Rabbi Silverstein Case Study #2

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End of Life Care

NUR 4050 2735

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April 18, 2012

Abstract

 Modern healthcare practices, holistic nursing care for the patient and family, focuses on care that is essential to physical and emotional well-being. Helping dying patients to cope at the end of life draws special attention to their spiritual and cultural beliefs of death and dying. This paper will illustrate the concept of providing holistic care to patients of the Jewish faith, incorporating their traditions and customs in providing culturally competent care.

Rabbi Silverstein Case Study #2

**Case Scenario**:

A nurse is caring for Rabbi Silverstein, an Orthodox Jew admitted to the hospital for treatment of advanced prostate cancer. He speaks very little with the female nurse assigned to care for him but is often seen speaking to the male unlicensed assistive personnel caring for his physical needs.There are frequent visitors to the room throughout the day, and although the visitors are quiet and respectful, their presence seems to disturb the client who is sharing the semi-private room with the Rabbi. The nurse is concerned that Rabbi Silverstein is becoming depressed and that his health care environment is not optimum for his recovery.

**What changes could the nurse make within this health care system to provide spiritually competent care for the client?**

“Spirituality plays a vital role in times of crisis and illness as it provides a sense of connectedness to self, others, nature, God and is a means to cope with loss, grief and death” (Matzo & Sherman, 2010, p. 5). By performing a cultural and spiritual assessment of both the patient and one’s self, the nurse will be able, (1) to determine how members of the Jewish faith view death and dying, in addition to signifiant cultural practices and traditions at the end of life, and (2) reflect on personal perceptions of culture and spirituality as to alleviate biases.

In providing palliatve care for Rabbi Silverstein, the nurse must first be inclined to determine how illness is viewed in this particular culture. According to Matzo & Sherman (2010), “research has shown that religious beliefs and spiritual practices affect the meaning of illness, physical and emotional well-being, coping with illness and healthcare decisions, particularly for individuals facing life-threatening illness” (p. 5). As in this case, included in spiritual care, would be encouraging the client to review past life experiences and reflect on life accomplishments. Allow him to make peace with himself in order to begin transcendence with God. Discuss his values on relathionships and motivate him in beginning religious practices that promote healing. In addition, encourage the client to appreciate the basic human needs in life of love and belonging, while reflecting on his feeling of coping during illness .

 “The focus of those of the Jewish faith is on life and its perservation and in fostering and establishing religion in the life of people on earth, rather than focusing on the world beyond” (Matzo & Sherman, 2010, p. 26). Life is placed above all else and death is considered inevitable and should not be feared, as it comes from “Hashem” or God. Therefore, sickness and death is not veiwed upon as punishment, but as natural. The soul is said to exist before life and will continue on after death through resurrection. Spiritual care of the dying Jewish client should focus on allowing the client time with family and observence of religious customs such as prayer. It is a time of transcendence as clients endure a closeness with God. Privacy should be granted during time of prayer and acccommodations should be made to locate a private room or designate personal space. Dietary practices during time of illness should also be observed and encouraged.

Because Jews are from close knit communities with strong family ties, frequent visiting should be encouraged and space should be provided for the dying client and his family during visitigng hours. The family should be encouraged to participate in providing physical care for the client, forming a connectedness and closeness that will assist them in coping with the illness. Family members should be encouraged to bring foods and continue to remain part of religious practices, such support is crucial in coping during this time as it begins the greiving process. Also, a referral can be made for a Rabbi to frequently visit the client. This will allow for the client to continue practices of Torah law and assist him with any spiritual concerns. Jewish beareavment counselors can initiate helping the client and family to learn to cope and begin the process of mourning, while initiating the process of saying goodbye.

 “Palliavtive care strives to meet physical, psychological, social and spiritual expectations and needs, while remaining sensitive to personal, cultural and religious beliefs and practices” (Matzo & Sherman, 2010, p. 5). Through spiritual care, evidence has shown that emotions to circulatory and immune systems changes to counteract stress-related physiologic states the impair healing. Therefore, included in palliative care are interventions of spiritual care that focuses on the spirit, emotions and relationships that will improve symptom management.

