

# Faith, Prayer, and Religious Observances

**Mark R.D. Johnson, MA (Oxon), PhD (Liverpool), Cert HE (Warwick)**

Professor of Diversity in Health & Social Care  
Mary Seacole Research Centre  
De Montfort University  
Leicester, United Kingdom

Religious and spiritual beliefs and their associated ritual or behavior play a major role in the lives of many people, and their observance can have critical impact on health care. Membership in a faith group provides an identity as well as support and may suggest acceptable patterns of behavior. This article discusses ways in which understanding of the underlying nature of religious belief and behavior may assist the clinician. Practices that are fundamentally similar among different religions and which may constrain treatment plans are compared. Guidelines are provided, and pointers given on key religious observances among major faith groups, while noting that levels of adherence and observance are highly personal. (*Clinical Cornerstone*®. 2004;6[1]:17–24) Copyright © 2004 Excerpta Medica, Inc.

The Alma Ata Declaration of the World Health Organization created a benchmark description of health as a “complete state of physical, mental and social well-being, and not merely the absence of disease and infirmity.”<sup>1</sup> This description refers to a holistic state that includes matters of spiritual well-being. Indeed, traditions of health care practice, other than the dominant biomedical or allopathic approach, have usually adopted a wider definition and understanding of health, recognizing the role that the immanent, or spiritual, plays in the makeup and behavior of the individual. Many, if not most, professional health practitioners now accept that the Cartesian dualism between mind and body is misleading. It is increasingly recognized that the will to live, the sense of self, and other aspects of belief and faith play a major part in determining the outcome of episodes of ill health. These matters have a direct as well as an indirect bearing on the governance of health care delivery systems. In Europe, these beliefs have been reinforced in laws such as the European Convention on Human Rights, United Kingdom Human Rights Act 1998, and similar official guidance documents. The role of faith, or at least of identity, appears to be accepted as common ground in health

care as the connection between belief systems, or spirituality, and health is recognized.

## KEY POINT

**The will to live, the sense of self, and other aspects of belief and faith play a major part in determining the outcome of episodes of ill health.**

## DEFINITION OF FAITH OR BELIEF

It is important to define what is meant by “faith” or “belief.” In health care research there is a well-established tradition of examining the so-called health belief model and other approaches to the understanding of actions and lifestyle in relation to health. Most of these outlooks, however, are based on an examination of the ideas of the individual. Here we are referring to a broader concept that considers the context in which people behave and how they comprehend their own life and health, incorporating some sense of their relationship with a larger identity whether or not they

describe this in terms of a “supreme being.” This concept requires attention to the ways in which an individual makes, maintains, and transforms meaning using some form of external reference system or structure. These ways may well include membership in a specific cultural group or tradition (which can be read as another definition of “ethnic group”), but also may be viewed as a less bounded sense of commitment to a particular set of religious concepts, values, or practices, or a more diffuse personal orientation to others, including the universe (as in *Gaea*, from the Greek), God, or a supreme being. These may be reached by, or require, a personal or collective discovery and exploration of spirituality—a phenomenon frequently but not uniquely remarked on among those who encounter personal hardship, the onset of ill health, or mortality. Equally, however, personal beliefs and relationships with that superordinate identity, representing the immanent or “beyond,” may affect the way in which health and illness are viewed and the need to take action with regard to them.

An understanding of faith or belief systems is therefore an intrinsic part of policy and practice in health care delivery. Faith should not be thought of simply as a coping strategy. Despite the professed acknowledgment of the significance of religion and culture in policy and textbooks, relating in particular to the care of older people and to minority ethnic groups, a systematic review of these issues is notably absent. Although, especially in the United States, we find extensive literature relating to religion and

toward death and dying and coping with mortality, which are of interest to those providing palliative care.

