

Health care providers' handbook on

# Hindu patients



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## Preface

In 2010, Queensland Health and the Islamic Council of Queensland published the **Health Care Providers' Handbook on Muslim Patients (second edition)** as a quick-reference tool for health workers when caring for Muslim patients.

This handbook, the **Health Care Providers' Handbook on Hindu Patients**, covers a similar range of topics and aims to inform health care providers about the religious beliefs and practices of Hindu patients that can affect health care.

The handbook has three sections:

- Guidelines for health services
- Hindu beliefs affecting health care
- Additional resources

Each section provides practical advice and information for health care providers which is designed to answer some of the more common questions about Hindu patients and the religious practices of Hinduism that affect health care. The handbook also provides links to further information and contacts within the Hindu community of Queensland.

Health care providers work in an increasingly diverse environment. Those who display cross-cultural capabilities in their work use self-reflection, cultural understanding, contextual understanding, communication and collaboration to provide culturally appropriate, responsive and safe health care<sup>1</sup>. This handbook aims to support health care providers by building their knowledge of the needs of Hindu patients.

The **Health Care Providers' Handbook on Hindu Patients** was written under the guidance of an advisory committee comprising:

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Jennifer Ryan (Mater Health Services)  
Sarva-Daman Singh (Indian Consulate in Brisbane)  
Krimesh Shukla (Princess Alexandra Hospital)

### Other resources

The **Health Care Providers' Handbook on Hindu Patients** forms part of the Queensland Health **Multicultural Clinical Support Resource** which provides ready-reference information on issues that affect health care provision to people from culturally and linguistically diverse backgrounds.

The **Multicultural Clinical Support Resource** also contains the **Health Care Providers' Handbook on Sikh Patients** and the **Health Care Providers' Handbook on Muslim Patients**.

All resources are available on the Queensland Health website at [www.health.qld.gov.au/multicultural](http://www.health.qld.gov.au/multicultural)

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<sup>1</sup>The Queensland Health Cross-Cultural Capabilities are: self-reflection, cultural understanding, context, communication and collaboration. Refer to [www.health.qld.gov.au/multicultural](http://www.health.qld.gov.au/multicultural)



## Introduction

Queensland is a culturally and religiously diverse state – in 2006 nearly one in five Queenslanders (17.9 per cent) was born overseas, 7.8 per cent of the population spoke a language other than English at home, and more than 129,000 people followed a religion other than Christianity. Between 2001 and 2006, one of the fastest growing religions in Queensland was Hinduism. Figures from the 2006 census show there are more than 14,000 Hindus living in Queensland<sup>1</sup>. This figure is now likely to be higher as, between 2007–08 and 2009–10, permanent migration to Australia from Southern Asia, which includes India, Sri Lanka, Bangladesh and Nepal, was second only to permanent migration from Europe<sup>2</sup>.

The increasing cultural, linguistic and religious diversity in the Queensland population means that to be safe, health services need to be culturally appropriate and responsive. Research indicates a strong link between low cultural competence, and poor quality health outcomes and significant risks<sup>3</sup>.

### Personal level of adherence

Hinduism is the world's oldest living faith and third largest religion. It is practiced in many countries around the world, including by large populations in Southern and South East Asia, Europe, Africa, North America and Australia.

There is much diversity in the beliefs and practices of Hindus, with hundreds of diverse sects and no central doctrinal authority. As Hinduism grants individuals complete freedom to practice his or her religion as they choose, there are personal and cultural variations that make it difficult to provide definitive rules and regulations that apply to all Hindu patients. Because of these personal variations, it is important that health care providers consult the patient about their personal level of religious observance and practice.

However, Hindu patients should not be regarded as a 'special' group that require additional attention from health care providers. Due to the common Hindu beliefs of *karma* (the belief that every action has a consequence which is experienced in this or future lives) and reincarnation, Hindu patients may display acceptance of difficult circumstances and be inclined to comply with the instructions of health care providers.



## 1. Communication issues

The 2006 census showed that more than 80 per cent of Queensland's Hindu population was born overseas, with the majority of people coming from a non-English speaking country. Health care providers should be aware that many Hindu patients may not be proficient in English.

The other languages most widely spoken by Hindus in Queensland include:

Bengali	Marathi
Fijian Hindi	Nepali
Gujarati	Oriya
Hindi	Punjabi
Kannada	Sindhi
Kashmiri	Tamil
Malayalam	Telugu

If a patient is assessed to have inadequate English, health care providers should engage a professional interpreter. Queensland Health provides a statewide interpreter service that can provide onsite, telephone and video remote interpreters in more than 100 languages.

Other Queensland Health resources which can assist with effective communication include:

- *Language Identification Card* – a card/poster which can assist health care providers to identify more than 60 languages
- *Guidelines on working with interpreters* – a comprehensive guide for health care providers on how to work with interpreters
- *Ward Communication Tool* – a booklet which features 30 words commonly used in health care, translated in 30 languages, with an accompanying graphic.

Further information about communicating with patients from a culturally and linguistically diverse background is contained in the Queensland Health *Multicultural Clinical Support Resource*.