**In general hospital settings, with no religious affiliation, what limitations are presented to the nurse in providing spiritual care for a client of Jewish faith?**

In providing spiritual competent care to clients of Jewish faith it is crucial for healthcare facilities to provide accomodations for religious observance. In a facilty with no relgious affiliation, there are restrictions to providing religious observance. There may be limited space for prayer, and chapels or prayer halls may not exist. Also, there may be an absence of spirital counselors or clergy. In the dying client who is receiving nursing care at the end of life, prayer can constitute transcendence and a connectedness with God. Without providing for accomodations of prayer defeats the concept of providing holistic nursing care. Because prayer is a major part of the Jewish faith, the client will ultimately be inclined to spiritual distress.

In observance to Shabbat, during Sabbeth, clients will be forced to work during their day of rest further imposing on their religious practices. Facilites that accommodate members of the Jewish faith provide a Sabbeth elevator which operates by time control. In absence of an operator, the elevator will stop on each floor. Faliure to provide such services reflects on the healthcare facility as being insentive to cultural customs.

Additional limitations include restrictions in adhering to kosher dietary customs. Clients will have to rely on family members to provde food. Clients within the healthcare system value facilities which provide cultural competent care. In the absence of adherence to religious beliefs, nurse-client relationship is servered or not formed. Palliative care is therefore hampered emotinally, physically and spiritually.

**What religious practices would the nurse expect to see in this case?**

 Relgious and cultural practices are relections of “Torah” or the first five books of the bible. Orthodox Jews are called “Frum Jews” in that they are observant of the Jewish laws, culture and customes. Orthodox Jews can be Hasidic/Yeshivish or Modern Orthodox, with both sects abiding by the same beliefs and laws.

Most recognize the 13 principles of faith: God exists, God is one and unique, God is incorporeal, God is eternal, prayer is directed towards God, the word of the prophets are true, Moses’ prophecies are true and he is the greatest of prophets, the written Torah and oral Torah were given to Moses, there will be no other Torah, God knows the deepest thoughts and deeds of men, God will reward the good and punish the wicked, the messiah will come, and the dead will be resurrected (Rich, 2008).  These 13 principles of faith allow for much personal opinion yet provide guidance and stability (Word Press, 2010).

Prayer is highly significant and ritual of the Jewish faith. Prayer is conducted within a sanctuary or “synagogue” three times a day; early morning, noon and evening. Prayer is conducted with a prayer book or “Siddur”, which includes Jewish blessings. Special prayers differ from those performed daily and are significant depending upon the occasion (i.e. *birthday*) and pupose (i.e. *healing*). A special prayer is also conducted during “Sabbeth” or, “period of rest”. Jews must dress appropriately during prayer. Tallit shawls, with a kippa (*cap*) and fringes (*decorative fabric*) must be worn.

Significant of the Jewish custom is how they present themselves. The clothing worn can signify the secular world from which they reside. Orthodox Jews wear unique Hasidic clothing of long black garbs, black hats and long beards. Men and boys have curls. Woman dress according to a custom called “Tzniyus”, meaning “modest” with only their palms and face exposed. Both woman and girls wear dresses and skirts as pants are forbidden. Married woman wear a wig or “Tichel”, a headscarf.

Traditional roles of gender are clearly defined. Girls are raised to be good housewives and young boys are taught how to become Rabbi’s. Most believe in the concept of “working to live” and not “living to work”. Men are likely to hold jobs and provide for their households.

Women hold the primary role as mother and wife. Interactions of members within this group are significant; men and women prefer to be greeted verbally, they do not shake hands with members of the opposite sex and body language is modest. In public, men and woman do not interact and will not allow someone of the opposite sex to view them without clothes. In addition, men are prohibited from making eye contact and having any physical contact with a woman other than their wife. During “nidah”, or menstruation, men and women are prohibited from physical contact for a period of 7 days. A ritual or prayer and cleansing bath is to be completed before physical contact resumes.

