent, and legitimizes the organization to critical consumer or constituent groups.

Diversity as Inclusion.

Human capital is the greatest asset of an organization and key to its effectiveness. Diversity is perceived as an organizational asset because differences enhance work practices by redefining markets, products and strategies.

Diversity as Representation.

Having representation of diverse groups (particularly race and gender) in the workforce promotes equal opportunity recruitment and compliance with federal "Equal Employment Opportunity" requirements.

Diversity as social justice.

Eliminating oppression or the ways in which inequitable practices of power is used. Eradicating the "isms" or destructive beliefs and attitudes that are based solely on group identity.

Domestic Partner.

Unmarried gay or lesbian partners who share living quarters. They are not *marriages* or *civil unions*.

Dominant.

A group having power or control over key aspects of a culture or a political system. Members of the dominant group derive benefits and privilege from the formal and informal societal structures, process, and practices. Not synonymous with "majority" as majority refers to numbers and not power dynamics. Dominant groups view themselves as superior, ideal or model people, and view others as flawed, inferior, or less than.

Glossary. D cont'd

Drag Queen.

A man who dress in female attire for show, often in order to perform for others.

Dred Scott Decision.

A ruling by Supreme Court Chief Justice Taney in 1857 which helped institutionalize racism by defining black slaves, freed men, and women as having no rights as humans.

Dwarf.

A small person whose limbs and features are often proportioned differently when compared to the average human anatomy. Derogatory term for a person of short stature. Derived from “dwarfism” a medical term.

E.

Ebonics.

A slang dialect or language used in some black American communities. Literally means “black sound.” The term is a blend of ebony and phonics.

EEOC.

Acronym for “Equal Employment Opportunity Commission,” a federal agency that enforces civil rights laws.

Emigrant.

Person who leaves their country of origin to reside in a foreign country.

English-Only.

A movement promoting the idea that English should be designated the official language of the United States and its municipalities and that no other languages should be recognized or used in official documents.

ESL.

Acronym for “English as a Second Language,” a method of teaching English in the United States to non-English speaking people.

Eskimos.

A group of people inhabiting the arctic coastal regions of North America and parts of Greenland and northeast Siberia. Generally considered Native American people in Alaska and Canada. Appropriate for Inupiat Eskimos or Yupik Eskimos. Not relevant for Aletus or Inuits.

Ethnicity.

Classification of humans based on shared cultural heritage, such as place of birth, language, customs, etc. Do not use “race” as a synonym.

Ethnocentrism.

Tendency to use one’s own group as a norm or standard by which to assess others. Systemic oppression based on the belief in the inherent superiority of one’s own group.

Eurocentric/ Eurocentrism.

Concepts or expressions that place Europe as the center of the world. Systemic oppression based on preference for the European culture over others.

Glossary. E cont'd

European American.

A citizen of the U.S. with European ancestry.

F.

Female. Biological adjectives that refers to humans, animals plants etc., but can tend to be dehumanizing when inappropriately used as a synonym for “woman” or “women.”

Feminist / Feminism.

A social movement advocating equal rights and opportunity based on the belief that women are not in any way inferior to men. The term is often applied to in a derogatory way to men and women who support this belief.

Filipino.

Person from the Philippines.

First Nations People.

Individuals who identify as those who were the first people to live on the Western Hemisphere continent. People also identified as Native Americans.

FTM / F to M / F2M.

Acronym for “female to male.” Describes a “transgender” person classified as female at birth, but identifies as male.

Fundamentalism / Fundamentalist.

A movement or point of view usually religious, characterized by a return to fundamental principles, by rigid adherence to those principles, and often by intolerance of other views.

G.

Gay.

Males who have (or desire to have) an intimate relationship with an Individual of the same gender.

Gay Marriage.

Marriage for same sex couples (female/female or male/male).

Gender.

Refers to the different roles that men and women play in society. The behavioral, cultural, and psychological traits typically associated with one’s biological sex. Usually refers to those aspects of life that are shaped by social forces or to the meaning that society gives to biological differences. Do not use “sex” as a synonym.

Gender Expression.

Describes how *gender identity* is expressed, through external characteristics and behavior that are socially defined as masculine or feminine, regardless of *sexual orientation*.

