Health care providers’ handbook on Sikh patients
Table of contents

Preface .................................................... 4
Introduction ............................................... 5

Section one: Guidelines for health services ................. 6
1 Communication issues .................................... 7
2 Interpreter services ..................................... 7
3 Patient rights ........................................... 8
4 Religious observance ................................... 8
   Articles of faith ........................................ 8
   Removal of hair ......................................... 9
   Abulation, bathing and cleanliness ..................... 9
   Dietary needs .......................................... 10
5 Prayer ..................................................... 10
6 Sikh names .............................................. 11
7 Decision making ......................................... 11
8 Administration of medicines ............................... 11
   Traditional medicines and remedies .................... 11
   Suitability of medicines ................................ 11
9 Clinical examination and procedures ...................... 11
10 Maternity services ....................................... 11
11 Community health services ............................. 12
12 Visiting arrangements ................................... 12
13 Care of family and older persons ......................... 12
14 End of life issues ....................................... 13
15 Deceased patients ....................................... 13
16 Autopsy .................................................. 13

Section two: Sikh beliefs affecting health care ............. 14
1 Food beliefs ............................................. 15
2 Holy days ................................................ 15
3 Dress ....................................................... 15
4 Mental health and/or cognitive dysfunction ................ 16
5 Transplants, organ donation and blood transfusions ....... 16
6 Sexual and reproductive health ........................... 16
   Contraception .......................................... 16
   Abortion ................................................ 16
   Assisted reproductive technologies ..................... 16
7 Death and dying ......................................... 16
   Grief and bereavement ................................ 16

Section three: Additional resources ........................... 17
1 Sikh organisations ....................................... 18
2 Queensland Health resources and contacts ............... 19
3 Food suitable for vegetarian Sikhs ....................... 20
4 References ............................................... 22
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 Sikh Patients, covers a similar range of topics and aims to inform health care providers about of the religious beliefs and practices of Sikh patients that can affect health care.

The handbook has three sections:
• Guidelines for health services
• Sikh 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 Sikh patients and the religious practices of Sikhism that affect health care. The handbook also provides links to further information and contacts within the Sikh 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. This handbook aims to support health care providers by building their knowledge of the needs of Sikh patients.

The Health Care Providers’ Handbook on Sikh Patients was written under the guidance of an advisory committee comprising:
Kamaljit Kaur Athwal (Sikh Nishkam Society of Australia)
Kaushik Banerjea (Beaudesert Hospital)
Jenny Burton (Children’s Health Services)
Anjila Devi (The Prince Charles Hospital)
Manmohan Dhiman (Sikh community representative)
Jennifer Mace (Logan and Beaudesert Hospitals)
Mary Jane McAuliffe (Children’s Health Services)
Madonna McGahan (Mater Health Services)
Narindar Kaur Sehmi (Sikh community representative)
Ranjit Singh (Brisbane Sikh Temple — Gurdwara)
Rupinder Sran (Ethnic Communities Council of Queensland)
Meenakshi Tyagi (Royal Brisbane and Women’s Hospital)

Other resources

The Health Care Providers’ Handbook on Sikh 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.


All resources are available on the Queensland Health website at www.health.qld.gov.au/multicultural

1 The Queensland Health Cross-Cultural Capabilities are: self-reflection, cultural understanding, context, communication and collaboration. Refer to 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 Sikhism. Figures from the 2006 census show there are more than 2600 Sikhs living in Queensland. This figure is now likely to be higher as in 2008–09, permanent migration to Australia from Southern Asia, which includes India, Sri Lanka, Bangladesh and Nepal, was second only to migration from Europe.

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.

Personal level of adherence

Sikhism was founded in the 15th Century in northern India and is the world’s fifth largest religion. It is practiced in many countries around the world and its traditions and teachings are associated with the history, society and culture of the Punjab region in India and Pakistan.

As Sikhism places responsibility on the individual to practice his or her religion, there are personal and cultural variations that make it difficult to provide definitive rules and regulations that apply to all Sikh 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, Sikh patients should not be regarded as a ‘special’ group that require additional attention from health care providers. Due to the common Sikh beliefs of karma (the belief that every action has a consequence which is experienced in this or future lives) and reincarnation, Sikh patients may display acceptance of difficult circumstances and be inclined to comply with the instructions of health care providers.