Te Whatu Ora
Health New Zealand

10 August 2022

9(2)(a)
[redacted]

RE Official information request ChChD 10927/HNZ 2215 & WCD 9720/HNZ 2216

I refer to your email dated 22 July 2022 requesting the following information under the Official Information Act from Waitaha Canterbury and Te Tai o Poutini West Coast. Specifically:

- **A copy of your organisation's Spiritual Care Policy.**

Both Waitaha Canterbury and Te Tai o Poutini West Coast are both using Lippincott[1] as the procedure source for Spiritual Care[2]. (please refer to **Appendix 1** attached**).** Lippincott is a recognised procedure and is regularly updated. Please refer to the links below.

[1] https://www.sialliance.health.nz/programmes/workforce-development-hub/lippincott-procedures/

[2]https://procedures.lww.com/lnp/view.do?pId=729643&hits=care,spiritual,carefully,spiritually&a=false&ad=false&q=spiritual%20care

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Waitaha Canterbury and Te Tai o Poutini West Coast websites after your receipt of this response.

Ngā mihi / Yours sincerely,

Ralph La Salle
Senior Manager, OIAs
Waitaha Canterbury / Te Tai o Poutini West Coast.

APPENDIX 1

New Zealand instance

Spiritual care

Revised: May 20, 2022

Critical Notes!

- Palliative care and impending death are culturally and spiritually significant to Māori and it is essential to seek advice and support from both the patient and whānau for guidance on culturally and spiritually safe practises. It is also prudent to supplement this with advice from the organisation's cultural advisor and or kaumātua.
- "Health professionals are encouraged to recognize spirituality as a fundamental element to the human experience of health, illness and healing."

(Improving the quality of spiritual care as a dimension of palliative care: The Report of the Consensus Conference, Puchalski et al, J. Palliat Med 2009 Oct: 12(10)885-904;

https://www.ncbi.nlm.nih.gov/pubmed/19807235

The Procedure as written contains some useful information on the Beliefs and Practices of selected religions. The sections on Introduction, Equipment, Implementation and Special Considerations also contain useful information.
Spirituality is much wider than religious practice. It is about what brings meaning to life. It is unique to each person. Religion is the framework of values, practices and beliefs through which spirituality might be expressed. It is important to recognize that many people have their own form of religion that may not fall into the traditional modes of recognized religions. These forms still require the respect of health care professionals.
All staff have the potential to offer basic spiritual care. Useful questions: "what gives your life meaning? " And "Who needs to know?"
Spirituality is unique for each person and is a culmination of a person's search to discover the meaning and purpose of their life. It reflects the heart and substance of that person –their values, thoughts, emotions, motivations, dreams, experiences, assumptions and relationships that make the person a unique individual.
Spirituality is what helps bind heal and integrate our lives leading to wholeness. It is about connectedness with places and things, oneself, significant others, groups, communities, with God/higher being.
An important question for us to ask: "What should I know about you as a person to help me take the best care of you that I can"
Chochinov 2012, Dignity Therapy: Final words for final days; Oxford University Press; ISBN 978 0 19 517621 6

Use the following resources:

References from Hospice New Zealand Foundations of Spiritual Care – professional development programme

Paediatrics

Introduction

Religious beliefs can profoundly affect a patient's recovery rate, attitude toward treatment, and overall response to hospitalization. Therefore, obtaining information regarding spiritual and religious practices is important during patient assessment.[1] In certain religious groups, beliefs can preclude diagnostic tests and therapeutic treatments, require dietary restrictions, and prohibit organ donation and artificial prolongation of life. (See *Beliefs and practices of selected religions*.)

Nurses should inquire about a patient's spiritual needs and practices during the initial nursing assessment. Nursing admission forms typically include a standard question regarding religion. Explore this area further during the nursing assessment, especially when the patient doesn't express a religious affiliation. The patient's spirituality may not be synonymous with religious beliefs and practices. If you don't ask the patient about spiritual needs, they may not be addressed during hospitalization.

BELIEFS AND PRACTICES OF SELECTED RELIGIONS

Religious beliefs can affect a patient's attitudes toward illness and traditional medicine. By trying to accommodate the patient's religious beliefs and practices in your care plan, you can increase the willingness to learn and comply with treatment regimens. *Because religious beliefs may vary within particular sects,* individual practices may differ from those described here.