Gender Identity.

Internal sense of gender, which may or may not be the same as birth sex.

Glossary. G cont'd

Gender Neutral Terms.

In general use “gender neutral terms” (e.g. *police officer* not *policeman*) when possible.

Genocide.

The systematic and planned extermination of an entire national, racial, political or ethnic group.

Ghetto.

An area or section of a city where groups live based on class, race, ethnicity, or religion, and can be derogatory when used by someone outside of the community. Avoid using ghetto when describing a low income area. Use the name of the neighborhood.

Glass Ceiling.

Term for the maximum position and/or salary women and other underrepresented persons are allowed to reach without any chance of further promotion or advancement.

GLBT.

Acronym for “Gay, Lesbian, Bisexual and Transgender.”

Group Identity.

A category of differences that describes a set of common physical traits, characteristics, or attributes. Everyone has multiple group identities including, age, ability, class, education level, ethnicity, gender, nationality, race, language, religion, and sexual orientation. In organizations and society, the extent to which one is aware of the meaning and impact of these identities is key to understanding the impact of diversity and changing the status quo.

Group Membership.

Denotes one’s relationship to specific group identity, for each identity there is a dominant and a subordinated group. Recognizing and understanding the impact of one’s membership is essential to changing the dynamics of oppression.

H.

Handicapped.

Although not derogatory, “disabled” or “differently-abled” are preferred.

Hate Crime.

An act by any person or group against the person or property of another which constitutes an expression of hostility because of race, religion, sexual orientation, national origin, disability, gender, or ethnicity.

HBCU.

Acronym for “Historically Black Colleges and Universities.” Established to provide higher education to African Americans during a time in U.S. history when access was limited.

Hermaphrodite.

A medical term for an entity with both male and female reproductive organs. A derogatory term for an *intersex* person.

Glossary. H cont'd

Heterosexism.

The presumption that heterosexuality is superior to homosexuality. Prejudice, bias, or discrimination, based on that presumption. Systemic oppression of people who are gay lesbian or bisexual.

Heterosexual.

Person attracted to the opposite sex, sexually and emotionally.

Hindi.

Official language of India. Not synonymous with *Hindu* an adherent of Hinduism.

Hinduism.

The dominant religion in India emphasizing dharma, basic principles of cosmic or individual existence within nature, with its resulting ritual, social observances, mystic contemplations, and ascetic practices.

Hip Hop.

An urban culture rooted in rap music, break dancing and graffiti created by African Americans and Latinos in the late 70s.

Hispanic.

Refers to the multiracial, cultural mixed group of United States inhabitants with origins in the many Latin-American nations, regardless of their ability to speak Spanish.

HIV / AIDS.

Acronym for “Human Immunodeficiency Virus”, a retrovirus identified as the main cause of AIDS. HIV virus is redundant. Do not use *HIV* infected.

Homophobia.

The discomfort with, the fear, hatred or intolerance of people, who are assumed to be gay, lesbian or bisexual.

Homosexual.

Person attracted to the same sex, sexually and emotionally.

HSI.

Acronym for “Hispanic Serving Institution,” a term created by the federal government. HSI’s must have at least 25 percent Latinos, half of which are low income. Universities that earn this classification become eligible for additional funding.

Hyphenated Americans.

Derogatory term coined by Theodore Roosevelt to describe Americans that he believed did not want to join the American main stream.

I.

Immigrant.

Person who resides in a nation, country, or region, other than that of his or her origin.

Glossary. I cont'd

Inclusion / Inclusiveness.

As a diversity concept, it is a strategy, an approach, or a concept focusing on all members playing a part in a group's or an organization's mission, and a level of respect which offers the opportunity to share unique perspectives and contribute individual strengths.

Indian/ East Indian

Accurately defined as one who originates from the Indian continent or East Indies. Use "Indian American" if referring to someone born in the U.S. of Eastern Indian descent. The term has inaccurately been applied to Native people who inhabited North America before it became the United States. The preferred term for this group is "Native American."

Indigenous.

Descendants of native people from any region.

Integration.

The bringing of different racial or ethnic groups into free and equal association.