[www.health.qld.gov.au/multicultural/support\\_tools/mcsr.asp](http://www.health.qld.gov.au/multicultural/support_tools/mcsr.asp)

## 2. Interpreter services

All Queensland Health patients have a right to an interpreter at no charge. Queensland Health policy is to always use a professional interpreter and to only use friends or family in an emergency. People under 18 years of age are not to be used as interpreters under any circumstances.

Queensland Health staff can request interpreters online through the Interpreter Services Information System (ISIS). Queensland Health staff should contact their Health Service District Interpreter Coordinator for more information.

[www.health.qld.gov.au/multicultural/interpreters/QHIS\\_contact.asp](http://www.health.qld.gov.au/multicultural/interpreters/QHIS_contact.asp)

## 3. Patient rights

Queensland Health supports and implements the Australian Charter of Healthcare Rights.

The charter specifies the key rights of patients and consumers when seeking or receiving healthcare services.

[www.health.qld.gov.au/cpic/hlthcr\\_exp\\_improve/australiancharter.asp](http://www.health.qld.gov.au/cpic/hlthcr_exp_improve/australiancharter.asp)

Under the charter, all patients have seven health care rights:

- **Access** – a right to access healthcare services to address healthcare needs.
- **Safety** – a right to receive safe, high-quality health services provided with professional care, skill and competence.
- **Respect** – a right to be provided with care that shows respect to culture, beliefs, values and personal characteristics.
- **Communication** – the right to receive open, timely and appropriate communication about health care in a way that can be understood.
- **Participation** – the right to participate in making decisions and choices about care and about health service planning.
- **Privacy** – a right to the privacy and confidentiality of personal information.
- **Comment** – the right to comment on, or complain about care and have concerns dealt with promptly and properly.





There are three guiding principles which describe how the charter is applied in the Australian health system:

1. Everyone has the right to be able to access health care and this right is essential for the charter to be meaningful.
2. The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.
3. Australia is a society made up of people with different cultures and ways of life, and the charter acknowledges and respects these differences.

These rights apply to patients from all cultures and faiths in the health care setting.

#### 4. Religious observance

Hinduism grants individuals complete freedom to practice his or her religion as they choose. As a result, it is important that health care providers discuss religious observance needs with each patient.

Some topics that health care providers may wish to discuss with their patients include prayer and meditation, bathing and cleanliness, dietary needs and astrological beliefs.

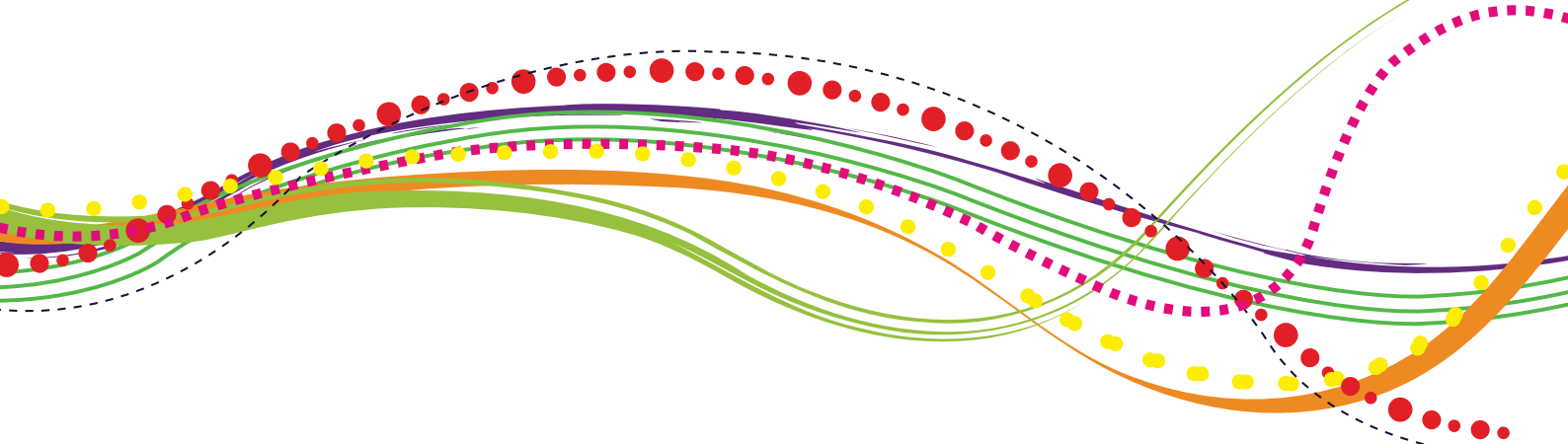
#### Prayer and meditation

- Prayer and meditation are important to many Hindus.
- There are no set times for prayers. However, most Hindus prefer to pray in the morning.
- Prayer can take place in any location, including in bed or in hospital prayer rooms.
- Hindu patients may wish to have religious statues or icons close by when in hospital.

#### Bathing and cleanliness

- The concept of purity is important to Hindu life and some Hindus may be quite meticulous about bathing and cleanliness.
- Most Hindus have a ritual of cleanliness and prayer each morning which includes brushing the teeth immediately upon waking, followed by bathing, prayer and then eating.
- A delay in eating to follow this ritual should not be interpreted as a refusal to eat.
- Washing of hands prior to eating is important as many Hindus eat with their hands.
- Washing with running water is important to Hindus and most will prefer a shower rather than a bath.
- Women may be considered impure or unclean when menstruating or following childbirth<sup>4,5</sup>.





