

# How can I be more inclusive as a healthcare professional?



BY THE TORBAY MULTICULTURAL  
NETWORK

Produced by



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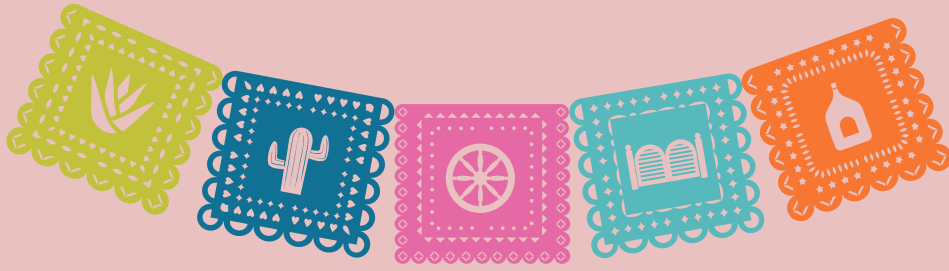
# Who are we?

Local organisation Engaging Communities South West have been developing a network to support the local ethnic minority community in Torbay's public, private and community sector, working alongside the Torbay Racism Review Panel. In September 2021, The Torbay Multicultural Network launched. It is currently funded by Torbay Council.

We are made up of 10 members from a diverse range of ethnic minority communities.

Our aim is to work with organisations in Torbay to tackle social inequalities triggered by racial and ethnic prejudices and discrimination.

We do this by working with organisations and providing feedback about how to be more inclusive and welcoming to those from ethnic minority communities. Examples of groups we have worked with include Torbay Council, Devon and Somerset Fire Service and Devon Police.



# What is this guide?

This guide is for those working in a healthcare setting. It contains concise advice for dealing with patients with language and cultural differences.

While making this guide, we reflected on our personal experiences, as well as asking our respective communities. We have compiled a collection of tips and advice to share with you.

So, whether you already feel relatively well equipped dealing with patients from a different cultural background to your own, or if you feel totally out of your depth, we hope this guide can help.

By educating one another in a friendly and open way about different cultures, languages and traditions, Torbay's healthcare services can become more and more inclusive and welcoming.

If you have any questions, would like to sign up to our email list or work with us, please email:  
[torbaymulticulturalnetwork@gmail.com](mailto:torbaymulticulturalnetwork@gmail.com)



# Our personal experiences

I was told I would have to “go back to my own country” to get the COVID-19 vaccine by a GP receptionist over the phone in Torbay. This made me upset, angry and defeated. I am not sure if it was my foreign accent that triggered this response, or because she didn't know the Covid-19 vaccine was available for everyone, even if they were not from the UK. I will never know. However, luckily, I knew my rights, called someone else and I got my vaccine a few days later. What if I hadn't have known this?

BRUNO - CHAIR OF THE  
TORBAY MULTICULTURAL  
NETWORK

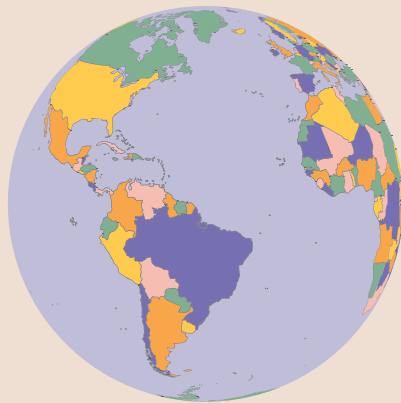
At the hospital, I heard a doctor telling a colleague: “Book this Romanian patient an interpreter...just book a Polish one”. I was upset to hear this dismissive approach. The language Romanian is very different to Polish and the fact the doctor thought it was ok to group the two together is not ok. It made me angry and I told the doctor this is wrong. After explaining to him the differences between the languages, he apologised and booked a Romanian interpreter for the patient next time. What if I hadn’t intervened? Would that patient have turned up for a wasted appointment a few weeks later?

ANDRA - TORBAY  
MULTICULTURAL  
NETWORK MEMBER

Sometimes people from the Chinese community do not know what a GP is. Therefore, they will use A+E for any minor inconvenience. It is important that healthcare staff explain to them clearly the differences so they understand for next time.

Healthcare staff must also be understanding when they are confused about the waiting times. They do not understand that there might be a 2 week wait for an non-urgent appointment.