Interracial Dating / Marriage.

Dating and or marriage between members of different races.

Intersexed.

Person whose biological sex is ambiguous. This may be due to external differences in genitalia, hormonal conditions, such as androgen or insensitivity syndrome or chromosomal variance. Do not use "hermaphrodite."

Islam.

Religion founded by the prophet Muhammed who is believed to be the last in a long line of holy prophets, preceded by Adam, Abraham, Moses and Jesus. Being devoted to the Koran, followers worship Allah. They respect the earlier prophets but, regard the concept of the divinity of Jesus as blasphemous. There are two main divisions the "Sunnis" and the "Shiite." They are divided over the succession after the prophet. The Shi'a believe the prophet explicitly appointed Imam Ali as his successor. The Sunnis do not believe that Ali was appointed, they adhere to the orthodox tradition and acknowledge the first four caliphs as rightful successors. Most Islamic countries have Sunni majorities except for Iran which is predominantly "Shia." "Islam" and "Muslim" are not synonymous.

Isms.

The suffix "ism" denotes the condition of systemic oppression resulting from prejudices embedded in an organization or society's culture, based on the assumption that the dominant group possesses innately superior qualities. The outcomes are to advantage one group over another. Subordinated group members (by gender, race, age, sexual orientation, ability, etc.) experience disadvantage by being excluded, underutilized, unrecognized, and underdeveloped. Dominant group members experience privilege by being included, more fully utilized, recognized and developed.

J.

Judaism / Jewish / Jew.

Founded 2000 b.c. by Abraham, Isaac and Jacob, espouses belief in a monotheistic God who leads his people by speaking through prophets. His word is revealed in the Torah (Old Testament). They believe that a messiah will eventually bring the world to a state of paradise. The term “Jew” can be both religious and ethnic. Jews can be of any race or nationality.

Jihad.

A holy war waged on behalf of Islam as a religious duty. A crusade for a principal or a belief.

L.

Latin America.

Includes all countries in America that are primarily Spanish and Portuguese speaking.

Latino / Latina.

Person of Latin American descent, regardless of their ability to speak Spanish.

Lesbian.

A woman who is sexually and romantically attracted to another woman.

Leveraging Diversity.

Enhancing organizational effectiveness and performance by making use of the different perspectives, experiences, and abilities that people bring to the workplace.

LGBTA.

Acronym encompassing the diverse groups of lesbian, gay, bisexual, transgender populations and allies.

LGBTQ.

Acronym encompassing the diverse groups of lesbian, gay, bisexual, transgender and questioning populations.

Lifestyle.

Incorrectly used as a synonym for the gay, lesbian, bisexual, sexual orientations, often stereotyped as flamboyant and promiscuous.

M.

Male.

Biological adjective that may refer to humans, plants, or animals.

Managing Diversity.

A term describing initiatives used to help organizations navigate rapidly changing demographics in the work force, through an organizational change in culture focused on eliminating racism, sexism, other forms of discrimination and oppression in order to foster an environment where all people have equal opportunity.

Mandarin.

Official language of China and Taiwan, not a dialect. Refers to spoken language only. Written language is Chinese.

Glossary. M cont'd

Marginalized.

Excluded, ignored, or relegated to the outer edge of a group/society/community.

MBE.

Acronym for “Minority Business Enterprise.” MBE certification allows companies to compete for certain business.

Migrant.

Can be defined as a person who *migrates*. Frequently refers to farm laborers who move often to different locations to harvest seasonal crops. Do not use as a synonym for *immigrant* or *emigrant*.

Minority.

Segment of the population not in the majority based on certain characteristics and is often subject to differential treatment.

Miscegenation.

Marriage or sexual relations between a man and a women of different races.

Misogyny.

Hatred of women by men. This belief is often attributed to women, political, or social conventions that specify “appropriate” roles for women.

Model Minority.

Stereotyping description of a particular subordinated group that is being favored at any given time by the majority culture. The “model” group is chosen based on how well they model majority group behaviors.

Glossary. M cont'd

MTF/ M to F / M2F.

Acronym for “Male to Female.” Describes a *transgender* person classified as male at birth, but who identifies as female.