### Dietary needs

- Many Hindus are strict vegetarians, abstaining from all meat, fish and eggs. Vegetarian Hindus do consume dairy products.
- Hindus who choose to follow a vegetarian diet do so because of a belief in non-violence which extends to animals, and a belief that non-vegetarian food impedes spiritual development<sup>6</sup>.
- Some Hindus choose to eat meat and do not follow a vegetarian diet.
- Most non-vegetarian Hindus do not eat beef or pork<sup>7</sup> as cows are considered sacred and pigs are considered unclean<sup>4</sup>.
- Many non-vegetarian Hindus may choose to abstain from eating meat on particular days of the week. For example, a strict vegetarian diet may be observed on Mondays.
- Some strict vegetarian Hindus will not eat from plates or use utensils that have previously been used to serve meat.
- Most Hindus will eat only with the right hand. Some may not eat food which has been passed to them with the left hand.
- Fasting is common for Hindus and can vary from complete abstinence to only avoiding certain types of foods<sup>7</sup>.

- Fasting on a particular day of the week is also a common practice.

*Refer to section three for a table of foods suitable for vegetarian Hindus.*

### Astrological beliefs

- Many Hindus hold strong astrological beliefs and may believe the movement of the planets has a strong influence on health and wellbeing<sup>5</sup>.
- Patients may wish to schedule appointments or surgeries according to these beliefs.

## 5. Decision-making

Hinduism views the needs of the individual in the greater context of family, culture and environment<sup>8</sup>.

As a result, family members, especially elders, can have a strong influence on decision-making related to health matters, including informed consent.

Hindus may wish for family members to be responsible for making treatment decisions.



## 6. Administration of medicines

### Traditional medicines and remedies

Hindus may use a variety of *Ayurvedic* medicines, home remedies and spiritual remedies, often in conjunction with Australian medicine. It is important for health care providers to be aware of their patient's preferences.

*Ayurveda* is a holistic system of medicine practiced by many Hindus around the world. It is a highly valued and respected health science in India.

*Ayurveda* is practised by many Hindus in Australia and *Ayurvedic* medicines are regulated by the Therapeutic Goods Administration (TGA). As a discipline, *Ayurveda* sits alongside Traditional Chinese Medicine in the TGA classification of complementary medicines<sup>9</sup>.

Based on *Ayurvedic* principles, Hindus believe that all illnesses, whether physical or mental, have a biological, psychological and spiritual element<sup>10</sup>. *Ayurveda* seeks to maintain a balance between the body's three elemental energies (humors). Good and bad health is related to the level of balance of these three energies.

Many Hindus also use traditional home remedies which are based on *Ayurvedic* medicine and are easily available from Indian grocery stores.

One of the most common Hindu spiritual remedies is *vibuthi*, or holy ash. *Vibuthi* is commonly used in Hindu religious worship and is believed to contain protective, purifying and healing properties when applied on the skin (particularly on the forehead), consumed in small quantities, or carried on the person in a small packet.

### Medicines of animal origin

Some medicines may not be suitable for Hindu patients because they are derived from cows, pigs or other animals.

The *Queensland Health Guideline on Medicines/ Pharmaceutical Products of Animal Origin* states that health care providers should inform patients about the origins of their proposed medication if it is derived from animals and no suitable synthetic alternative exists. Patients should be encouraged to make informed decisions regarding their treatment.

The manufacturer's *product information* gives details about the composition of the medicine (i.e. listing the active and inactive constituents/ingredients) and provides a description of how the medicine was produced (e.g. whether manufacture of the product included exposure to animal derived materials).

[http://qheps.health.qld.gov.au/medicines/documents/general\\_policies/prods\\_anim\\_origin.pdf](http://qheps.health.qld.gov.au/medicines/documents/general_policies/prods_anim_origin.pdf)

## 7. Clinical examination and procedures

Modesty is an important consideration for Hindu men and women, and patients may prefer to be examined by a health care provider of their own gender. Hindu patients may also wish to have a family member present during a clinical examination or procedure.

The need for invasive examinations may need to be carefully explained, particularly if a same-sex clinician cannot be accommodated.