JOE - TORBAY  
MULTICULTURAL  
NETWORK MEMBER



# Language differences

- Please be patient and aware of language differences. Always verify what language the patient speaks and feels more comfortable with.
- Speak slowly and clearly if the person is displaying signs they do not understand.
- Offer to send patients an email/text with the information about their appointment so they have a written copy. They can translate in their own time or with the help of others.
- Always be considerate if a patient taking time to understand the information, use encouraging phrases such as “It is ok”, “Would you like me to repeat again?”, “No problem”.
- If you can, try to avoid referring to differences in languages as "barriers" - this sounds unnecessarily negative.
- Consider that the patient may not be aware of what a GP does. They may be confused with the waiting times. Please be considerate and explain the process of a GP practice, referrals and A+E clearly.



# Intepreters

- Every patient is entitled to a FREE interpreter (emphasis to the patient it is free, they may not realise).
- When an interpreter is required, additional time will be needed for the consultation (typically double that of a regular appointment). Warn the patient of this. It shows you respect their time.
- The language preferences of a patient should be recorded on their record but always double check with the patient.
- Never assume a language is similar to another one – always book the language specified.





# Free healthcare services

- There are several services which are FREE regardless if the patient is from another country and does not have access to regular NHS treatment.
- The patient must not have travelled to the UK for the purpose of seeking the treatment.
- Please familiarise yourself with these so nobody from a different country is deterred if trying to access one of the following:

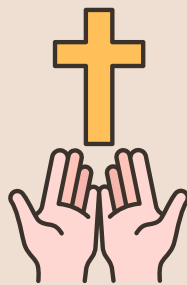
- Accident and emergency services, such as those provided at an A&E department, walk-in centre, minor injuries unit or urgent care centre (not including emergency services provided after being admitted as an inpatient, or at a follow-up outpatient appointment, for which charges must be levied unless the overseas visitor is exempt).
- Services provided for the diagnosis and treatment of some communicable diseases, including HIV, TB and Middle East Respiratory Syndrome (MERS), food poisoning, viral hepatitis and NHS services provided for COVID-19 investigation, diagnosis and treatment.
- Services provided for diagnosing and treating sexually transmitted infections.
- Family planning services (does not include termination of pregnancy or infertility treatment).
- Services for treating a physical or mental condition caused by torture, female genital mutilation, domestic violence or sexual violence.
- Palliative care services provided by a registered palliative care charity or a community interest company.
- Services that are provided as part of the NHS 111 telephone advice line.

- There are also certain groups that are exempt from any charges. Again, please familiarise yourself with this list so nobody is deterred incorrectly due to worries about the price of treatment:
  - Refugees (people who have been granted asylum, humanitarian protection or temporary protection under the immigration rules) and their dependants.
  - Asylum seekers (people applying for asylum, humanitarian protection or temporary protection whose claims, including appeals, have not yet been determined) and their dependants.
  - People receiving support under section 95 of the Immigration and Asylum Act 1999 from the Home Office.
  - Children looked after by a local council.
  - Victims, and suspected victims, of modern slavery or human trafficking, as determined by the UK Human Trafficking Centre or the Home Office, plus their spouse or civil partner, and any children under 18 provided they are lawfully present in the UK.
  - Prisoners and immigration detainees.



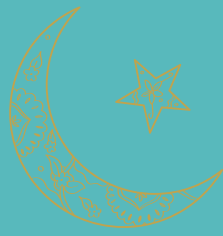
# Respecting cultural boundaries

- In the 2011 census, all 130,959 of Torbay's residents were asked about their religion. The results: Christians (82,924 persons), Muslims (521), Buddhists (389), Pagans (177), Hindus (128), Jews (109), and Sikhs (41).
- Delivering high-quality care to patients requires an understanding of the differences in cultural and spiritual values.
- It is important to note that every patient is an individual and their religious practices may vary to those mentioned below. Also, the census information is from over 10 years ago, so the results may have changed.
- Here is a link to a very useful resource which explains common cultural practices from each religion:  
<http://www.waht.nhs.uk/en-GB/Our-Services1/Non-Clinical-Services1/Chapel/Faith-and-Culture/Sikhism/>



# Christianity

- Religious practices
  - Key Christian practices (depending on denomination) are Holy Communion, confession, absolution and the anointing of the sick.
  - The relevant hospital chaplain would be able to offer these sacraments to Christians on a hospital ward. Prayer is also very important to Christians and they would appreciate some privacy for this.
- Fasting
  - Some Christians give up certain foods during Lent (a 40-day period between Ash Wednesday and Easter).
  - Other Christians observe Friday as a no-meat day or may fast before receiving Holy Communion.
- Death customs
  - Dying patients of all Christian denominations may wish the services of the appropriate chaplain.
  - It is important that whenever possible Roman Catholic patients be offered the sacrament known as the sacrament of the sick.



