Ethical Issues in Respecting Religious Diversity

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Etiquette

• Press * 6 to mute;
• Press # 6 to unmute
• Keep your phone on mute unless you are dialoging with the presenter
• **Never** place phone on hold
• If you do not want to be called on please check the red mood button on the lower left of screen
Goals for today’s conversation

• What are the limits, if any, to accommodating religious diversity?
• Is accommodating religious diversity any different than accommodating cultural or racial diversity?
Kinds

- Jehovah’s Witness
- Miraculous—God can do miracles
- Faith healing
- Folk medicine
- Brain death
- Children’s health: HPV, contraceptives, abortion
- New age practices: energy, reiki
Context

• Why it is difficult?
  – Religious reasons to treat or refuse treatment are suspect—superstitious, quackery
  – Notions of separation of church & state
  – Accommodating disability, gender, & race is easier because of public conversations and laws
  – Lack of knowledge about different religious doctrines/practices
  – Listening and paying attention to particularities is difficult
Please pass the butter cookies

- Mary 87-year-old Irish woman
- Mark asks RN for Butter cookies during Passover and nurse confiscates
- Pizzas are intercepted
- Hot Cross buns not allowed on Holy Thursday
- “Kosher” SNF
- Residents: 60% Jewish, 10% orthodox, 30 Christian, high Medicaid population
Butter cookies

• What’s the difference between restricting dietary and enforcing the ERDs?
• What was the motivation of the RNs? Was it consistent in application?
• Are there any integrity preserving compromises?
Butter cookies

• What’s the difference between restricting dietary and enforcing the ERDs?
  – Is this a clear doctrine?
  – Does doctrine admit of any exceptions?
  – Does it matter that this SNF is the only one available for Medicaid?
  – Does it matter that the Dept of Health placed a “kosher sign” at entrance?
Butter cookies

• What was the motivation of the RNs?
  – Punitive v. doctrinal
  – Was it consistent in application?
    • Powerful bodies need to act responsibly

• Are there any integrity preserving compromises?
Navajo

- Capacitated Navajo 87 yr old
- Family demands that no staff talk about her recent lab tests indicating cancer for fear of a self-fulfilling scenario.
- RNs believe she must be told
Navajo

• Is this accommodating culture or religion?
  – Would you feel stronger obligation to accommodate if it was one or the other?
  – Or, if the woman upon admission said “don’t talk to me about my illness” is this religious or autonomy accommodation?
Jehovah’s Witness

- 38-yr-old mother of 2 toddlers
- Hemorrhages from car accident
- Husband refuses transfusion
• You can forgo life sustaining treatment even if you are not dying
• You cannot forgo life-sustaining treatment if you are the **sole** provider of minors (parens patria)
  – Not a matter of religious belief per se
Pastoral/clinical considerations

• Listening techniques
  – What do you think caused your problem?
  – Why do you think it started when it did?
  – What is the severity of the disease?
  – What are your fears about the sickness?
  – What treatment do you think you should receive?

• Body language

• Eye contact

• Formality of introduction
Pastoral/clinical considerations

- Don’t make assumptions about a patient’s belief. Inquire indirectly about patient’s belief.
- Don’t discount beliefs that are foreign to westerners.
- Belief in supernatural may be part of the healing of mind, body, and spirit.
Framing issues

• Religious diversity as:
  – Patient’s rights: unlimited accommodation
  – Disregard: no accommodation
  – Is it religious?
  – Is it accurate?
  – Is it within the law?
What are the limits, if any, to accommodating religious diversity?

- “You can martyr yourself, but not your kids”
- Laws accommodate brain death
- Very few apply to continuing care

Is accommodating religious diversity any different than accommodating cultural or racial diversity?