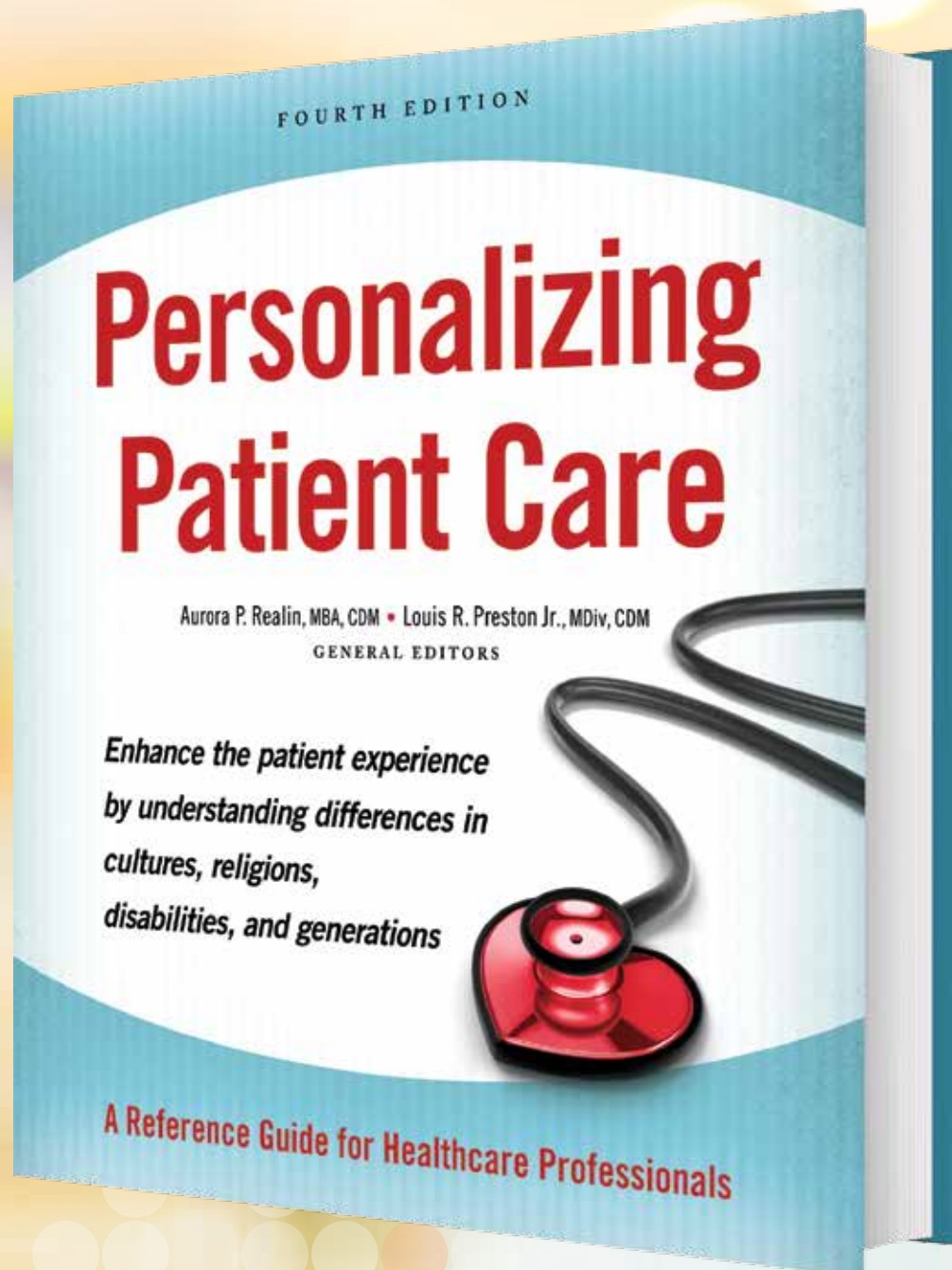


# Improve the Patient Experience



**With the Power of Personalized Care**

## About The Book

What happens when one book collects specific, bite-sized reference information about:

- 20** of the world's most prevalent religious groups
- 20** of the widest spread cultural groups
- 7** of the most common disabilities, and
- 4** distinct generations?

You get a powerful guide to Personalizing Patient Care.

*Personalizing Patient Care* is a valuable guide for improving a caregiver's understanding of how a patient's background may affect their needs, preferences, and expectations related to the delivery of care. This unique, field-tested reference will enable healthcare professionals to decrease readmissions, address healthcare disparities, inform biomedical ethics decisions, and improve the patient experience.

