MUSC Health
Medical University of South Carolina

Caring Spirit

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This bimonthly newsletter, produced by Pastoral Care Services/Office of Diversity and Inclusion, will highlight some of the spiritual and religious beliefs held by patients and their families, providers and others in the MUSC community. It will offer strategies for staff self-care as well as information to better address the spiritual needs of the diverse patients and families that we serve.

Interfaith Calendar Highlights

- February 5. **Four Chaplains Day** (Interfaith). Remembrance of World War II military chaplains—one Catholic, two Protestant, and one Jewish—who gave their life jackets to save others as their ship went down.
- February 11. **Tu B'Shevat** (Jewish). Celebrating the coming of spring, with preparation of traditional foods from Israel.
- February 15. **Nirvana Day** (Buddhist). Remembering the death of the Buddha.
- February 28. **Shrove Tuesday/ Mardi Gras** (Christian). Carnival day before the somber season of Lent. Pancakes are a traditional food.
- March 1. **Ash Wednesday** (Christian). Beginning of 40 day season of Lent, before Easter. Ashes are placed on the forehead as a sign of penitence.
- March 12. **Purim** (Jewish). Feast and merriment to celebrate Queen Esther who saved her people from genocide.
- March 13. **Holi** (Hindu). Colorful and boisterous spring festival dedicated to the god of pleasure.
- March 21. **Ostara** (Wicca/ Pagan). Celebration of spring equinox and the goddess-as-maiden.

Source: http://www.interfaith-calendar.org

Spirituality Spotlight: Islamic Faith

by Chaplain Terry Wilson

While the vast number of people in the United States are of Christian faith, there is a large number of religions that are practiced nationwide. This edition of the newsletter will provide information about some of the behaviors that providers could expect from patients who practice the Islamic faith. Patients and families are our teachers and are in the best position to educate us about their individual religious practices however we hope that this information will be helpful to care team members as we try to deliver more patient and family-centered care.

Muslim patients may:

- Express strong concerns about modesty, especially regarding treatment, or even casual physical contact, by someone of the opposite gender.
- Request a diet in accordance with religious laws for "Halal" foods, to avoid items such as pork.
- Express concern about the use of medications that have porcine origins or that contain gelatin or alcohol. The prohibition against alcohol has occasionally raised questions about their use of alcohol-based hand rubs in the hospital. A patient or family member's concern about this should be addressed sensitively, perhaps with the input of an imam (Islamic leadership).
- Require running water, either from a tap or (poured) from a pitcher, to wash themselves. Muslim patients typically do not feel cleaned by a sponge bath. Many want to wash before and after meals and before prayers.
- Desire to pray by kneeling and bending to the floor, however Islamic tradition recognizes circumstances when this is not medically advisable. If patients are disturbed by their inability to pray on the floor, advice should be encouraged from an imam. Prayers are conducted five times a day.
- Hesitate to express the need for pain management. Some may even refuse pain medication if they understand their pain to be spiritually enriching.
- Request that amputated limbs be made available for burial. Details should be arranged through the patient's/family's funeral home.
- Discourage the withholding or withdrawing of life-sustaining therapy. Family members who are morally conflicted may wish to bring an imam into their discussion with physicians.
- Request to be present with a dying person, so as to whisper a proclamation of faith in the patient's ear right before death. Similarly, a husband may request to be present at a birth to whisper a proclamation of faith in the ear of the newborn.
- Request to wash the patient (following a death) and to position the patient's body in the bed to face Mecca. Burial is usually accomplished as soon as possible following death. Muslim families rarely allow for autopsy apart from an order by a Medical Examiner.
- Consider organ donation, especially with a sense of "saving life," but the subject is open to great differences of opinion within Islamic circles.

During the thirty-day month of Ramadan, Muslims refrain from food and drink from dawn until sundown. Physicians and other care team members should explore with patients whether it is medically appropriate to fast while in the hospital, and discuss options for pre-dawn meals including delaying dinner until after sunset. Anyone who is ill is *not obligated* to fast.
Note: *The month of Ramadan shifts according to a lunar calendar, and when it occurs during the summertime, longer days can make the fast more physically stressful.*

Source: *http://www.uphs.upenn.edu/pastoral/resed/diversity_points.html*

Health Care Theater

This monthly program provides a forum for MUSC care team members to debrief difficult cases and share strategies to support families, colleagues, and themselves. One hour of Diversity Education training will be provided. Participants must register via MyQuest. The following programs are planned for February and March.