Adventist

- *Birth and death rituals:* None (baptism of adults only)
- *Dietary restrictions:* Alcohol, coffee, tea, opioids, stimulants, and meat or animal products (in some groups) prohibited
- *Practices in health crisis:* Communion and baptism, divine healing, anointing with oil, prayer, and Saturday Sabbath (in some groups)

Baptist

- *Birth and death rituals:* At birth, none (baptism of believers only); before death, counseling by a clergy member and prayer
- *Dietary restrictions:* Alcohol, coffee, and tea (in some groups) prohibited

- *Practices in health crisis:* Healing by laying on of hands (in some groups) as well as resistance to medical therapy (occasionally approved)

Buddhist

- *Birth and death rituals:* At birth, none; when possible, continuation of life and therefore pursuit of Enlightenment to observe Buddhist respect for all life; if prolonging life won't permit continued pursuit of Enlightenment, possible acceptance of euthanasia, withdrawal of care, and organ donation
- *Dietary restrictions:* Vegetarian diet, dietary moderation[2]
- *Practices in health crisis:* No specific restrictions, but moderation possibly encouraged to support pursuit of Enlightenment[2]

Christian Scientist

- *Birth and death rituals:* At birth, none; before death, counseling by a Christian Science practitioner
- *Dietary restrictions:* Alcohol, coffee, and tobacco prohibited
- *Practices in health crisis:* Refusal of all treatment (most groups), including drugs, biopsies, physical examination, and blood transfusions; vaccinations permitted only when required by law; alteration of thoughts to cure illness; hypnotism and psychotherapy prohibited (beliefs honored by Christian Scientist nurses and nursing homes)

Church of Christ

- *Birth and death rituals:* None (baptism at age 8 or older)
- *Dietary restrictions:* Alcohol discouraged
- *Practices in health crisis:* Communion, anointing with oil, laying on of hands, and counseling (all performed by a minister)

Eastern Orthodox

- *Birth and death rituals:* At birth, baptism and confirmation; before death, last rites and, for members of the Russian Orthodox Church, arms crossed after death, fingers set in a cross, and unembalmed body clothed in natural fiber
- *Dietary restrictions:* For members of the Russian Orthodox Church and usually the Greek Orthodox Church, no meat or dairy products on Wednesdays and Fridays and during Lent
- *Practices in health crisis:* Anointing of the sick; for members of the Russian Orthodox Church, replacement of cross necklace immediately after surgery and prohibition of shaving of male patients, except in preparation for surgery; for members of the Greek Orthodox Church, communion and Sacrament of Holy Unction

Episcopalian

- *Birth and death rituals:* At birth, baptism; before death, occasional last rites
- *Dietary restrictions:* For some members, abstention from meat on Fridays and fasting before communion (which may be daily)
- *Practices in health crisis:* Communion, prayer, and counseling (all performed by a minister)

Hindu

- *Birth and death rituals:* At birth, importance of noting the exact time of birth; Jatakarma (ceremony that involves putting honey into the child's mouth and whispering the name of God in the child's ear to welcome the baby into the family); possibly, postponement of naming until 10 days after birth; if the patient is dying, possible aromatherapy to assist the dying patient's soul to rest in peace; at death, proper performance of funeral rites to ensure the cycle of life and reincarnation[3] [4]
- *Dietary restrictions:* Beef intake prohibited; possibly, vegetarian diet; possibly fasting on special occasions, such as holy days (dietary restrictions may vary during different stages of life)[4]
- *Practices in health crisis:* Preference by women for female health care providers; possible desire to wear personal clothing under hospital gown; possible unwillingness to discuss problems involving the genitourinary system; desire to keep small statue or picture of the family god at the bedside and to start each day with prayer

Jehovah's Witness

- *Birth and death rituals:* None
- *Dietary restrictions:* Abstention from foods to which blood has been added
- *Practices in health crisis:* Typically, no blood transfusions permitted; possible court order required for emergency transfusion

Judaism

- *Birth and death rituals:* Ritual male circumcision on the eighth day after birth; burial of a dead fetus; ritual washing of the dead; burial (including organs and other body tissues) as soon as possible; no autopsy or embalming
- *Dietary restrictions:* For Orthodox and Conservative Jews, kosher dietary laws (for example, pork and shellfish prohibited); for Reform Jews, usually no restrictions
- *Practices in health crisis:* Rabbinical consultation required for organ donation or transplantation; for Orthodox and Conservative Jews, medical procedures possibly prohibited on the Sabbath (from sundown Friday to sundown Saturday) and on special holidays except where withholding the procedure would be detrimental to the person's health.[5]

Lutheran

- *Birth and death rituals:* Baptism usually performed 6 to 8 weeks after birth but can be performed at any age[6] [7]
- *Dietary restrictions:* None
- *Practices in health crisis:* Communion, prayer, and counseling (all performed by a minister)