## PRAYER

Most intervention studies relate to intercessory prayer and forms of (distant) spiritual healing.<sup>5–7</sup> Few have adopted a cost-benefit approach or examined outcomes and modalities across or between religions. A small number of studies, mostly in health promotion, have considered the value of religious institutions (churches, temples) for spreading health messages, usually recommending this approach as effective.<sup>8</sup> A smaller number of studies have considered the effect of religious observance on compliance with medication and on outcomes. Recently, some have examined prayer and mantras as aids to heart-rate control<sup>9</sup> or as a means of combating stress and depression.<sup>10</sup> The alternative literature on the subject of prayer, however, is sizable and largely descriptive, and makes little or no attempt to explore the degree to which its practice affects the well-being of the individuals or their social support network. Care workers should be alert to the needs of service users of different faiths, including the ability to recognize what activity constitutes prayer for each individual. It also may be necessary for care workers to reflect on their own needs and approaches and to recognize that most people have some form of spirituality and practice some form of prayer. This form of prayer may be through meditation, being quiet and alone with oneself (or one’s God), or relaxing and communing with nature—much like taking part in some collective act of worship, singing, praying aloud, or following a rosary, prayer book, or other set of rituals and words.

What is striking, however, is the degree to which nearly all major faiths have some acts or structures in common, and it is to these that we should draw the attention of health care practitioners rather than expecting them to memorize types and variants. Every faith’s believers will each interpret the strictures and rituals in slightly different ways, depending on family tradition, the style of their local congregation (or its leader), and circumstances. Most people will observe a short period of preparation before participating in an act of worship such as prayer. For example, for Muslims it is partly the act of washing (*wuzu*). Others may seek to withdraw, dress appropri-

### KEY POINT

**Nearly all major faiths have some acts or structures in common, and it is to these that we should draw the attention of health care practitioners.**

health, much is primarily concerned with the impact or merit of being part of a worshipping community, and the potential benefit may be explained (at least by nonbelievers) as springing from the shared human or social capital of belonging to a socioreligious network.<sup>2–4</sup> Extensive literature also exists on attitudes

ately, or play music. For some groups, gender separation (men and women praying separately) is common. In some faiths, prayer is led by a priest, elder, or a person with experience and knowledge of the scriptures; but in others, or under certain circumstances, silent or private prayer is allowed or preferred. Timing and orientation may be important. The 5 key prayer times during the day and the desire to face Mecca are well-known features of the Muslim prayer cycle, but these features are also found in other religions. What is nearly always true is that prayer is important and should not be disturbed, even for ward rounds and medical routines (although medical emergencies are usually accepted as having priority).

### Guidelines for Health Care Workers

- Do not interrupt a praying patient for routine care.
- A prayer room may be provided. The room should be quiet, clean, and carpeted. An interreligious space sensitive to the needs of persons of diverse traditions is usually acceptable.
- It is best not to have any religious symbols on display; these may be kept in cupboards along with the religious books of the different faiths. Care should be taken to ensure that no book or symbol is kept above another, if possible.
- Links with local religious leaders and places of congregational worship should be maintained, and contact details may be displayed near the prayer room.
- If congregational prayers are held at the institution, other patients (and staff members) from that faith may wish to be informed, allowing them time to make any necessary preparation (eg, washing).

### KEY POINT

**Data have clearly shown that some element of spirituality, be it religious belief or a desire to participate in community events, may affect the ability to “hang on” to life.**

### RELIGIOUS OBSERVANCES

Nearly all religions and cultures record or observe significant dates that mark anniversaries of particular

events, such as the birth or death of a religious leader or migration of an ancestral group. A source of confusion for many in the modern Western world, these dates may vary from 1 year to another, especially when following a lunar calendar, where the actual date may depend on the sighting of the new moon. Many sites and organizations now produce annual listings of all significant dates for various religious and cultural groups. Every hospital should have a designated person responsible for managing such a list and ensuring that it is made available to all staff, perhaps in the administrative diary or on the intranet site. This will reduce the incidence of missed clinic or other appointments and may also help ensure better compliance (or concordance) with drug therapy regimens. Disruptions to medical routine may occur when religions such as Islam, Christianity, and Hinduism encourage fasting for a particular festival (although each may conduct fasts in different ways).