Intimate Partner Violence (Domestic Violence)
February 14, 2017
1:30 pm - 2:30 pm
300 Clinical Science Building (CSB)

"Stealing One's Personhood" - Alzheimer's
March 14, 2017
1:30pm - 2:30pm
300 Clinical Science Building (CSB)

Domestic Violence: How Health Care Workers Respond

by Chaplain Stacy Sergent

Domestic violence, also known as intimate partner violence (or IPV), can bring many people to hospitals. Each year, on average, there are 600,000 injuries to men and 1.2 million injuries to women as a result of domestic violence. These are people of different races, economic classes, religions, sexual orientations, and ages. Though we may expect victims of IPV to be adults, one in five women and one in seven men experience some form of intimate partner violence for the first time between the ages of 11 and 17. Injuries can range from bruises to lethal injury. Sadly, South Carolina has been among the top 10 states in the country for the past 17 years in the number of women killed by intimate partners.

So what can we as health care workers do when victims of IPV are in our hospital? The first step is recognizing the signs. If you see a patient interacting with their intimate partner, an abusive partner may:
- make all decisions
- minimize abuse or injuries
- insult and/or blame someone else
- threaten/intimidate the patient
- isolate the patient from others

The Joint Commission requires the identification, treatment, and referral of victims of domestic violence. Helping guide the patient to counseling and other resources may also protect against future harm, or even prevent a death. But we are often uncomfortable asking patients such questions. The **S.A.F.E.** methodology is a tool that can help us. It stands for Screen, Assess, Forward to resources, and Evidence documentation. In **Screen**, every patient should be asked three questions:

1. Are you, or have you been threatened or abused physically, emotionally, and/or sexually by a partner/spouse/family member?
2. Has anyone threatened to hurt you, your children, or your pets?
3. Do you feel unsafe going back to the place where you are living?

If the patient responds "no" to all of these questions, let the patient know that if these things change in the future, you would like to know and can direct them to resources to help. When a patient responds "no," but you still suspect IPV, maintain a non-judgmental approach and show respect for the patient. State your concerns directly, and document any indicators/signals of IPV in the chart. Let the patient know of your desire to help, and address their medical conditions.

If the patient responds "yes" to any of the questions, move on to A, **Assess**. In a private space, have the patient describe the abusive event, and document their explanation as well as their injuries in the chart. If police are involved, document the name, agency, and badge number of the officer. Find out if the abuser is present, whether he/she has access to weapons, if there are children in the home, and if the patient has a safe place to go. If the abuser is on hospital grounds, notify Public Safety of the potential risk.

The next step is F, **Forward to resources**. On the MUSC intranet, some resources can be found under Toolboxes & Tools, Patient and Family Education, Domestic Violence Community Resources. The MUSC Advocacy Program social worker and the Forensic Nurse Examiner are part of the MUSC Domestic Violence Response Team and can be of help to the staff and patient, if the patient gives consent. They are available 24 hours a day, seven days a week including holidays. They can assist with E, **Evidence documentation**. They will document the history of the event, perform a danger assessment, take forensic photographs, document injuries, notify police if patient wishes to report, and assist patient with safety planning and other resources. Reporting IPV to police is done only with patient permission, unless there is a gun shot wound and/or there are children under 18 involved in or witness to the incident.

With IPV such a common occurrence, it is certain that we will encounter these victims at some point. Domestic violence results in harm to physical, mental, and spiritual health. Knowing the risk factors and how to recognize IPV means we as health care workers can do our part to help those affected. Here are some further resources:
My Sister's House Crisis Line: 843-744-3242
National Domestic Violence Hotline: 1-800-799-7233
National Coalition Against Domestic Violence information: 303-839-1852
End Violence Against Women International: 509-684-9800
Source: National Center for Injury Prevention and Control (part of the CDC) https://www.cdc.gov/injury/

Chaplains are available 24/7/365

WHAT DID YOU LEARN?

How should a physician respond to a Muslim patient who wants to fast for Ramadan?

A. Arrange for pre-dawn and post-sunset meals, if possible
B. Tell the patient that fasting is never allowed in the hospital
C. Discuss with the patient whether or not fasting is medically advisable at this time.
D. A and C

The first team member to respond with the correct answer will be recognized in a future edition of the newsletter. Send responses to sergents@musc.edu

Glenda Brunette
MSN, RN, CWON

Correct answer from December-January issue:
C. Death of your sibling in a car crash.

Do you have topic ideas for future issues or would like to provide general feedback about the newsletter? If so, send an email to sergents@musc.edu
Stacy Sergent, Chaplain, Editor

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