Respecting a Patient’s Religious Values Near the End of Life
Amanda Moale, MD, Department of Internal Medicine, Johns Hopkins Hospital
Matt Norvell, M. Div, B.C.C., Department of Spiritual Care and Chaplaincy, Johns Hopkins Hospital

An accompanying edition of Elder Care reviews how different religions view the end of life. This Elder Care discusses issues to consider when clinicians interact with patients and families as death approaches, along with considerations for handling the body after death.

Near the end of life, it is important to recognize and integrate the patient’s and family’s personal values and customs into care planning. This can be facilitated by gaining an understanding of a patient’s religious values and incorporating their beliefs and rituals into the clinical setting. Open and honest communication is necessary to gain respect and understanding of how a patient’s values can be supported. Depending on the individual and family’s personal practices, adherence to religious laws and guidelines will vary. When available, work with hospital chaplains or local religious leaders to help provide comprehensive care.

Christianity
The structures, beliefs, and rituals may vary in different Christian denominations. For example, receiving Holy Communion or the Anointing of the Sick can be important to Roman Catholics and Anglicans, while some Christians may only ask for a prayer at the end of life. Identifying if a patient has a local church community can be helpful, as they may wish to be visited by their own pastor or priest. After death, Christians in general believe the spirit has left the body. While the body should be treated with respect, they generally do not adhere to specific ritual washings or have a required time frame for burial.

Judaism
The patient may request visits by their rabbi and others affiliated with their religion. Often, in the orthodox Jewish tradition, a dying person should not be alone. Therefore, many friends and family may be present and will often pray and recite verses from the Psalms. Religious Jewish individuals may not be comfortable with physical contact, especially between members of the opposite sex. After death, family often closes the eyes and covers the body with a white sheet as a sign of respect. Washing and preparing the body may also be desired prior to leaving the hospital, but staff should not wash the body without the family’s consent. Burial before the next sunset or within 24 hours is a common tradition, and is often the practice for someone to stay with the body after death until the burial.

Islam
Muslims are encouraged to visit the sick. Therefore, family and friends may be at bedside and wish to perform prayers aloud. In Islam, decision making is often collective so it is important to ask the patient who they wish to be involved in decisions. Although hand shaking may be allowed in some Muslim communities, physical greetings may be discouraged between members of the opposite sex.

If possible, accommodations to assure the body is facing Mecca (northeast in the U.S.) should be made as it replicates the body’s direction during prayer. After death, contact by professionals should be kept to a minimum. The body is commonly washed by family or friends, wrapped in a white shroud, and prayers are recited.

Burial soon after death, ideally before the next sunset or within 24 hours, is encouraged. Therefore, it is important to identify any barriers to quick burial early on, including upcoming weekend and holidays, issuing the death certificate, etc.

Buddhism
Most Buddhists in the U.S. have adopted usual greetings like hand shaking; however, shaking hands or embracing Buddhists monks or nuns is usually not appropriate. Some Buddhists may prefer to be treated by the same-sex clinicians.

TIPS FOR RESPECTING PATIENT’S AND FAMILY’S RELIGIOUS VALUES AT THE END OF LIFE
• Inquire about any religious rites or rituals a patient may wish to receive prior to or after death, and make accommodations when possible.
• If a patient’s religious values or customs are unclear, identify if the patient has a local religious community or involve hospital chaplains for generalized spiritual support.
Approaching death with a clear mind is important to Buddhists. Thus, some patients may refuse sedating medications, even if in pain. Ask patients if they have a specific Buddhist priest they want you to contact.

Family, friends and monks will often recite mantras and sutras (certain Buddhist teachings). After death, the family may wish to spend time with the body as Buddhism teaches that a person’s spirit has not fully departed their body for several hours after death (even longer in some traditions). Therefore, health care providers should try to accommodate their spiritual practices, which may include not touching the body during this period and allowing them to perform religious rites.

**Hinduism**

Hindus believe their state of mind near death greatly influences rebirth. Therefore, the patient may have religious items around the bed, make offerings to others, and avoid medications that reduce their consciousness.

Near death, family members may come by to comfort the patient. They may be reciting prayers/reading and softly chanting mantras. When greeting Hindus who are visiting with the patient, it is typical and appropriate to address the eldest person first.

After death, some Hindus will prefer that non-Hindus not touch the body. If family is not present and health professionals need to touch the body, they should wear disposables gloves and close the patient’s eyes, straighten the limbs, and keep jewelry or religious objects on the body.

After death, the family will want to wash the body, often with particular water brought from their temple, and the redress the body. Generally, clinicians should not wash the body but instead, wrap the body in a plain sheet. Cremation should occur as soon as possible. If family is not present, contact the chaplain for guidance.

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Christianity</th>
<th>Judaism</th>
<th>Islam</th>
<th>Buddhism</th>
<th>Hinduism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customary Greeting of Family Members</td>
<td>Simple greeting such as waving or shaking hands</td>
<td>Some Orthodox Jews may be uncomfortable with physical contact</td>
<td>Physical greetings may be discouraged</td>
<td>Simple greeting such as waving or shaking hands</td>
<td>Address eldest member first</td>
</tr>
<tr>
<td>Religious Leaders to be Contacted</td>
<td>Pastor/priest</td>
<td>Rabbi or local synagogue</td>
<td>Imam of local mosque</td>
<td>Buddhist monk/priest</td>
<td>Brahmin priest</td>
</tr>
<tr>
<td>Pre-Death Arrangements</td>
<td>Some may wish to receive prayer, Holy Communion, and/or be anointed</td>
<td>Prayer of confession and scripture readings</td>
<td>Verses from the Quran and Shahadah may be recited out loud</td>
<td>Open communication to help them prepare for death</td>
<td>Often prefer to die at home Accommodations for a clear mind (e.g., drug reduction)</td>
</tr>
<tr>
<td>Post-Death arrangements</td>
<td>Post-death rituals vary according to denominations. Consult hospital chaplain or patient’s clergy</td>
<td>Staff should not wash the body without family’s consent. Family may close eyes, cover body with white sheet, prepare and wash body for burial</td>
<td>Contact of the body by staff should be kept to a minimum Family may wash body and wrap in white shroud</td>
<td>Family may request the body be kept still and not touched for several hours after death pronounced</td>
<td>May prefer non-Hindus do not touch the body Family may wash and clothe the body</td>
</tr>
</tbody>
</table>

---

**References and Resources**


---

**Interprofessional care improves the outcomes of older adults with complex health problems**

Elder Care Editors: Editor-in-Chief: Barry D Weiss, MD; Deputy Editor: Mindy Fain, MD

National Editorial Board: Theodore M Johnson II, MD, MPH, Emory University; Jenny Jordan, PT, DPT, Sacred Heart Hospital, Spokane, WA; Jane Marks, RN, MS, FNGNA, Johns Hopkins University; Josette Rivera, MD, University of California San Francisco; Jean Yudin, CRNP, University of Pennsylvania

Interprofessional Associate Editors: Tracy Carroll, PT, CHT, MPH; Carleigh High, PT, DPT; David Coon, PhD; Marilyn Gilbert, MS, CHES; Jeannie Lee, PharmD, BCPS; Marisa Menchola, PhD; Francisco Moreno, MD; Linnea Nagel, PA-C, MPAS; Lisa O’Neill, DBH, MPH; Floribella Redondo; Laura Vitkus, MPH, CHES

Published by: The University of Arizona, PO Box 245027, Tucson, AZ 85724-5027 | (520) 626-5800 | [https://uofazcenteronaging.com](https://uofazcenteronaging.com)

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28721, Arizona Geriatrics Workforce Enhancement Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.