Food is important and often has a religious significance. Christians observe communion as their central service in most traditions, based on the Last Supper eaten by the disciples with Jesus. The word means “eating together.” The Jewish faith likewise centers on the family meal in the re-creation of the Passover. Although the fast of *Ramadan* is widely known, the Islamic tradition of the *iftar* must be remembered—breaking the fast at sunset, often with water and dates, and preferably in company. Sikh temples (*gurdwaras*) usually maintain a community kitchen (*langar*), and Sikhs and Hindus both distribute sacramental blessed food, called *Prasad*, which may consist of fruit, nuts, or semolina with honey. Rastafarians similarly give priority to organic vegetarian foods and traditionally use cannabis (*ganja*), which may present a problem with medical and government authorities.

Data have clearly shown that some element of spirituality, be it a religious belief or a desire to participate in community events, may affect the ability to “hang on” to life. Phillips and colleagues<sup>11,12</sup> observed that people with Jewish family names (presumed believers) were more likely to die in the week after the major religious festival Passover, and repeated this finding with Chinese names and the Moon (or Mid-Autumn) festival. Surprisingly and unequivocally, results showed that women are less likely to die in the week before their birthday, whereas men may

anticipate the anniversary, which does seem to indicate some psychosomatic link associated with possible personality traits. An awareness of significant events like religious festivals, therefore, may be vital in the care of patients approaching death as well as for ongoing chronic care and compliance.

In addition to religious observances, people engage in personal ones, such as birthdays and family anniversaries. Certain days that mark near-universal political or historic events, to which we must now add the anniversary of 9/11, are associated with stress or emotions among many people. These may be relieved by communal or personal acts of worship or prayer. The same is true of life events such as birth, marriage, and death, which traditionally have religious ceremonies and appropriate prayers or rituals associated with them. It would be appropriate at an early stage to discuss with the patient or the patient's spouse or relatives what days and activities might be significant in the patient's care and welfare and the degree to which the individual might wish to observe any event.

### Birth

Prayer is associated with birth for many reasons, usually in connection with thanksgiving and in the giving of a religious name to symbolize the continuation of the faith in the newborn (and reception into a religion).<sup>13</sup>

### Death and Bereavement

In virtually all religions and even for people with no formal adherence to a religion, the period leading up to and after death is marked by prayer (eg, 40 days in the Eastern Orthodox faith). In nearly every case, families take comfort from prayers for the departed.<sup>14</sup>

#### KEY POINT

**Any information resource (such as the articles in this issue of the journal) is only a starting point for awareness in the practitioner. If in doubt, ask. If you are certain without asking, ask again—you may be wrong.**

### SPECIFIC RELIGIOUS OBSERVANCES

A little knowledge may be a dangerous thing, because the risk of stereotypes is that they are all at least *partly* true. The problem for the physician, nurse, or other health care worker is that they may meet people from various cultural backgrounds and ethnic groups. No matter how much they know about Islam, for example, or the genetic makeup of people from a specific country such as Sweden, they still will not know whether the particular patient they are working with fits their concept. Just as many Christians or Jews may describe themselves as lapsed or nonobservant, so too are there degrees of observance in people from all religious groups, and many small differences exist among geographic regions and families. Any textbook or article on culture provides only a basis from which you can begin to ask intelligent, well-informed questions about the needs of your patient. The sources cited in this article can provide only broad sketches or informed stereotypes of some major strands of key religions. If in doubt, ask. If you think you are certain without asking, ask again.

### Sikhism

Sikhism is a relatively young tradition that arose in the Punjab region of India. It has many features in common with Judeo-Christian traditions, including the singing of hymns, reading of holy scriptures (*Guru Granth Sahib*), and meetings for worship that often take place on a Sunday. Baptized (*amritdhari*) Sikhs are more observant of the strictures of the religion, but may include both men and women, either of whom can read from scriptures or lead communal prayer.