# Islam

- Ramadan
  - Muslims fast which means there is no food or liquids, including water ingested between sunrise and sundown.
  - Patients choose to fast because Ramadan is the most blessed and spiritual month of the Islamic year (Ramadan comes at a different time every year).
  - Please note that diabetic patients who plan on fasting should be provided with fasting-focused diabetes education to help them avoid complications. A pre-fasting assessment of patients with diabetes is recommended so they can be made aware of the risks and strategies to avoid problems.
- Diet
  - Islam rules prohibit alcohol, non-Halal animal fats, pork, by-products of pork, and any animals that have been slaughtered in the name of another deity.
  - Please note that hospital food served must meet these dietary rules, particularly with no pork products.
  - Please also note that certain medications include pork and some patients may prefer to use gelatin-free alternatives such as antibiotic liquids or halal gelatin tablets.

- Privacy and dress
  - Muslim patients' privacy and modesty must be respected. Ideally, it is best if they are cared for by a clinician and nurse of the same gender - if you are able to facilitate this please do.
  - During an examination, cover other parts of the body for modesty.
  
- Mental health
  - Mental health within Muslim communities is not always discussed openly.
  - There are specific mental health charities for the Muslim community which patients may feel more comfortable speaking to so please have these resources to hand to distribute:
    - Inspired Minds = a Muslim mental health charity that provides professional, non-judgmental, confidential support to those with mental health difficulties.
    - Muslim Counsellor and Psychotherapist Network = an online home for Muslim Counsellors, Psychotherapists, Psychiatrists and Counselling Psychologists worldwide.
    - Muslim Youth Helpline = provides support at the point of crisis for those that need emotional support and signposting.
  - Please find more information about these charities here:  
<https://mcb.org.uk/resources/mental-health/>



# Buddhism

- Diet
  - Dietary views vary among Buddhists. Many are vegetarians because of their respect for all life.
- Hygiene
  - Some Buddhists have strict rules of hygiene, and need to wash before meditation, as well as after urination and defecation.
- Pain relief
  - A Buddhist who is dying will usually wish to do so with an unclouded mind and may be reluctant to take pain-relieving drugs.
  - This may also apply to those who are not terminally ill. Careful explanation must be given so that it is understood that pain-relieving drugs need not impair the senses.
- Sleeping
  - Some Buddhists may prefer to sleep on the floor.



- Fasting
  - Practice varies but most fasting days occur on New Moon and Full Moon days.
  - Other festival days include Buddha's birthday, his enlightenment, and his first sermon. On these occasions many Buddhists would not wish to eat after 12 noon.
  
- Death
  - Buddhists believe that the state of mind at death will influence the character of rebirth.
  - Therefore they will wish to achieve calm, buoyancy, and joy. Most Buddhist patients will wish their condition and progress to be explained to them with open-ness and honesty as this will enable them to make their own preparation for death.
  - It is important that the patient/family is enabled to contact a Buddhist monk.



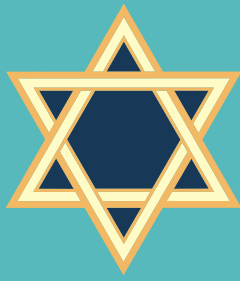
# Paganism

- Religious practices
  - Most pagans worship the old pre-Christian gods and goddesses through seasonal festivals and other ceremonies.
  - Observance of these festivals is very important to pagans, and those in hospital will generally wish to celebrate them in some form.
  - As there are many diverse traditions within paganism, you should ask individual patients if they have any special requirements. Some pagans may wish to have a small white candle or a small figure of a goddess on their locker.
- Diet
  - For ethical reasons, most pagans strongly prefer foods derived from organic farming and free-range livestock rearing, while many are vegetarian or vegan.
- Fasting
  - There are no organised fast days, but some pagans choose to fast in preparation for Ostara (a pagan celebration of the German goddess Eostre).



# Hinduism

- Attitudes to healthcare staff and illness
  - Most Hindu patients have a positive attitude towards healthcare staff and are willing to seek medical help and advice when sick.
  - Many Hindu patients may be using Ayurvedic medicine and, as this may involve the use of herbal remedies, it is important to find out.
- Religious practices
  - Hindus will usually wish to pray twice daily. Where possible they will burn incense and use holy books and prayer beads.
  - Privacy would be appreciated for prayer times.
- Diet
  - Most Hindus are vegetarian. The cow is viewed as a sacred animal so even meat-eating Hindus may not eat beef.
  - Some Hindus will eat eggs, some will not, and some will also refuse onion or garlic; it is best to ask each individual.
  - It is important to remember that strict vegetarians will be unhappy about eating vegetarian items if they are served from the same plate or with the same utensils as meat.