Mormon

- *Birth and death rituals:* At birth, none (baptism at age 8 or older); before death, baptism and gospel preaching

- *Dietary restrictions:* Alcohol, tobacco, tea, and coffee prohibited; meat intake limited
- *Practices in health crisis:* Belief in divine healing through the laying on of hands; communion on Sundays; refusal of medical treatment by some members; special undergarment worn by many

Muslim

- *Birth and death rituals:* Fetus aborted spontaneously before 130 days treated as discarded tissue and after 130 days treated as a human being; before death, confession of sins with family present; after death, only relatives or friends may touch the body
- *Dietary restrictions:* Pork prohibited; daylight fasting during the ninth month of the Islamic calendar
- *Practices in health crisis:* Faith healing administered for the patient's morale only; rejection of medical therapy by conservative members; possible preference for same-gender health care provider; possibly many visitors for a hospitalized patient to fulfill the religious obligation of charity; possible request for the bed be turned toward Mecca for prayer (if bedridden); possible use of a prayer rug, if physically able; obtain permission before entering the patient's room, if possible.[8] [9]

Orthodox Presbyterian

- *Birth and death rituals:* Infant baptism; scripture reading and prayer before death
- *Dietary restrictions:* None
- *Practices in health crisis:* Communion, prayer, and counseling (all performed by a minister)

Pentecostal Assembly of God, Foursquare Church

- *Birth and death rituals:* None (baptism only after age of accountability)
- *Dietary restrictions:* Abstention from alcohol, tobacco, meat slaughtered by strangling, any food to which blood has been added, and sometimes pork
- *Practices in health crisis:* Divine healing through prayer, anointing with oil, and laying on of hands

Roman Catholic

- *Birth and death rituals:* Infant baptism, including baptism of aborted fetus without signs of clinical death (tissue necrosis); before death, last rites, which includes confession, anointing of the sick, and final communion[10]
- *Dietary restrictions:* Fasting or abstention from meat on Ash Wednesday and on Fridays during Lent (practice usually waived during hospitalization)
- *Practices in health crisis:* Burial of major amputated limb (sometimes) in consecrated ground; organ donation or transplantation allowed if the benefit to the recipient outweighs the donor's potential harm; Anointing of the Sick sacrament performed just before death as well as when patients are ill and sometimes shortly after admission[11]

United Methodist

- *Birth and death rituals:* Baptism can be performed at any age [12]
- *Dietary restrictions:* None
- *Practices in health crisis:* Communion administered before surgery or similar crisis; donation of body parts encouraged

Effective patient care requires recognition of and respect for the patient's religious beliefs.[13] Recognizing these beliefs and the need for spiritual care may require close attention to the patient's nonverbal cues or to seemingly casual remarks that express spiritual concerns. Respecting the patient's beliefs may also require setting aside your own beliefs to help the patient follow personal beliefs. Providing spiritual care may involve contacting an appropriate clergy member or spiritual leader in the facility or community, gathering equipment needed to help the clergy member perform rites and administer sacraments, and preparing the patient for a pastoral visit.

Equipment

- Supplies specific to the patient's religious affiliation
- Optional: clean towels (one or two), container of water (for emergency baptism), teaspoon, medicine cup

Some facilities, particularly those with a religious affiliation, provide baptismal trays. A clergy member may bring holy water, holy oil, or other religious articles to minister to the patient.

Preparation of Equipment

For baptism, cover a small table with a clean towel. Fold a second towel and place it on the table along with the teaspoon or medicine cup. For communion and anointing, cover the bedside stand with a clean towel.

Implementation

- Check the patient's admission record to determine the patient's religious affiliation. Remember that some patients may claim no religious beliefs; however, even an agnostic or atheist may wish to speak with a clergy member. Watch and listen carefully for subtle expressions of this desire.
- Perform hand hygiene.[14] [15] [16] [17] [18] [19]
- Confirm the patient's identity using at least two patient identifiers.[20]
- Provide privacy.[21] [22] [23] [24]
- Assess the patient's spiritual needs, resources, and preferences.[25]
- Evaluate the patient's behavior for signs of loneliness, anxiety, and fear; *these emotions may signal the need for spiritual counseling.* Also consider whether the patient is facing a health crisis, which can occur before childbirth or surgery and with chronic illness or impending death. Remember that a patient may feel acutely distressed *because of the inability to participate in religious observances.* Help such a patient verbalize beliefs *to relieve stress.* Listen to the patient and allow expression of concerns, but refrain from imposing your beliefs on the patient *to avoid conflict and further stress.*[25]

- If the patient requests, arrange a visit by an appropriate clergy member or spiritual leader. Consult this person if you need more information about the patient's religious beliefs.
- If the patient faces the possibility of abortion, amputation, transfusion, or other medical procedures with important religious implications, try to discover the patient's spiritual attitude. Also, try to determine the patient's attitude toward the importance of laying on of hands, confession, communion, observance of holy days (such as the Sabbath), and restrictions on diet or physical appearance. *Helping the patient continue normal religious practices during hospitalization can help reduce stress.*
- If the patient is pregnant, inquire about beliefs concerning infant baptism and circumcision and comply with them after delivery.