During times of sickness and disease, Sikhs pray to seek God's help, which includes remembering (or meditating on) God's name (*Wahe Guru*) to obtain peace, asking for forgiveness, and reciting or listening to sacred hymns, uttered through the Sikh Gurus and enshrined in the *Guru Granth Sahib*. The sacred words provide them with physical and spiritual strength and nourishment. Sikh patients may request audiotapes of sacred music (*Kirtan*) to be played by their bedside, or they may consider illness to be the will of God, but recognize they must make an effort to get well, which includes seeking and following medical treatment.

Prayer is usually a personal, private event, apart from the regular weekly meeting. At services (includ-

ing weddings), the distribution and sharing of blessed foodstuff is significant and may be thought to resemble Christian communion. Otherwise, few major religious rituals or ceremonies must be observed.

The main Sikh religious festival is *Vaisakhi* (or *Baisakhi*), which is celebrated in mid-April. It marks the new year and commemorates the day the sacred baptismal Khalsa order of Sikhs was created in 1699. It is also a culturally significant event consisting of music, song, dance, food, and fun fairs.

*Divali* (*Diwali*, *Deepawali*), celebrated in October, is the Hindu festival of lights and is also celebrated by Sikhs as a reminder of the time when their sixth Guru returned from imprisonment. Gifts are exchanged and sweets are distributed on this day.

Guru Gobind Singh's birthday (the tenth and final guru of the Sikh religion) is celebrated in January. Other festivals include the martyrdom day of the fifth Sikh Guru Arjan Dev in June, the enthronement day of the Guru Granth Sahib in October, and the martyrdom day of the ninth Sikh Guru, Teg Bahadur, as well as the birthday of the founder of the religion, Guru Nanak Dev, in November.

### Judaism

The significance of the Jewish Shabbat (Sabbath) which begins at sunset on Friday evening and ends at sunset on Saturday, is well known. Traditionally, the Sabbath begins with the lighting of candles, prayers, and a family meal. No work or travel outside the home except for a limited amount permitted for social and religious activity is allowed during this period. For Jews who are undergoing medical treatment or are otherwise ill, religious prohibitions are relaxed. Orthodox Jews observe all restrictions during the Sabbath.<sup>15,16</sup> Less-orthodox members of the faith will pay less attention to the Sabbath routine and restrictions. However, this is a time when it may be best to avoid intrusive medical activity and when patients may wish to observe a time of quiet and prayer or be with family members.

The Jewish calendar contains a large number of 'significant dates' or 'festivals,' many of which refer to thanksgiving for harvest times. The most important are *Rosh Hashanah* (The New Year) and *Yom Kippur* (the Day of Atonement), around September–October, and the period between these two is used for personal reflection. *Yom Kippur* is a solemn day marked by

fasting and prayer, and many Jews will also wish to take note of *Yom Hashoa* (Holocaust Remembrance Day), which is usually commemorated in April. Other dates that are commonly observed include the holiday of *Hannukah* (Festival of Lights) which falls before Christmas and is likewise marked by feasting, and *Pesach* (Passover) near the time of the Christian Easter which combines both fasting and celebration. All of these should be anticipated in discussing a medical treatment plan. *Yom Kippur* requires that adults (ie, those  $\geq 13$ ) fast for 24 hours (complete abstention from food and drink). An exemption exists for those who are ill or frail, and this should be discussed with the patient and the patient's rabbi. Other Jewish holidays relate to traditional celebrations of harvest or historic events. Because the lunar calendar is used, dates vary from year to year, and these are noted in many commercially produced calendars.

### Buddhism

Although Buddhism is a religion with no central God or organization, priests and monks are its central figures. Prayers are offered and rituals are commonly followed, depending on the country or region of origin of the devotee (or the teacher from whom the faith was learned). Priests and monks may observe a code of conduct (*vinaya*) that includes a preference to fast after midday (every day). A central tenet of the faith is the practice of meditation, concentrating on a holy object and/or repeating a chant or mantra, which has been shown to calm the mind and produce a steady heart rate. Many Buddhists may also believe that sound waves have the ability to generate and transmit healing energies, and may use music, bells, drums, or chants to create these energies. It is particularly important to have good thoughts—and to be reciting a mantra—at death. Monks may be asked to attend a sick person to assist in their healing process.