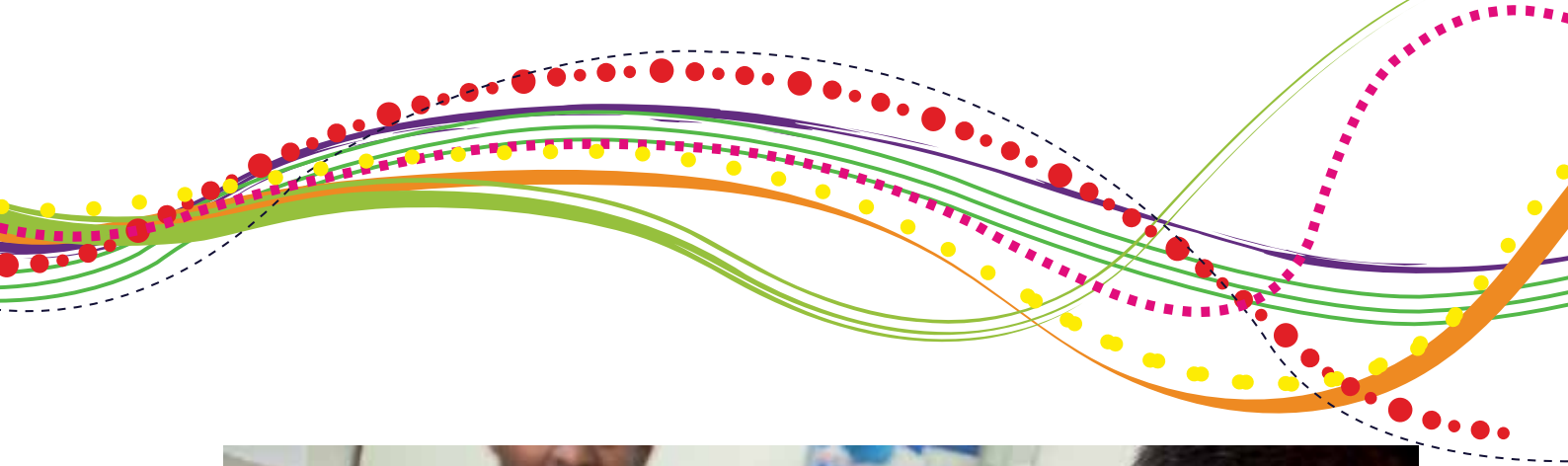
Hindu women may wear a sacred thread, ring or gold chain around their necks and Hindu men and boys may wear a sacred thread across the chest. All Hare Krishna followers, and some other Hindus, may wear sacred *tulsi* beads around the neck. The permission of the patient or their family should be sought before these items are removed during a clinical examination or procedure.

## 8. Hygiene

Hinduism places great emphasis on purity, in both physical and spiritual terms.

A Hindu may wish for a beaker of water to be made available whenever they use a bed pan and toilets should be equipped with a small water container to assist with washing. (This practice may be less frequently followed in Australia). Older Hindus may have a preference for showering after defecation.

Patients who are washed in bed or who require assistance with washing, may have a strong preference for washing to start with the face and proceed towards the feet.



### Oral hygiene

- Oral hygiene is very important to most Hindus, especially those who practice *Ayurvedic* principles.
- Many Hindus prefer to brush their teeth immediately after waking in the morning and some may also scrape their tongue with a metal tongue scraper. This is done to avoid the ingestion of impurities that may have built up in the mouth during sleep.
- Hindu patients may also wish to brush their teeth immediately after waking from general anaesthesia or surgery for the same reason.
- Health care providers should explain the benefits of also brushing the teeth after eating.
- Many Hindus use home remedies for oral hygiene and health purposes, including chewing mint leaves, cloves or fennel seeds.
- Oral health examinations and treatments are usually not regarded as invasive by Hindu patients.

### 9. Maternity services

- A small number of Hindu ceremonies accompany pregnancy and childbirth.
- While most of these ceremonies are completed in private, there are some which may be completed while the mother and infant are in hospital care.
- After childbirth, a Hindu father may wish to perform the *Jatakarma* ceremony to welcome the infant into the world. As part of the ceremony, the father touches and smells the infant and whispers mantras (religious verses) into the infant's ears<sup>10</sup>.
- Another rite which is performed shortly after birth involves drawing a small dot (often in the shape of an *Om* ॐ) behind the infant's ear. The *Om* symbol may also be placed on a chain around the infant's neck or placed in the cot<sup>11</sup>.

- A family member may also wish to write the *Om* symbol on the infant's tongue with *jaggery* (unrefined whole cane sugar) dipped in ghee or honey<sup>11</sup>.
- Health care providers should advise parents that feeding honey to infants below the age of 12 months is not recommended in Australia due to the risk of infant botulism.
- The sixth day after birth is considered the most auspicious in a person's life. On this day, a fragile white cotton thread is ceremoniously tied around the infant's wrist, ankle or neck. A pen and blank piece of paper may also be placed in the infant's cot as it is believed that on this day *Saraswati* (The Goddess of Learning) charts the child's future<sup>11</sup>.
- Some Hindus may wish to bury the umbilical cord on the sixth day after birth. If there are clinical reasons for not providing the umbilical cord to the parents, this should be explained.
- The naming ceremony (*Namakarana*) usually occurs at the infant's home after birth.
- Depending on family customs, the ceremony may be delayed if the infant requires extended hospital care.
- Some Hindu women may wish to express colostrum before feeding their baby for the first time.
- Health professionals should inform women of the benefits of feeding their infant colostrum.
- More information about pregnancy and birth practices of people from a culturally and linguistically diverse background is contained in the Queensland Health *Multicultural Clinical Support Resource*.  
[www.health.qld.gov.au/multicultural/support\\_tools/mcsr.asp](http://www.health.qld.gov.au/multicultural/support_tools/mcsr.asp)

## 10. Community health services

### Home visits

- Hindus may prefer for shoes to be removed when entering a home.
- If this is not possible for Workplace Health and Safety reasons, alternatives should be explored (e.g. wearing plastic shoe covers).
- Health care providers should avoid taking meat products into the homes of vegetarian Hindus.

### Rehabilitation issues

- Self care practices involving eating or drinking are ideally performed with the right hand.
- Health care providers should be aware that where a patient has lost the ability to use their right hand,



sensitivity may be required.

- Similarly, loss of function in the left hand may affect the patient's comfort with bathing and washing habits.