# Judaism

- Religious practices
  - One of the most important Jewish practices is Sabbath observance. The Jewish Sabbath (Shabbat) begins at dusk on Friday and ends with full darkness on Saturday night.
  - It is a day of rest and begins and ends with ceremonies. Before dusk on Friday candles are lit, and a prayer of blessing is said over wine and bread before a festive meal.
  - After dark on Saturday night, a prayer of farewell is said over a candle, wine and spices. If at all possible you should make arrangements to enable Jewish patients to observe these rituals.
  - On the Sabbath work is prohibited, and this includes things such as writing, travelling and switching on lights or electrical appliances.
  - An Orthodox Jew will not ask a non-Jew directly to do anything they would not do for themselves.
  - If you are arranging travel for a Friday discharge, make sure you leave adequate time for all discharge procedures, such as collecting prescriptions, so that the patient has enough time to get home before dusk. Observant Jews will drive on the Sabbath only if the journey is necessary, such as being discharged from hospital.
  - Observant Jewish men and women pray three times a day in the morning, afternoon and evening, and would appreciate privacy for this.

- Diet
  - The Jewish community has strict guidelines concerning some aspects of their diet, particularly in relation to meat and dairy products.
  - Acceptable food is called kosher. Jews will only eat meat which is killed and prepared by their own religiously trained workers and will not take milk and meat in the same meal.
  
- Fasting
  - Yom Kippur is probably the most important holy day of the Jewish year. Many Jews who do not observe any other Jewish custom will fast during Yom Kippur, which is viewed as a major time for fasting.
  - It is a complete, 25-hour fast beginning before sunset on the evening before Yom Kippur and ending after nightfall on the day of Yom Kippur. These restrictions can be lifted where a threat to life or health is involved.
  - There are also five minor fasts in the Jewish calendar. The minor fasts last from dawn to nightfall, and a person is permitted to eat breakfast if arising before sunrise to do so. There is a great deal of leniency in the minor fasts for people who have medical conditions or other difficulties with fasting.



# Sikhism

- Religious practices
  - Sikhs pray in the morning and evening, and are also expected to recite hymns whenever they have time in the day. Some privacy for prayers will be appreciated.
- Diet
  - Sikhs who have taken Amrit (baptised) are vegetarians. They will exclude from their diet eggs, fish and any ingredients with animal derivatives or cooked in animal fat.
  - It is essential to avoid contamination with meat at all stages of preparation, storage and serving. Some Sikhs will only eat food prepared by their own families. Non-vegetarian Sikhs will only eat meat that has been slaughtered according to their own rites (Ohatka) and not halal or kosher rites.
- Death customs
  - In the final stages of illness a Sikh patient will be comforted by reciting hymns from the Sikh Holy Scriptures. A Giani (priest) from the local Gurudwara (Sikh place of worship) or another practising Sikh may do this with the patient.



# Diseases stigmatised in different cultures

- Unfortunately there are certain conditions and diseases that carry a stigma. Examples include TB, HIV, sexually transmitted diseases and mental health conditions.
- In different cultures, this stigma may be bigger.
- For example, at least 20% of people living with HIV in Kyrgyzstan and 18% in Kazakhstan reported being denied health services and having their HIV status disclosed without their consent.
- So please always be considerate when discussing stigmatised diseases with patients and always re-emphasise the confidential nature of their notes. This may be the difference between a patient accessing treatment or not.



# Dangerous cultural practices

- Please always be on high alert for harmful cultural practices. If you suspect something is going on, don't be afraid to speak to your safeguarding lead.
- An example of a dangerous cultural practice is female genital mutilation (FGM). It is practiced in Western, Eastern, and North-Eastern regions of Africa, and some countries in the Middle East and Asia.
- It involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.
- This has no health benefits for girls and women and is an illegal and extremely harmful practice. It is a form of child abuse and violence against women and girls.



- The reasons why FGM is performed vary from one region to another as well as over time and include a mix of sociocultural factors within families and communities.
- More than 200 million girls and women alive today have been subjected to the practice with more than 3 million girls estimated to be at risk of FGM annually.
- As FGM is a form of child abuse, professionals have a statutory obligation under national safeguarding protocols to protect girls and women at risk of FGM
- Since October 2015 registered professionals in health, social care and teaching also have a statutory duty to report cases of FGM to the police non-emergency number 101 in cases where a girl under 18 either discloses that she has had FGM or the professional observes physical signs of FGM.
- Victims may use the term “female genital mutilation” or use another term such as “sunna” or “cut”.