### Hinduism

Nearly all Hindus are of Indian origin, and the religion is renowned for its wide pantheon of deities as well as a diversity of names, observations, and cultural representations. The religion should not be confused with the name of the common language of India, *Hindi*, which is not spoken by all those who come from the subcontinent. Like Buddhism, Hinduism has no single book or founder or hierarchy,

although there are many great leaders or teachers (*gurus* or *pandits*). Much of its teachings and history may, however, be found in the *Bhagavad Gita*. The supreme spirit may be recognized or worshipped in a number of guises, and prayer (*puja*) is important.

Devout Hindus will often pray 3 times a day—at sunrise (or waking), midday, and sunset—as well as before meals and at bedtime. Washing (preferably in running water) and putting on clean clothes are part of the ritual of prayer. Some traditional practices involve the use of a beaded rosary (*mala*), setting up a small shrine, making a symbolic offering of fruit or drink, lighting a candle or incense stick, and ringing a bell. Closeness to the earth is important, especially nearing death, and most Hindus will prefer to sit or lie on the floor at such times. Shrines with pictures, flowers, candles, and offerings should not be disturbed or even touched, if possible.

Key Hindu festivals include:

- *Holi* (February–March, at the time of the full moon): Spring festival;
- *Raksha Bandhan* (full moon in August): Celebrates the bond between brothers and sisters; visiting is very important, and a thread may be tied at the wrist that should not be removed;
- *Navratri* (September–October): “Nine nights” festival, often dedicated to *Lakshmi*, the goddess of wealth;
- *Diwali* (*Deepawali*, and other spellings) marks the new year and the victory of good over evil; traditionally, lights are lit, colored patterns (*rangoli*) are drawn, and vegetarian food is eaten.

Other important dates include the birthdays of key religious leaders and deities.

Hindu fasting is usually associated with a vow or prayer and may be restricted to avoiding certain foods, rather than total abstinence, but may take place at any time of the year.

## Islam

One of the best-known pillars (religious obligations) of Islam is the insistence on prayer 5 times a day, marked in Muslim countries by the call of the *muezzin* intoning the *adhan* (call to prayer). This call should also be the first sound heard by a newborn child, and the last by someone who is dying, so that they may come and go with the name of God on their lips. The worshipper will normally wish to face

Mecca (conventionally, this means east; better organized places will have a mark in the prayer room to indicate the true direction, *Quibla*), and someone who is dying may wish to be turned to face in that way.

The ritual for prayer (*salat*) includes washing (*wuzu*) beforehand, and a routine of kneeling, standing, and prostration that may be difficult for those whose movement is impaired. Prayers (*adua*) may be said at any time. Cleanliness is very important, but those who are fitted with a colostomy device, for example, may need to be assured that even if the bag fills, this does not make them ritually unclean: a religious ruling (*fatwa*) addressing this condition has been issued by councils of learned religious experts.

A further pillar of the faith is the fast observed in Ramadan, a month that varies according to the lunar calendar (at present, during the northern hemisphere’s autumn). Those who have had to break their fast for any reason during Ramadan may seek to make up the “lost” days at another time of year. It is important to insist that this should not affect taking medication. Islamic scriptures (*Quran* and *Hadith*) state explicitly that fasting is not required of the person who is sick and that medicine should be taken, but this may require careful discussion and support from a religious leader or teacher.

A number of historic events are commemorated in Islam. The Muslim holy day, Friday, is itself a festival (unlike the Christian and Jewish traditions of the Sabbath, it is not usually marked by ceasing work completely).

Two holidays of note are: The Feast of Fast Breaking (*Eid al-Fitr*), which marks the end of Ramadan, and the Feast of Sacrifice (*Eid al-Adha*, *Bayram* in Turkish), which marks the willingness of the patriarch Abraham to sacrifice his son.