Many practicing Jews are segregated. Social Isolation is a traditional custom of Frum Jews as social contact with non-Frums is forbidden. Electronics such as televisions, computers and cellphones are prohibited. Education is not highly regarded and it may be likely that members of Jewish faith have limited to no college education, as it is forbidden. Members attend Hebrew schools where boys are segregated from girls. Their faith calls that educations should focus on learning the laws of Torah, with one to two hours devoted to basic educational requirements.

Sabbeth is a Jewish holiday, through the observance of Shabbat, which symbolizes the connection of Jews to Hashem. It is a period of rest observed by not doing work and is observed from sundown Friday until sundown Saturday. Uring this period they do not operate machinery, drive a car or use the telephone. A candle lighting is held approxiamtely 15 minutes before sunset to symbolyize the Jewish shine and glory that will always enlighten the world. Special prayers are recited and dietary patterns change. It’s a time for family unity through song and prayer.

**What dietary practice would be expected?**

 Most patients within the Jewish faith observe the “laws of kashrut”, which prescribes specific ways of food preparation and prohits the consumption of prok, shellfish, and wild birds. The maintenance of such practices ensures health and well being. Orthodox Jews follow a kosher diet. Kosher is the hebrew meaning “right” or “legal”. Kosher seafood includeds fish which have fins or scales and forbids shellfish such as shrimps and lobster. Meats and milk come from animals that both chew their cub and have split hoves, for example; cows, sheep, deer lamb and goats. Additonal meats allowed within this culture are chicken, fish and duck. Jews are prohibitted from eating blood from animals. In additon, birds of prey such as eagles and vultuters are also against their dietary practices.

During sickness and health decline, memebers of the Jewish faith are permitted to break kosher laws if in doing so is to maintain or improve health. Within this culture, life is placed above all else. Such practices are a personal choice and may vary according to one’s perception of abiding by Torah laws. Significant dietary practices are otherwise expected to always be followed. Meat and dairy must never be served together, but as two separate dishes. There is a designated timeframe permitted between consuming meat and diary, but this depends on the community and can be 1hour, 3hour or up to 6 hours. Foods considered to be “pareva” or not meat or dairy are fish, vegetables, fruits and eggs and can be served without prohibition. Hospitalized clients may request a vegetarian food tray in order to avoid consumption of non-kosher meats.

 During Sabbeth, three special meals are served: Firday night, Shabbat breakfast and Shabbat noon. The Friday night and Shabbat breakfast meal starts with Kiddush, blessing for the Shabbat on a cup of wine, followed by Shabbat challah (*special braided bread*) served in whole and cut open by the meal. The meal is followed with gefilte fish, chicken soup egg salad and more. Family should be encouraged to prepare meals for patients to keep with cultural traditions.

 In holding to traditional customs, dietary patterns also change during Passover. In commemoration of Jews being freed from Egyptian slavery, it is the most widely observed holiday of the Jewish faiths. It is celebrated by not eating any bread or leaven (*containing yeast as in dough or batter*). In observation of Yon Kipper (*the day of atonement*), fasting may take place. You can expect for a variety of changes in dietary patterns during many of the Jewish holidays.

**What accommodations could immediately be made to make the client feel more comfortable?**

Because memebers of this faith are strongly tied to religion and cutural customs, spiritual care should be rendered approproately. As a member of the primary care team, nurses need to be able to effectively communicate with clients within the Jewish culture. The language commonly spoken is based on the country and region in which they reside. The greatest populated region with the largest Jewish community is within the city of New York. Particularly in Brooklyn, New York, the first language of Judaism is “Yiddish”, with English as a second language. Modest communication serves, as the best means in identifying with the Jewish client and care needs can be clearly define. Perhaps contacting a Rabbi to pay the client a visit can be suggested. to improve the clients mood and health outlook.