## 11. Visiting arrangements

- Visiting the sick is an important responsibility for Hindus.
- Hindu patients may have large numbers of visitors, including those from outside their immediate family.
- Health care providers should discuss with the patient, or their family, the impact a large number of visitors may have on rest or care requirements, and other patients.
- Patients may wish for family members to stay in the hospital overnight. This should be accommodated, if possible.





## 12. Care of family and older persons

- Hinduism encourages family members to take a role in the care of family members.
- Hinduism especially emphasises respect for all older people, with children having a special responsibility towards their parents<sup>12</sup>.
- It is considered a family obligation to care for the elderly and the sick<sup>12</sup>.
- Health care providers should take this into account when developing care plans or suggesting nursing or residential care.

## 13. End of life issues

- The sanctity of life is central to Hindu teachings<sup>8</sup>.
- Hindus believe that all living beings possess a soul which passes through successive cycles of birth and rebirth<sup>8</sup>.
- Hindu patients may wish to die at home, as this has particular religious significance<sup>3</sup>.
- The patient's eldest son is expected to be present before during and after death, even if the son is a small child<sup>4</sup>.
- Other family members may wish to be present and to participate in the care of the patient.
- Family members may request that patients not be told about a terminal diagnosis directly<sup>5</sup>.
- A Hindu patient may wish for a *Pandit* (priest) to be present to perform certain rituals including:
  - tying a sacred thread around the neck or wrist
  - placing a few drops of water from the River Ganges into the patient's mouth
  - placing a sacred *tulsi* leaf (holy basil) in the patient's mouth<sup>4</sup>.
- A Hindu patient, especially a Hare Krishna follower, may wear sacred *tulsi* beads (a string of small wooden prayer beads) around their neck. It is important that these be on the body at the time of death.
- If it is necessary to remove these beads, they should be retied around the wrist (preferably right).
- Patients may wish to read or recite religious chants and prayers. However, some patients may prefer to listen on a personal media player or small radio.

- Hindu chaplaincy services are available in many Queensland Health facilities.

Refer to section three for a list of Hindu organisations.

## 14. Deceased patients

- A deceased Hindu's body is usually washed by close family members with the eldest son taking a leading role<sup>4</sup>.
- The family may wish to light a small lamp or burn incense near the body.
- If possible, all jewellery, sacred threads and religious objects should be left in place.
- Health care providers should advise family members if it is necessary to remove these items.
- The deceased patient's family may have a preference for the position of the body after death.
- Hindus are usually cremated as soon as possible after death<sup>5</sup>.

## 15. Autopsy

- Hindus generally regard autopsies as unacceptable. However, autopsy is permitted if required under Queensland statutory laws<sup>5</sup>.
- Hindus are usually cremated as soon as possible after death, and autopsy may affect this practice.
- Health care providers should consult with the family of a deceased Hindu patient before proceeding with an autopsy.







## 1. Food beliefs

Hindu dietary practices can vary depending on the individual's beliefs and customs.

Most Hindus do not eat beef or pork and many follow a vegetarian diet. Fasting is common among Hindus, but there are no set rules and the decision to fast is up to the individual.

Many Hindus follow *Ayurvedic* dietary practices. Under this system certain foods are classified as *hot* or *cold* and can adversely or positively affect health conditions and emotions<sup>12</sup>.

The classification of foods as *hot* or *cold* is unrelated to temperature. *Hot* foods are generally those foods which are salty, sour or high in animal protein, while *cold* foods are generally sweet or bitter<sup>4</sup>.

Some strict Hindus do not consume garlic or onion as the properties of these foods disturb spiritual practices such as meditation.

Refer to section three for a table of foods suitable for vegetarian Hindus.

## 2. Karma

- A central belief of Hinduism is the doctrine of *karma*, the law of cause and effect<sup>14</sup>.
- Hindus believe that every thought, word and action accumulates *karma*, which can affect current and future lives. Hindus believe in reincarnation<sup>14</sup>.
- Actions from a past life can affect events in the current life, including health and wellbeing<sup>14</sup>.
- Health care providers should be aware that a strong belief in *karma* can affect decision-making regarding health care.

## 3. Holy days

Hindus do not observe a specific day of worship, although some days of the week may be associated with particular deities.

Hindus do observe a number of holy days and festivals which can have an impact on health care due to associated fasts.

Most Hindu holy days are based on the lunar calendar and the dates can vary from year to year. Some festivals can occur over an extended period with celebrations lasting for days or weeks.

A religious calendar is published in the Queensland Health *Multicultural Clinical Support Resource*.  
[www.health.qld.gov.au/multicultural/support\\_tools/mcsr.asp](http://www.health.qld.gov.au/multicultural/support_tools/mcsr.asp)

## 4. Fasting

Fasting is an integral part of Hinduism and is seen as a means of purifying the body and the soul, encouraging self-discipline, and gaining emotional balance<sup>7</sup>.

Fasting may be practiced on specific days of the week, during festivals or on holy days, or in conjunction with special prayers.

It is not considered obligatory for a Hindu patient to fast during hospitalisation. However, some patients may wish to fast while in hospital.

There is no specified way to fast, but individuals may choose to abstain completely from all food and drink or only abstain from certain foods.