## Christianity

Many denominations of Christianity exist, with great differences in their approaches to prayer, festivals, observances, and fasting. Not all traditions are recognized by Christians as belonging to Christianity, although in extreme cases most Christian believers will accept the blessing or support of a priest or minister of another tradition. There are, however, exceptions, and it is important to ask or understand if the denominations are “in communion” with each other in a formal sense.

Most Christians (except Seventh Day Adventists, who observe Saturdays, and Christian Scientists, who gather on Wednesday evenings) worship weekly on Sunday and base their worship on remembrance of the Last Supper (communion). Prayer may be spoken or silent. The Lord's Prayer is widely known, as are the words of the Grace, and these may be invoked as a sign of support and solidarity. Bible reading is also an important activity, equal to prayer for many. The sign of the cross, or a crucifix, may also be expressed.

Major traditional observances that mark the birth of Jesus on the 25th of December, and Easter are usually not suitable times for medical appointments except for those of an emergency nature. For example, in the United Kingdom, all hospitals and nearly all public and private facilities are effectively "closed" and will not admit "elective" patients on Christmas or Easter day, although routine and chronic treatment obviously continues and emergency care is available.

Some Christians give extra significance to the first day of Lent (Ash Wednesday), to Pentecost (seven Sundays after Easter), and to Ascension (a Thursday 40 days after Easter), although these rarely interfere with medical treatment.

### **Christian Science, Church of Latter Day Saints, Jehovah's Witnesses**

These 3 churches or faiths all derive from Christian roots, and practice many of the observances of the other denominations. However, not all Christian groups would agree that these are Christian churches in the same sense, and there are certainly differences in doctrine, and in the way they meet together or pray, as well as in their approach to baptism. More information can be found in the literature.<sup>17</sup>

### **SUMMARY**

Religion or personal faith is an important element in the lives of many people. Most organized religions have established rituals or procedures which guide or lay out the way in which an individual or group (congregation) should conduct prayer or worship. They also will have specific 'holy days' or 'festivals' which mark significant events or times of the year for special observance. Some of these are "fasts" (when people may set aside time for prayer and abstinence)

and others are "feasts" of celebration. Prayer times may include a special day, or a number of times during the day, and may be associated with special actions. The degree to which an individual strictly practices these behaviors will vary, but for those who are most "orthodox" (ie, strict in their observance) there may be a conflict with medical or nursing care management.

Most religions do permit relaxation of strict rules in the interests of medical care or saving life, but it is wise to discuss this with the patient, their "significant others" (such as family members), and a well-informed leader or priest of their faith. At the most simple level, many of the practices of different religions have fundamental similarities—some derive from basic principles of hygiene, and others, such as chanting or rhythmic repetition of certain words, have been found to have effects on bodily functions. Other practices form significant markers of membership (such as the clothing worn by Sikhs or Mormons) and are important to "self-image."

It is always important to take account of a patient's personal faith and beliefs, and to have a broad understanding of the main religions and their principles when trying to offer health care. These, however, should be set against an individual's or group's own culture and way of practicing or observing their religion.

### **REFERENCES**

1. The Alma Ata Declaration of the World Health Organization. Available at: [www.who.dk/aboutwho/policy/20010827\\_1](http://www.who.dk/aboutwho/policy/20010827_1).
2. Koenig HG, Hays JC, Larson DB, et al. Does religious attendance prolong survival? A six-year follow-up study of 3968 older adults. *J Gerontol A Biol Sci Med Sci*. 1999;54:M370–M376.
3. Koenig HG, Cohen HJ. *The Link Between Religion and Health: Psychoneuroimmunology and the Faith Factor*. Oxford, UK: Oxford University Press; 2002.
4. Helm HM, Hays JC, Flint EP, et al. Does private religious activity prolong survival? A six year follow-up study of 3851 older adults. *J Gerontol A Biol Sci Med Sci*. 2000;55:M400–M405.
5. Astin JA, Harkness E, Ernst E. The efficacy of "distant healing": A systematic review of randomized trials. *Ann Intern Med*. 2000;132:903–910.
6. Roberts L, Ahmed I, Hall S. Intercessory prayer for the alleviation of ill health. *Cochrane Library Issue 2*, 2002 (electronic).
7. Harris WS, Gowda M, Kolb JW, et al. A randomized controlled trial of the effects of remote intercessory prayer on outcomes in patients admitted to the coro-