Multicultural / Multiculturalism.

As a synonym for diversity it is a focus on recognizing the significance of all cultures regardless of differences. A pluralistic culture that reflects the interests, contributions, and values of members of diverse groups.

Multiracial.

A term describing a person of interracial parentage.

Muslim.

Follower of the Islamic religion.

N.

National Origin.

A group identity based on the nation from which a person originates, regardless of the nation in which he or she resides.

Native American.

Descendants of native inhabitants of the United States. This term is generally preferred over “American Indian.” “Fist people” is also acceptable. The best practice is to refer to the specific tribal affiliation or nation. Ask, when in doubt.

Glossary. N cont'd

Nazi / Nazism.

“National Socialist German Workers Party” brought to power in 1933 under Adolph Hitler. “Nazism” is the ideology and practice of the Nazis, who had a policy of racist national expression and state control of the economy. The term has also recently been applied to other movements; “Fem Nazi” incorrectly and negatively connects the “Feminist” and the Nazi movements. A “Neo-Nazi” is a supporter of the new outgrowth of the original Nazi movement.

Negro.

Out dated term for African Americans and black people.

Neo-Colonization.

Contemporary policies used by western “first world” nations and organizations to exert regulation, power, and control disguised as humanitarian help or aid over poorer “third world” nations. These policies are distinct from but related to the earlier periods of colonization of Africa, Asia, and the Americas by European nations.

Non-Disabled.

Person without a disability preferable to able bodied.

O.

Opposite-Sex Couples.

Couples with partners of the opposite sex. Heterosexuality is implied, but one or both partners are bisexual.

Oppression.

The use of institutional power and privilege where one person or group benefits at the expense of another.

Organizational Cultural Competence.

A goal toward which all organizations strive; it is the capacity to function effectively with all cultures and to creatively utilize a diverse workforce.

Out.

The sharing of information about a person’s sexual orientation or gender identity. Refers to gays, lesbians, bisexuals, and transgendered because members of these groups often fear the consequences of disclosing and discussing their experiences.

Outing.

Inadvertently or intentionally sharing information about another person’s sexual orientation or gender identity without their consent. This act deprives the person of choosing when, how, and whom they want to tell. There are degrees of being “out;” a person may be out to some people or groups and not others, they may only share varying degrees of information about their orientation. Outing someone can have profoundly negative consequences for that person’s safety, life, work life, and future career opportunities.

P.

Pacific Islander.

Used by U.S. Census Bureau to describe people from Fiji, Guam, Hawaii, Northern Mariana islands, Palau, Samoa, Tahiti, and Tonga. Use specific countries when possible.

Pacific Rim.

Imaginary line that frames the Pacific Ocean primarily bordering The U.S., Canada, China, Japan, and Australia. Try to use specific countries and regions instead.

Paraplegia.

Paralysis of the lower half of the body involving both legs.

Partner.

Used to identify someone in a romantic relationship with another, typically for gay and lesbian relationships, but becoming more common to use in heterosexual relationships.

Patriarchy.

Social organization characterized by the supremacy of the father in the family, the legal subordination of wives and children, and tracing descent through the male lines. Also a community or society governed by men, perpetuating the dominance of men.

People of color.

Describes all racial and ethnic groups other than white.

Pink Triangle.

Symbol Gay men were required to wear in Nazi concentration camps. Adopted in the late 1970s as a symbol of gay pride.

Pluralism.

A culture that incorporates mutual respect, acceptance, teamwork, and productivity among diverse individuals.

Political Correctness.

Relating to or supporting broad social, political, and educational change, to redress historical injustices in matters such as race, class, gender, sexual orientation. In practice, people attempting political correctness try to avoid offending others by taking measures or using language they perceive as safe. Those who resist political correctness view the activity as being hyper-sensitive. Those who value the activity often over audit the actions and dialogue of others. Both views can hinder meaningful dialogue.

Prejudice.

A preconceived judgment or opinion regarding a person or a group based on insufficient or incorrect evidence; can be positive or negative.

Primitive.

Derogatory term characterizing, individuals, groups, or societies, as uncivilized or less sophisticated.

Privilege.