## 5. Dress

While there is no religious requirement for modest dress, many Hindus choose to dress modestly and may be reluctant to be examined by health care providers of the opposite sex.

Hindu women may wear a sacred thread or gold chain around their necks and Hindu men and boys may wear a sacred thread across the chest. These items should not be removed during examination. If it is necessary to remove an item, permission should be sought prior to removal<sup>15</sup>.

Hare Krishna followers, and some other Hindus, may wear sacred *tulsi* beads around the neck. If it is necessary to remove these beads, they should be retied around the wrist (preferably right).

In addition, some jewellery worn by Hindus may have a sacred meaning and patients should be consulted before removal.



## 6. Mental health and/or cognitive dysfunction

Hindus believe that all illnesses, whether physical or mental, have a biological, psychological and spiritual element. Treatments which do not address all three causes may not be considered effective by a Hindu patient<sup>10</sup>.

Many Hindus attach a stigma to mental illness and cognitive dysfunction.

Many Hindus have a strong belief in the concept of the *evil eye* and may believe this to be a cause of mental illness<sup>13</sup>.

In addition, all illness, including mental illness, may be seen as the result of *karma* from this, or a previous life.

Further information about mental health care for multicultural communities can be accessed through the *Queensland Transcultural Mental Health Centre*.  
[www.health.qld.gov.au/pahospital/qtmhc](http://www.health.qld.gov.au/pahospital/qtmhc)

## 7. Transplants and organ donation

Hinduism supports the donation and transplantation of organs. The decision to donate or receive organs is left to the individual.

## 8. Sexual and reproductive health

### Contraception

There is no official Hindu position on contraception.

### Abortion

Beliefs about abortion may vary depending on cultural or religious interpretations.

Many Hindus believe that the moment of conception marks the rebirth of an individual, which may make abortion unacceptable, except in emergencies<sup>4</sup>.

### Assisted reproductive technologies

There is no official Hindu position on assisted reproductive technologies.

## 9. Pain management

Hinduism encourages the acceptance of pain and suffering as part of the consequences of *karma*. It is not seen as a punishment, but as a natural consequence of past negative behaviour and is often seen as an opportunity to progress spiritually<sup>16</sup>.

This may affect triaging or the monitoring of pain levels as Hindu patients may not be forthcoming about pain and may prefer to accept it as a means of progressing spiritually.

However, this behaviour may be less prevalent in Australia, especially among young people.

## 10. Death and dying

Hindus believe that the time of death is determined by one's destiny and accept death and illness as part of life.

As a result, treatment is not required to be provided to a Hindu patient if it merely prolongs the final stages of a terminal illness.

Under these circumstances, it is permitted to disconnect life supporting systems. However, suicide and euthanasia are forbidden in Hinduism.



## 1. Hindu organisations

Federation of Indian Communities of Queensland	PO Box 157, Spring Hill, Qld, 4004 Ph: 0413 004 100 Email: <a href="mailto:ficq@ficq.org.au">ficq@ficq.org.au</a> Website: <a href="http://ficq.info">http://ficq.info</a>	Peak body for Indian community organisations in Queensland. Member organisations include Hindu societies and associations.
Ganesha Temple Sri Selva Vinayakar Koyil	4915-4923 Mt Lindesay Highway South Maclean, Qld, 4280 Phone: 07 5547 7302 Email: <a href="mailto:info.ssvk@gmail.com">info.ssvk@gmail.com</a> Website: <a href="http://www.sriselvavinayakar.org">www.sriselvavinayakar.org</a>	Hindu temple serving the South East Queensland region.
Brisbane Hare Krishna Temple	95 Bank Rd, Graceville, Qld, 4075 Ph: 07 3379 5455 Website: <a href="http://www.iskcon.org.au">www.iskcon.org.au</a>	Temple serving the Hare Krishna community of Queensland.
North Queensland Hindu Community	3 Benton Court, Douglas, Qld, 4814 Ph: 07 4755 2550 Email: <a href="mailto:nqhctsv@gmail.com">nqhctsv@gmail.com</a>	Hindu temple serving the community of North Queensland.
Ramakrishna Vedanta Centre of Queensland	181 Burbong Street, Chapel Hill, Qld, 4069 Ph: 07 3720 0228 Email: <a href="mailto:vedantabrisbane@gmail.com">vedantabrisbane@gmail.com</a> Website: <a href="http://www.vedantabrisbane.org">www.vedantabrisbane.org</a>	Hindu temple serving the community of Brisbane.
For a listing of Hindu priests in Brisbane go to: <a href="http://www.indiantimes.com.au/index.php?page=38&amp;ssid=38&amp;mid=6">www.indiantimes.com.au/index.php?page=38&amp;ssid=38&amp;mid=6</a>		



