



# Health Care Insights: Observing Holy Days and Rituals

- 1) **Observing Holy Days and Rituals:** Observing certain holy days or performing religious rituals that require accommodations around scheduling of procedures or modifying treatments for fasting.
- 2) **For example:**
  - a. A Muslim patient with diabetes wishes to fast for Ramadan.

**NOTE:** Fasting during the Islamic holy month of Ramadan is considered one of the Five Pillars of Islam (that is, one of the five primary duties Muslims have to their faith). During Ramadan, Islam teaches that all adherents who have attained puberty should undergo a fast. Observant Muslims do not consume any food or liquid between dawn and sunset throughout Ramadan. Meals are allowed after a prayer at sunset, and until dawn. Ramadan is linked to the lunar calendar and, therefore, the time of year when Ramadan occurs will vary. Muslims whose health does not allow fasting are excused from this practice, but some individuals may still feel compelled to fast.

**RECOMMENDATION:** Take note of when Ramadan falls each year and ask Muslim patients in advance if they plan on fasting. Doctors should inquire as to how Muslim patients will fast. For example, does fasting include not taking medication, drinking water, or eating any food? Doctors should also ask what and how much the patient will eat when breaking the fast. Based on this information, determine if the patient could safely fast or if his or her fasting and breaking of that fast should be modified in some way in order to effectively manage his or her diabetes. Discuss this with the patient and determine a treatment plan that the doctor and patient are both comfortable with.

**MORE INFORMATION:** pg. 90-91 of [The Medical Manual for Religio-Cultural Competence](#)

- b. An Orthodox Jewish patient refuses to sign an intake form on a Friday evening, because writing is forbidden on the Sabbath.

**NOTE:** The Jewish Sabbath begins at sunset on Friday and lasts until an hour after sunset on Saturday. Sabbath is a day of rest, and observers are meant to refrain from activities considered “work.” Depending on the patient’s degree of observance, there may be injunctions against turning lights on or off, pressing buttons (for example, to summon a nurse), signing one’s name, or driving a car.

**RECOMMENDATION:** Doctors or other hospital staff should discuss Sabbath practices with Jewish patients to find out what activities they will not feel comfortable doing and with which

they will therefore need assistance. If a patient is unable to sign a form, many hospitals also allow a staff member to obtain oral consent from the patient and sign for them as a witness.

**MORE INFORMATION:** pg. 52-53 of [The Medical Manual for Religio-Cultural Competence](#)

- c. A Hmong woman is in poor health. She believes this was caused by soul loss that occurred during an operation done under a general anesthetic. In order to regain her health, she wishes to perform a soul calling ceremony in the operating room where her soul loss occurred.

**NOTE:** The Hmong are an Asian ethnic group from the mountainous regions of China, Vietnam, Laos, and Thailand. Hmong patients may see health as a harmonious balance in the natural world, the supernatural world, and between the two worlds. Illness is seen as an imbalance of these forces, so illnesses are considered to have both biological and spiritual causes. One of the perceived spiritual causes of illness may be soul loss, when one of the body's souls has separated from the physical body. Different types of shamans might be called upon to perform a ritual thought to either diagnose or heal the spiritual ailment.<sup>1</sup>

**RECOMMENDATION:** Ask patients about their religious beliefs before administering medical treatment. There may be a simple solution that will help the patient to avoid perceived soul loss or other conditions that patients may be concerned about. If a patient wishes to perform a ritual, allow him or her to do so as long as it is not medically harmful. If a ritual in some way conflicts with hospital policy, work with the patient and family to find an acceptable compromise or modification.

---

<sup>1</sup> Stanford School of Medicine. (2013). Culturally appropriate geriatric care: fund of knowledge. Retrieved from <http://geriatrics.stanford.edu/ethnomed/hmong/fund/index.html>.

## Supplementary Case Study

**The Case:** A 16-year-old girl is brought to the emergency room comatose after being in a car accident. Resuscitative measures are attempted. She is intubated, has a feeding tube inserted and nasal oxygen applied, and a respirator is used to support her breathing. She remains comatose for two days. On the third day, the physician receives a phone call from the hospital lawyer informing him that the family has obtained a court order to remove the respirator based on evidence of her previously expressed wishes not to die “hooked up to tubes and machines.” The physician, who is Jewish, explains that if he removes the respirator and the patient dies as a result, he will have committed an act of moral murder based on his religious beliefs about not performing acts that might shorten a person’s life.<sup>2</sup>

**Discussion Question:** As this physician’s supervisor, what course of action would you take to manage this situation?

### Recommendations:

- Keep in mind that patients are not the only ones whose religious beliefs may impact health care. Physicians and other health care providers may also have religious (or non-religious beliefs) that impact how they deliver health care.
- Physicians should be encouraged to disclose conscientious objections to their supervisors or colleagues in a timely and appropriate manner.
- Understand that conscientious objection does not include a right to proselytize. In general, a clinician may step away from a service, but may not step between a patient receiving that service elsewhere. A physician’s supervisor should seek another hospital employee is available to perform this service.

**Outcome of Case:** The physician could not find anyone on the attending staff willing to disconnect the respirator. The hospital medical director found a neurologist willing to comply with the court order. When he disconnected the respirator, the patient began breathing on her own. Subsequently the feeding tube and intravenous tube were also removed after the family obtained court orders for their removal. The patient lived for 46 days without any nutrition or hydration until her heart and breathing stopped.

*Tanenbaum is a secular, non-sectarian nonprofit that systematically dismantles religious violence and hatred with Peacemakers in armed conflicts and by tackling religious bullying of students, harassment in workplaces and disparate health treatment for people based on their beliefs.*

More information about Tanenbaum’s offerings can be found here: <https://tanenbaum.org/>

---

<sup>2</sup> Rosner, F. (2005). An observant Jewish physician working in a secular ethical society: Ethical dilemmas. *Israel Medical Association Journal*, 7, 53-57.