Power and advantage derived from historical oppression and exploitation of other groups. A right or immunity granted as a benefit. The power structure of organizations and government through their infrastructure, policies, and practices

Glossary. P cont'd

reinforces the privileged group by advantaging them and disadvantaging others by creating barriers to attaining equal status.

Protestantism.

Religious denominations which broke from the Roman Catholic Church in the 16th century, includes Anglican, Baptist, Methodist, Lutheran, Presbyterian, and Quaker. Not appropriate use for Jehovah's Witnesses, Christian Scientists, Mormons, or Eastern Orthodox churches.

Psychiatric Disability.

Acute or chronic mental illness. Psychotic, schizophrenic, neurotic and similar words should only be used in the appropriate clinical context. "Crazy, maniac, lunatic, demented, psycho, and schizo" are offensive. Use "psychiatric disability," "Psychiatric illness," "emotional disorder," or "mental disorder."

Q.

Quadriplegia.

A physical disability where a person cannot use his or her arms or legs.

Queen.

An effeminate gay man. Considered derogatory when used by someone outside of the gay community.

Queer.

Once used as a derogatory term for gay. Now has become acceptable among some members of the gay community, but is still considered offensive by others because of its negative history and should not be used.

Quran.

Koran, Muslim holy book.

R.

Race.

Group identity related to local geographic or global human population distinguished as a group by genetic physical characteristics, such as skin color, hair texture, facial features, etc. Today race is believed to be a social construct, without biological merit. "Ethnicity" and "race" are not synonymous. For example a black Frenchman might consider his ethnicity French while his race would be determined by his genetic heritage.

Racism.

Systemic discrimination. "prejudice + power = racism."

Rainbow Flag.

Flag adopted by the "gay and lesbian" community, consisting of red, orange, yellow, green, blue, and purple stripes.

Glossary. R cont'd

Refugee.

A person who flees for refuge or safety, especially to a foreign country, as in time of political upheaval or war.

Religion.

An organized belief system based on certain doctrines of faith or a belief in a supreme being or God. Organized religion suggests the manner in which people should live and the beliefs that they should accept or reject.

Reservation.

A section of land set aside by the federal government for Native Americans, or for a special purpose.

Reverse Discrimination.

Perceived discrimination against the majority group, especially resulting from policies enacted to correct past discrimination. Does not actually exist

S.

Safe Space.

Refers to an environment in which everyone feels comfortable expressing themselves and fully participating without fear of ridicule or denial of experience.

Same-Sex Couple.

Couple with partners of the same sex.

Same-Sex Union.

Union performed by a member of the clergy that is not legally recognized as a marriage.

Scapegoating.

Blaming an individual or group for something when, in reality, there is no one person or group responsible.

Sellout.

A slang term for someone who has betrayed his or her principals or cause.

Semite.

A member of any of the peoples speaking "Semitic" language. Including, Hebrews, Arabs, Assyrians, Phoenicians, etc.

Sex.

Physical distinction between male and female. Do not use *gender* as a synonym.

Sexism.

Systemic oppression based on gender. The premise that men are superior to women.

Sexual Orientation.

The attraction to one's sex, opposite sex or both. Everyone has a sexual orientation.

Glossary. S cont'd

Shinto / Shintoist.

The ancient native religion of Japan. Stresses belief in spiritual beings and reverence for ancestors. Adherents are expected to celebrate their Gods or "kami" support the societies in which kami are patrons, remain pure and sincere, and enjoy life.

Short Stature.

Preferable to little people. Dwarf and midget are both considered derogatory.

Sikhism/Sihk.

Religion founded by Shri Guru Nanek Dev Ji in the Punjab area, now in Pakistan. Sikhs believe in a single formless God with many names who can be known through meditation. They pray several times a day and are not allowed to worship icons or idols. They believe in samsara, karma and reincarnation as Hindus do, but reject the caste system. They believe that everyone has equal status in the eyes of God. Although elements of Islam have been incorporated, it is not Islamic.

Skinhead.