## 2. Queensland Health resources and contacts

- Australian Charter of Healthcare Rights [www.health.qld.gov.au/cpic/hlthcr\\_exp\\_improve/australiancharter.asp](http://www.health.qld.gov.au/cpic/hlthcr_exp_improve/australiancharter.asp)
- Multicultural Clinical Support Resource folder [www.health.qld.gov.au/multicultural/support\\_tools/mcsr.asp](http://www.health.qld.gov.au/multicultural/support_tools/mcsr.asp)
- Queensland Health Guideline on Medicines/Pharmaceutical Products of Animal Origin (Queensland Health staff only) [http://qhps.health.qld.gov.au/medicines/documents/general\\_policies/prods\\_anim\\_origin.pdf](http://qhps.health.qld.gov.au/medicines/documents/general_policies/prods_anim_origin.pdf)
- Queensland Health Multicultural Policy Statement [www.health.qld.gov.au/multicultural/policies/multicul.pdf](http://www.health.qld.gov.au/multicultural/policies/multicul.pdf)
- Translated health information [www.health.qld.gov.au/multicultural/public/language.asp](http://www.health.qld.gov.au/multicultural/public/language.asp)
- Ward Communication Tool [www.health.qld.gov.au/multicultural/support\\_tools/WCT.asp](http://www.health.qld.gov.au/multicultural/support_tools/WCT.asp)

### Queensland Health Multicultural Services

Ph: 07 3328 9873

Email: [multicultural@health.qld.gov.au](mailto:multicultural@health.qld.gov.au)

Website: [www.health.qld.gov.au/multicultural](http://www.health.qld.gov.au/multicultural)

### Queensland Transcultural Mental Health Centre

Ph: 1800 188 189

Email: [QTMHC@health.qld.gov.au](mailto:QTMHC@health.qld.gov.au)

Website: [www.health.qld.gov.au/pahospital/qtmhc](http://www.health.qld.gov.au/pahospital/qtmhc)

### Queensland Health Interpreter Service

Email: [multicultural@health.qld.gov.au](mailto:multicultural@health.qld.gov.au)

Website: [www.health.qld.gov.au/multicultural/interpreters/QHIS\\_home.asp](http://www.health.qld.gov.au/multicultural/interpreters/QHIS_home.asp)

Ph: For a list of Health District Interpreter Service Coordinator contact details, go to: [www.health.qld.gov.au/multicultural/interpreters/QHIS\\_contact.asp](http://www.health.qld.gov.au/multicultural/interpreters/QHIS_contact.asp)

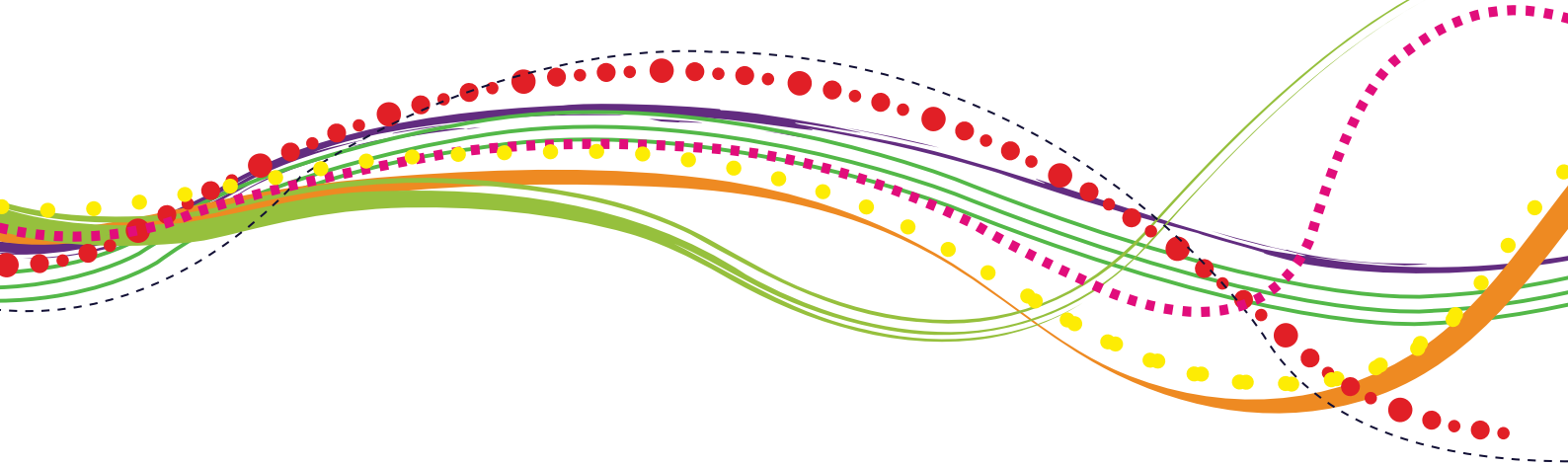
### 3. Foods suitable for vegetarian Hindus

Many Hindus follow a strict vegetarian diet. The following table outlines foods which are suitable for vegetarian Hindus, as well as many common non-vegetarian additives and ingredients that may be found in these food groups. These non-vegetarian additives need to be identified as they would make these seemingly vegetarian foods unsuitable.

Most non-vegetarian Hindus do not eat beef or pork, and may choose to follow a vegetarian diet on particular days of the week, or during festivals and celebrations.