- nary care unit. *Arch Intern Med.* 2000;159:2273–2278. [Published correction appears in 2000;160:1878].
8. Derose KP, Hawes-Dawson J, Fox SA, et al. Dealing with diversity: Recruiting churches and women for a randomized trial of mammography promotion. *Health Educ Behav.* 2000;275:632–648.
  9. Bernardi L, Sleight P, Bandinelli G, et al. Effect of rosary prayer and yoga mantras on autonomic cardiovascular rhythms: Comparative study. *BMJ.* 2001;323:1446–1449.
  10. Wolf DB. Effects of the hare krsna maha mantra on stress, depression and the three gunas. *Dissertation Abstracts International B: Sciences and Engineering.* 2000;60:3584.
  11. Phillips DP, King EW. Death takes a holiday: Mortality surrounding major social occasions. *Lancet.* 1988;2:728–732.
  12. Phillips DP, Smith DG. Postponement of death until symbolically meaningful occasions. *JAMA.* 1990;263:1947–1951.
  13. Schott J, Henley A. *Culture, Religion and Childbearing in a Multiracial Society.* Oxford, UK: Butterworth-Heinemann; 1996.
  14. Parkes CM, Laungani P, Young B. *Death and Bereavement Across Cultures.* New York, NY: Routledge; 1997.
  15. Spitzer J. *A Guide to the Orthodox Jewish Way of Life for Health Care Professionals.* Available from j.spitzer@qmul.ac.uk.
  16. Spitzer J. *Caring for Jewish Patients.* Oxford, UK: Radcliffe Medical Press; 2003.
  17. Brooks N. Overview of religions. *Clin Cornerstone.* 2004;6(1):7–16.

## APPENDIX

**Christian Medical Fellowship**—Discussions on the interface between Christianity and medicine. Available at: [www.cmf.org.uk](http://www.cmf.org.uk).

**Centre for Evidence in Ethnicity, Health and Diversity**—Selected papers and links to further sites of value in relation to minority ethnic group religions and health care. Available at:  
<http://users.wbs.ac.uk/group/ceehd>  
<http://www.dmu.ac.uk/msrc/>  
<http://users.wbs.ac.uk/group/ceehd>

**Sikhism**— The following Web sites may be helpful:  
[www.sikhs.org](http://www.sikhs.org)  
[www.sikhnet.com](http://www.sikhnet.com)  
[www.cpwr.org](http://www.cpwr.org)  
[www.sikhamerican.org](http://www.sikhamerican.org)

## ADDITIONAL READING

Bowker J. *The Oxford Dictionary of World Religions.* Oxford, UK: Oxford University Press; 1997. (See also Bowker J. *World Religions.* Dorling Kindersley Press; 1997.)

Naidoo T. Health and health care—a Hindu perspective. *Med Law.* 1989;7:643–647.

Parkes CM, Laungani P, Young B. *Death and Bereavement Across Cultures.* New York, NY: Routledge; 1997.

Schott J, Henley A. *Culture, Religion and Childbearing in a Multiracial Society.* Oxford, UK: Butterworth-Heinemann; 1996.

Snelling J. *The Buddhist Handbook.* Rochester, Vt: Inner Traditions; 1991.

---

**Address correspondence to:** Dr Mark R. D. Johnson, Professor of Diversity in Health & Social Care, Mary Seacole Research Centre, De Montfort University, 266 London Road, Leicester LE2 1RQ, United Kingdom. E-mail: [mrdj@dmu.ac.uk](mailto:mrdj@dmu.ac.uk)