With all this available at your fingertips, it's no wonder *Personalizing Patient Care* is the essential guide for physicians, nurses, chaplains, social workers, therapists, educators, administrators, and other healthcare professionals in medical and educational settings.

## Why This Book is Essential

- ♥ Presents carefully researched non-judgmental information on faith, culture and other subjects vital to understanding patient needs.
- ♥ The material has been compiled, and tested over the course of 20 years.
- ♥ This information has been accessed and utilized by thousands of caregivers (2,400 physicians and 7,000 nurses) at Florida Hospital as well as numerous other hospitals.
- ♥ The range of professional training of the contributors includes: healthcare, healthcare management, hospice, pastoral ministry, chaplaincy, curriculum creation, editorial, diversity, and inclusion.
- ♥ The contributors' diverse cultural roots and family history add perspective to the creation of the guide. Their combined cultural and family heritage includes African American, Arawak Indian, Chinese, English, Filipino, German, Ghanaian, Italian, Jamaican, Native American, Polish, Sierra Leonean (Temne, Mandignó, and Wolof tribes), and Spanish ancestries.
- ♥ Created with feedback from various governing bodies and experts representing each group to ensure the information was accurate, up-to-date, and reflected the current practices of each group involved.



# HEALTH

## MEDICAL CARE

## In This Book You Will Find

- ♥ Healthcare issues presented in tabular format for quick reference with separate listings for different religions, cultures, disabilities, and generations.
- ♥ Issues covered include attitudes toward blood, diet, nutrition, healing environment, pain management, end of life issues (advance directives, autopsy, care of the dead, DNR, organ donation, withholding treatment), pre- and post-natal care, including attitudes toward contraception, genetic conditions, choice of birth process, infant baptism/dedication, neonatal/infant death or end-of-life care, and termination of pregnancy.
- ♥ An extensive bibliography of over 3,000 references linked to citations in each section of every table indicating the primary source.

### 40 | PERSONALIZING PATIENT CARE

#### Healing Environment (continued)

- Many Hindu diabetics do not take insulin made from animals, so explain what insulin contains before administering it<sup>58</sup>
- Prefer natural and homeopathic medicine to drugs and surgery. If drugs are given, explain what they're for and what effects they'll have<sup>59</sup>
- May request injections. Believes that illness can only be cured if treatment includes injections<sup>60</sup>

#### Pain Management

- Patient may accept some interventions for relief<sup>61</sup>
- May be concerned about possible addiction and consequently refuse pain medication or reduce the dosage<sup>62</sup>
- Patient may refuse pain medication that does not allow for a clear mind at the time of death<sup>63</sup>

### END OF LIFE

#### Advance Directives

- Encourages the use of advance directives<sup>64</sup>

#### Autopsy

- Autopsy is avoided unless required by law<sup>65</sup>
- Deceased's body is typically prepared by bathing, anointing with oil, and covering with white fabric. The family usually does the cleaning and dressing rather than leaving it to strangers<sup>66</sup>

#### Death – Body Care

- Items such as a piece of thread around the neck or wrist (signifying that Hindu priest blessed the patient) or red mark on forehead should remain<sup>67</sup>
- Arrangements for deceased are made by the oldest son<sup>68</sup>
- Body must be cremated<sup>69</sup>

#### Death – Special Needs

- Small wishes of the dying patient for food should be fulfilled<sup>70</sup>
- Family may desire to have sweet basil dipped in water from the Ganges or milk placed on lips of patient<sup>71</sup>
- ♥ Patient may prefer to consult Hindu temple or chaplain
- Family may desire to place a picture of a "personal deity" near the patient<sup>72</sup>
- Family may ask Hindu temple priest to provide spiritual support for patient when dying; support is provided by chanting mantras, songs, and encouraging patient to visualize the image of God<sup>73</sup>
- Other support practices include:<sup>74, 75</sup>
  - ☞ Tying blessed thread around neck/wrist of dying patient
  - ☞ Sprinkling holy water
  - ☞ Basil leaf placed on tongue
  - ☞ Reminding dying that the real "self" is immortal

#### Death Process

- May desire healthcare professional to discuss "terminal illness" only with family, not patient (Refer to HIPAA note as stated in End-of-Life Discussion)<sup>76</sup>
- At death, the soul continues and will return in "another body"<sup>77</sup>