◆ ***Pediatric alert:*** If a neonate is in critical condition, call an appropriate clergy member immediately. In an extreme emergency, you can perform a Roman Catholic baptism using a container of any available water. (See the "Baptism of a neonate" procedure.) If you do so, be sure to notify the priest *because administration of this sacrament should occur only once.*◆

- If a Jewish woman delivers a male infant prematurely or by cesarean birth, ask whether she plans to observe the rite of circumcision (called a bris), a significant ceremony performed on the eighth day after birth. (*Because a patient who delivers a healthy, full-term baby vaginally is usually discharged quickly,* this ceremony is normally performed outside the facility.) For a bris, ensure privacy and, if requested, sterilize the instruments. (For more information, see the "Circumcision, assisting, neonate" procedure.)
- If the patient requests communion, prepare for it before the clergy member arrives: Place the patient in Fowler or semi-Fowler position, if the patient's condition permits; otherwise, let the patient remain supine. Tuck a clean towel under the patient's chin and straighten the bed linens. If the patient is on nothing-by-mouth status, contact the practitioner to clarify whether the patient may receive communion, and alert the clergy member to the patient's situation.[26]
- If a terminally ill patient requests the Anointing of the Sick sacrament or special treatment of the body after death, call an appropriate clergy member. For a Roman Catholic patient, call a Roman Catholic priest to administer the sacrament even if the patient is unresponsive or comatose. *To prepare for this sacrament,* uncover the patient's arms and fold back the top linens *to expose the feet.* After the clergy member anoints the patient's forehead, eyes, nose, mouth, hands, and feet, straighten and retuck the bed linens.
- Perform hand hygiene.[14] [15] [16] [17] [18] [19]
- Document the procedure.[27] [28] [29] [30]

Special Considerations

- Handle the patient's religious articles carefully *to prevent damage and loss.* As needed, consult the family or spiritual leader about the handling of religious articles.[1]
- Become familiar with religious resources in your facility. Some facilities employ one or more clergy members who counsel patients and staff and link patients to other pastoral resources.[1]
- If a patient tries to convert your personal beliefs, tell the patient that you respect other beliefs but are content with your own. Likewise, respect the patient's autonomy and don't try to convert the patient to your personal beliefs.[25]
- Be aware that some cultures, such as the Native American tribes, have spiritual beliefs and customs in addition to those of any religion the individual patient may be affiliated with. Further, there are differences in the beliefs and rituals regarding death and other life events between the Native American tribes themselves.[31] Be sure to provide the patient with an opportunity to discuss their individual spiritual beliefs.[11]

Documentation

If the patient underwent baptism, complete a baptismal form and attach it to the patient's record; send a copy of the form to the appropriate clergy member. Record the rites of circumcision and Anointing of the Sick sacrament in the patient's medical record.

This procedure has been reviewed by the Academy of Medical-Surgical Nurses.

AMSN Academy of Medical-Surgical Nurses

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(Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions)

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Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions

The following leveling system is from *Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice* (2nd ed.) by Bernadette Mazurek Melnyk and Ellen Fineout-Overholt.

Level I:	Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs)
Level II:	Evidence obtained from well-designed RCTs
Level III:	Evidence obtained from well-designed controlled trials without randomization
Level IV:	Evidence from well-designed case-control and cohort studies
Level V:	Evidence from systematic reviews of descriptive and qualitative studies

Level VI:	Evidence from single descriptive or qualitative studies
Level VII:	Evidence from the opinion of authorities and/or reports of expert committees

Modified from Guyatt, G. & Rennie, D. (2002). Users' Guides to the Medical Literature. Chicago, IL: American Medical Association; Harris, R.P., Hefland, M., Woolf, S.H., Lohr, K.N., Mulrow, C.D., Teutsch, S.M., et al. (2001). Current Methods of the U.S. Preventive Services Task Force: A Review of the Process. American Journal of Preventive Medicine, 20, 21-35.