Originated in Great Britain as a non-racist working class movement of pride. Factory workers would shave their heads to prevent their hair from getting caught in the machinery. In the 1960s when the movement began head shaving became an emblem of the working class. Current associations include: various groups of American and British young people who shave their heads, attend rock concerts and sports events, and sometimes participate in white supremacist and anti-immigrant activities. Not synonymous with racism and neo-Nazism, though many skin heads are both racist and neo-Nazis.

Slang Terms.

Words or language peculiar to a particular group. Slang should be avoided, can be considered derogatory, vulgar, or abusive.

Social Construct.

A perception of a person, group, or idea has been "constructed" through cultural and social practice, but appears to be "natural." For example the idea that women like to clean and are naturally better at it than men is a social construction. The idea may seem natural because of its historical repetition but is not necessarily true in its essence.

Social justice.

The elimination of oppression.

Sodomy.

Oral or anal sex between people of the same or opposite sex. June 2003 the Supreme court ruled in Lawrence et al v. Texas that sodomy between consenting adults was an issue of privacy and was therefore not against the law. The ruling reversed decades of sodomy laws banning homosexual behavior.

Spanglish.

Spanish characterized by words borrowed from the English language. Not a language or a dialect.

Glossary. S cont'd

Spanish.

Primary language spoken in Spain and Latin America, or a person from Spain, should not be used as a synonym for Latino or Hispanic.

Stereotyping.

A standardized impression of a person or group that represents an oversimplified opinion, image, attitude, or uncritical judgment.

Stonewall.

The name of a tavern in New York City's Greenwich Village, and the site of several nights of protests after a police raid on June 28, 1969. The Stonewall incident is considered the birth of the modern gay rights movement.

Straight.

Synonymous with heterosexual. Sometimes objected to by members of the gay community as conveying "normal."

Systemic Discrimination.

Patterns of discrimination embedded in the policies and practices of an organization and or society.

T.

Taoism / Taoist.

Both a philosophy and a religion. Founded in China in 604B.C. by Lau-tzu, derived primarily from the Tao Te Ching, which claims that an ever changing universe follows the Tao or path. Taoism prescribes that people live simply, spontaneously, and in close touch with nature. Meditation allows people to achieve contact with the Tao. It has been discouraged since the Communist revolution, in China, but flourishes in Taiwan.

Third World.

Used during the Cold War to describe countries in Africa, Asia, And Latin America still developing economically. The term "developing countries" is preferred.

TOEFL.

Acronym for "Teaching of English as a Foreign Language" a method of teaching English in other countries to non-English speaking people.

Tolerance.

Acceptance and open mindedness to different practices, attitudes and cultures; does not necessarily mean agreement with differences.

Transgender.

Person whose gender identity and or gender expression varies from sex assigned at birth. Describes transsexuals cross dressers, inter-sex people and other classifications, sexual orientation is not to be assumed.

Transvestite.

A person who adopts the dress and often social behavior typical of the other sex. A common term for this is "cross-dressing" people from all sexual orientations cross-dress. A derogatory term for "transsexual or transgender."

Glossary. T cont'd

Tribe.

A unit of social organization consisting of families, clans, or other groups who share a common ancestry, culture and leadership. Many Native Americans prefer "Nation."

U.

Underrepresented.

Group identities whose numbers are demographically fewer than the larger majority groups. A historically oppressed group characterized by lack of access to the full benefits of the economic, social, and political opportunity, often used as a replacement term for "minority."

W.

WBE.

Acronym for "Women's Business Enterprise" WBE certification by federal law allows companies to compete for certain business.

White.

People of European origin, the term is not synonymous with "Caucasian." In the U.S. European American can also be used; some prefer terms that identify their country of origin for example Italian American, Greek American, etc.

Worldview.

The perspective through which individuals view the world; comprised of their history, experiences, culture, family history, and other influences.

Resources

Culturalsavvy.com

<http://www.blackwomenshealthproject.org/leshealth.htm>

Cultural Competence Education, AAMC

Understanding Health Disparities Health Policy Institute of Ohio

<http://ethnomed.org>

<http://www.awesomlibrary.org/multiculturaltoolkit.html>

The DiversityInc Factoids and Style Guide

www.uml.edu/docs/Glossary_tcm18-55041.pdf

Providing Culturally and Linguistically Competent Health Care - <http://www.jcrinc.com>