### Religions and Christian Denominations | 41

- Soul reincarnates until all necessary karmas are created and resolved<sup>78</sup>
- According to scripture, the dying person obtains object of thinking at time of death; goal is to raise spiritual consciousness at time of death<sup>79</sup>
- Prayers, chants for soul's passing from this life to next; ceremonies following death usually last for thirteen days<sup>80</sup>

Artificially prolonging life viewed as interfering with karma<sup>81</sup>

Death passage is part of the life cycle, balancing out birth passage into life; deceased enters into another life<sup>82</sup>

Prayers to extend life are acceptable<sup>83</sup>

HIPAA, healthcare professional must obtain patient's permission to release health information to third parties

Healthcare professional may ask patient who will make healthcare decisions for them if not themselves

Healthcare professional may discuss patient's terminal illness if applicable

Religiously accepted, as it does not allow for completed release of the body<sup>84</sup>

to whether the Hindu will receive an organ donation; may be likely that there will be a good quality of life afterward. For organ transplant may not be acceptable because of the belief that the soul of the soul<sup>85</sup>

Artificially prolonging death<sup>86</sup>

Healthcare professional to discuss withdrawal of heroics with authorized representative before removing

Midwife and nurse for delivery<sup>87</sup>

Rest of rest for 40 days after birth; child remains in bed for 40 days<sup>88</sup>

Midwife or MD touches mother and infant<sup>89</sup>

Neonate<sup>90</sup>

breastfeeding is preferred<sup>91</sup>

must fast for 40 days<sup>92</sup>

may be performed at birth; mantras



## Reviewers from over 35 organizations including

American Speech-Language-Hearing Association

Association of Hispanic Healthcare Executives

Autism Society of America

Brain Injury Association of America

Catholic Medical Association

Church of the Nazarene

Committee on Publication for Christian Science of Florida

Consulate of Brazil in San Francisco

Episcopal Diocese of Central Florida

General Conference of Seventh-day Adventists

Hindu American Foundation

Hospital Liaison Committee for Jehovah's Witnesses

Initiative on Islam and Medicine, University of Chicago

International Council of Unitarians and Universalists

Kaweah Delta Health Care District, Chinese Americans in Dietetics & Nutrition

Learning Disabilities Association of America

Louchheim School for Judaic Studies

Mennonite Healthcare Fellowship

National Alliance for the Advancement of Haitian Professionals

National Association of the Deaf Law and Advocacy Center

Nichiren Buddhist Association of America

Presbyterian Church (USA)

Sikkim University, Gangtok, India

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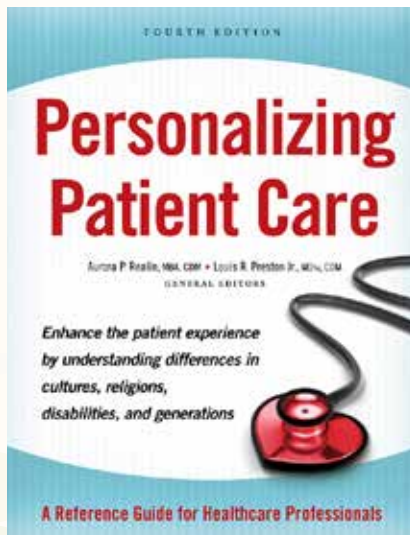
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## About Florida Hospital Diversity and Inclusion

Florida Hospital's Office of Diversity and Inclusion enhances culturally-centered, unbiased whole-person care to patients and their families. The department provides strategic leadership by creating an inclusive organizational framework for patients, employees, and the surrounding community.

# This Book Will Help Readers

- ♥ Respect the **special needs**, preferences, and expectations of patients.
  - ♥ Increase **awareness** of the physical, psychological, social, spiritual, and cultural needs of each patient.
  - ♥ Improve **patient experience**.
  - ♥ Personalize patient care to a **diverse population**.
  - ♥ Easily locate **trans-cultural**, multi-generational whole-person values, beliefs and traditions within a set of 51 different tables.
  - ♥ Address **healthcare disparities** and inform biomedical ethics committee decisions.
  - ♥ **Honor decisions** for patients and their families around diet, nutrition, communication, pain management, medical issues, birth, end-of-life, and death.
  - ♥ Find crucial **patient care information** related to 20 of the world's religions, 20 of the world's cultures, 4 generations, and 7 of the most common disabilities.
- Understanding how different cultures view healthcare helps caregivers tailor questions and treatment plans to the patient's needs.
  - Two thirds of the nation's approximately 150 medical schools now include courses on spirituality and faith in their curricula.



## Book Information

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