In such case of providing care to Rabbi Silverstein, physical care by the male UAP should continue to be encouraged, remembering that within the Jewish faith men and woman do not interact and will not allow someone of the opposite sex to view them without clothes. In addition, family members can assist in providing physical care. Men are prohibited from making eye contact and having any physical contact with a woman other than their wife, greet the client formally, “Rabbi Silverstein” and be cognizant of body language. Awareness of communication specifics within this culture will allow you to establish an effective nurse-client relationship.

Judaism is the belief of living through a connectedness as people, to serve one God. Their belief in establishing close ties is significantly presented through family orientation. Members of this culture generally come from large families and tight knit communities. Special occassions, such as Shabbat serve as a time to bring family members close together through song and prayer. As in the case of Rabbi Silverstein, this can be a time of social and cultural isolation. Accommodations of extended or overnight family visitation can be a consideration. If available, the client can be moved to a private room. Privacy will provide for time of socialization with family and friends in comfort, while also allowing time for cultural practices such as prayer. Such accommodations will benefit both Rabbi Silverstein and his roommate. Ultimately, hospice care can be initiated to provide for the client to return home where he can receive care with optimal comfort. A referral can be made to Barnabas Health Hospice and Palliative Care Centers, a Jewish Hospice Service.

 During severe illness and impending death funeral arrangements are likely to take place. In keeping with Jewish customs, funeral rituals begin right after death. If the family is unable to make arrangements, referrals can be made to the Chevra Kadisha (*holy group*). This group is referred to as the burial society for Jews. The burial takes place within 24 hours after death; cremation and embalming are prohibited in Jewish laws, as well as Post-mortem. Accommodations can be made at this time to allow family members to prepare the body for burial.

**How should the nurse approach teaching the client about his condition?**

In approaching Rabbi Silverstein, the nurse should keep in mind Jewsish religious customs and the traditional gender roles. Be aware of your communication style. A modest approach allows for profound susceptiblity to the information being offered. Formally addressing the client as “Rabbi” instead of “Mr” or “Sir” can also dictate the clients morale in receiving the offered information. With physical demonstrations, a male counterpart should be used unless otherwise stated by the client.

 Educational teachings should promote encouraging the client to continue following cultural customs and religious beliefs regarding end of life care. Rabbi Silvertein should be informed of designating a Health Care Proxy, a person he likely believes will follow his care wishes in the event of mental health decline. In addressing Advance Directives, the nurse should keep in mind that within the Jewish cultur,e life is placed above all else and highly regarded, and all measures to sustain life should be taken. Jewish laws prohibit the hastening of death through assisted suicide, suicide and euthanasia.

All alternatives to care, including procedural and treatment interventions, should be discussed with the client. Family members should be encouraged to participate in the care of their dying loved one, as doing so helps them to cope with mourning. The use of a care plan for this client, will guide the nurse to the problems that will need to be addressed and how the structured interventions will pertain to members of the Jewish faith.

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| ASSESSMENT | NURSINGDIAGNOSIS | PLAN | IMPLEMENTATION | RESPDISC |
| Seperation from support system (*family, community, culture*)Changes in customary spiritual practices (*prayer, worship*)Request for religious leaderInability to participate in religious activties (*dual rooming*)Poor CopingInability to experience transcendence | Spiritual Distress, risk for *r/t physical or psychological stress of diseased state and situational loss* | The client will identify meaning and purpose in lifeVerbalize acceptance of self worthUtililze support systems appropriately  | Actively listen to verbalization of concern, reason for living and self worthDetermine religious customs and presence of conflict in current situaionAssess current support systemsEstablish and environment that promotes cultural practicesEncourage familial involvement and cultural practicesAdhere to religious beliefs and practicesRefer to Rabbi and burial societyAbide by clients wishes according to cultural customsPromote dietary customsDiscuss the benefit of spiritual care during illness | Registered NurseBereavement Counselor Clergy |

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