Foods suitable for vegetarian Hindus	Ingredients and additives that may be found in these foods that would make them unsuitable if present (food becomes non-vegetarian)
Milk and milk products	
<ul style="list-style-type: none"> <li>• Cream</li> <li>• Cheese</li> <li>• Yoghurt</li> <li>• Butter</li> <li>• Coconut milk and other milk substitutes</li> <li>• Ice cream</li> <li>• Milk</li> </ul>	<ul style="list-style-type: none"> <li>• Gelatine</li> <li>• Animal based thickener (e.g. chitin)</li> <li>• Animal-based emulsifiers (e.g. animal or egg-based lecithin)</li> <li>• Animal-based food colouring (e.g. cochineal/carmine)</li> <li>• Enzymes (e.g. lipase, pepsin, animal rennet)</li> </ul>
Fruits and vegetables	
All fruits and vegetables including beans, lentils and nuts	<ul style="list-style-type: none"> <li>• Fruits and vegetables prepared with animal fats, gelatine or tallow</li> </ul>
Bread and cereals	
<ul style="list-style-type: none"> <li>• Bread, cakes, biscuits and cereal products made without egg or animal fats</li> <li>• Pasta and pastry made without egg</li> <li>• Noodles made without egg</li> <li>• Rice</li> </ul>	<ul style="list-style-type: none"> <li>• Eggs</li> <li>• Pastry brushed with egg whites</li> <li>• Animal-based emulsifiers (e.g. animal or egg-based lecithin)</li> </ul>
Fats and oils	
<ul style="list-style-type: none"> <li>• All vegetable oils</li> <li>• Butter</li> <li>• Margarine made using vegetable oil</li> <li>• Mayonnaise made without egg</li> <li>• Ghee</li> </ul>	<ul style="list-style-type: none"> <li>• Animal fats</li> <li>• Lard dripping</li> <li>• Suet</li> <li>• Egg</li> <li>• Fish oils</li> </ul>
Beverages	
<ul style="list-style-type: none"> <li>• Juices and cordials</li> <li>• Tea and coffee</li> <li>• Soft drinks, mineral and soda water</li> </ul>	<ul style="list-style-type: none"> <li>• Gelatine</li> <li>• Animal-based food colouring (e.g. cochineal/carmine)</li> </ul>





Soups and sauces	
<ul style="list-style-type: none"> <li>All soups and sauces made with vegetables and vegetable stock</li> </ul>	<ul style="list-style-type: none"> <li>Animal stock/fats</li> <li>Fish sauce</li> <li>Worcestershire sauce</li> </ul>
Desserts	
<ul style="list-style-type: none"> <li>All desserts made without eggs or other animal products</li> </ul>	<ul style="list-style-type: none"> <li>Animal fats</li> <li>Animal based emulsifiers</li> <li>Eggs</li> <li>Gelatine</li> </ul>
Other	
<ul style="list-style-type: none"> <li>Spices, pickles, chutney</li> <li>Jam, honey, sugar</li> <li>Vegetable-based gelatine</li> </ul>	<ul style="list-style-type: none"> <li>All desserts made with alcohol, lard, dripping and other animal fats</li> <li>Desserts containing gelatine or vanilla essence</li> </ul>





## 4. References

- 1 Department of Immigration and Citizenship. The People of Queensland: Statistics from the 2006 Census. In: Department of Immigration and Citizenship, ed: Department of Immigration and Citizenship,; 2008.
2. Department of Immigration and Citizenship. Immigration Update 2009-2010. In: Citizenship Dola, ed. Canberra: Department of Immigration and Citizenship; 2010.
3. Johnstone M-J, Kanitsaki O. Cultural Safety and Cultural Competence in Health Care and Nursing: An Australian Study. Melbourne: RMIT University; 2005.
4. Hollins S. Religions, Culture and Healthcare: A Practical Handbook for Use in Healthcare Environments second edition. Second edition ed: Radcliffe Publishing Ltd; 2009.
5. Andrews JD. Cultural, Ethnic and Religious Reference Manual for Health Care Providers. Version 3.0 ed: JAMARDA Resources, Inc; 2005.
6. Brooks Nicky. Overview of Religions. Clinical Cornerstone 2004;6:7-16.
7. ElGindy G. Hindu Dietary Practices: Feeding the Body, Mind and Soul: Minority Nurse; 2005.
8. Coward H, Sidhu T. Bioethics for clinicians: 19. Hinduism and Sikhism. Canadian Medical Association Journal 2000;163:1167-2281.
9. Department of Health and Ageing Therapeutic Goods Administration. The regulation of complementary medicines in Australia, an overview. [www.tga.gov.au/cm/cmreg-aust.htm](http://www.tga.gov.au/cm/cmreg-aust.htm) Accessed 17 February 2011, 2011.
10. Kang C. Hinduism and Mental Health: engaging British Hindus. Mental Health, Religion & Culture 2010;13:587-593.
11. Gatrad AR, Ray M, Sheikh A. Hindu birth customs. Archive of Disease in Childhood 2004;89:1094-1097.
12. Kemp C, Rasbridge LA, eds. Refugee and Immigrant Health: A Handbook for Health Professionals: Cambridge University Press; 2004.
13. Alagiakrishnan K, Chopra A. Curriculum in Ethnogeriatrics second edition: Health and Health Care of Asian Indian American Elders: Stanford University; 2001.
14. Babacan H, Obst P. Death, Dying and Religion: An examination of non-Christian beliefs and practices: Ethnic Communities Council of Queensland; 1998.
15. Mysorekar U. Eye on religion: clinicians and Hinduism. Southern Medical Journal 2006;99:441.
16. Whitman SM. Pain and Suffering as Viewed by the Hindu Religion. The Journal of Pain 2007;8:607-613.



