

This bimonthly newsletter, produced by Pastoral Care Services/Office of Diversity and Inclusion, will highlight some of the spiritual and religious beliefs held by patients and their families, providers and others in the MUSC community. It will offer strategies for staff self-care as well as information to better address the spiritual needs of the diverse patients and families that we serve.

Interfaith Calendar Highlights

- Dec. 1 **Mawlid al-Nabi** (Muslim). Celebration of the birthday of the prophet Muhammad.
- Dec. 3-24 **Advent** (Christian). The four Sundays leading up to Christmas are a time for Christians to prepare for the celebration of Christ's birth, using the themes of hope, peace, joy, and love.
- Dec. 13-20 **Hanukkah** (Jewish). Festival of Lights commemorating the Maccabean rededication of the Jerusalem Temple in 165 BCE.
- Dec. 25 **Christmas Day** (Christian). Beginning of the 12-day celebration of the birth of Jesus Christ.
- Jan. 1 **Gantan-Sai** (Shinto). New Year festival with prayers for inner renewal, prosperity, and health.
- Jan. 6 **Epiphany/Theophany/Three Kings Day** (Christian). Celebrations emphasizing Christ's divinity in different parts of Christendom, through remembering his presentation in the temple, his baptism, or the visitation of the Magi.
- Jan. 22 **Vasant Panchami** (Hindu). Day to celebrate Saraswati, goddess of learning.
- Jan. 31 **Tu B'Shevat** (Jewish). Anticipation of the coming of spring and "the New Year of the trees." New fruits are often eaten.

Source: <http://www.interfaith-calendar.org>

Spirituality Spotlight: Sikhism

The word Sikh (pronounced "sickh") means 'disciple' or 'learner.' The Sikh religion was founded in northern India in the fifteenth century by Guru Nanak Dev Ji. Sikhism is monotheistic and stresses the equality of all men and women. Sikhs believe in three basic principles: meditating on the name of God (praying), earning a living by honest means, as well as sharing the fruits of one's labor with others. Sikhism rejects caste and class systems and emphasizes service to humanity.

Sikhs and Health Care: Dietary Restrictions
Sikhs have no food taboos except those that stem from one simple injunction – a life of moderation in which they shun all that harms the body or the mind. Animal sacrifice is forbidden and so is the consumption of animals killed in such manner. This also means that all intoxicants – tobacco, alcohol or any mind altering "recreational" drugs – are forbidden.

Sikh New Year celebration in Ontario, Canada



Sikhs at a Glance

- 99 percent of people wearing turbans in the U.S. are Sikhs from India.
- Sikhs have been in the U.S. for over 100 years.
- There are roughly 700,000 Sikhs in the U.S. today.
- Sikhism is the world's fifth largest religion with 25 million adherents worldwide.
- Sikhs believe in one God, equality, freedom of religion, and community service.
- Sikhs cover their uncut hair with a turban. The Sikh turban represents a commitment to equality and justice.
- Sikhism is a distinct religion, separate from Hinduism and Islam.

Source:

<https://www.sikhnet.com/pages/who-are-sikhs-what-is-sikhism>



Health Care Theater

This monthly program provides a forum for MUSC care team members to debrief difficult cases and share strategies to support families, colleagues, and themselves. One (1) hour of Diversity Education training will be provided. Participants must register via MyQuest. The following programs are planned for December 2017 and January 2018.

Grief through Spiritual & Cultural Lenses: Seeing our Patients with Clarity

December 12, 2017
1:30 pm - 2:30 pm
300 Clinical Science Building (CSB)

Unconscious Bias: Barrier to Inclusion, Engagement and Innovation

January 17, 2018
1:00 pm - 2:00 pm
Main Hospital: 2 West Classroom

January 24, 2018
1:00 pm - 2:00 pm
Ashley River Tower (ART) - Auditorium (1st floor)

Get to Know a Chaplain

In each issue, we will focus on a different member of MUSC Pastoral Care team.

Came to MUSC in: 2015

Hometown: Augusta, GA

Education and training: Bachelor of Science from Hampton University; Master of Divinity from Interdenominational Theological Center (Atlanta, GA); Clinical Pastoral Education at Roper/St. Francis.

As a chaplain, what do you bring to the MUSC team? "Spiritual support to patients and families involved in Palliative Care. My background includes local church pastorate in Texas and ten years as a United States Air Force chaplain."

What do you do to relax? "Reading, writing, exercising, outdoor activities, travel, spending time with family playing board games, listening to jazz (especially Miles Davis or John Coltrane)."

What is one thing you wish people knew about chaplains that most don't? "Chaplains provide support to MUSC team members as well through religious rituals/ceremonies, staff debriefings, and providing a friendly listening ear."

Interesting/fun fact about you: "Late R&B singer James Brown (THE Godfather of Soul) attended my first sermon (but not because I was preaching)."

Rev. Frank Harris, M.Div



WHAT DID YOU LEARN?

Sikhs believe in all of the following except:

- A. Equality for all men and women.
- B. Acts of community service.
- C. Covering their uncut hair, often with a turban.
- D. Worshipping many gods.

The first team member to respond with the correct answer will be recognized in a future edition of the newsletter. Send responses to sergents@musc.edu by January 1, 2018.



No winner from the previous issue.

Correct answer from the [October-November issue](#):

Bahá'í generally abstain from
B. Alcohol.

Research Looks at Racial Differences in End-of-Life Care

Researchers at the University of Washington analyzed data from the National Health and Aging Trends Study for Racial Disparities in End-of-Life Care, reported no significant differences in the quality of end-of-life-care among patients.

Analysis of the survey, which included more than 1,700 interviews of Medicare enrollees age 65 and older as part of the National Health and Aging Trends Study from 2011 to 2015, showed no significant racial differences in the quality of end-of-life care among patients however some survey respondents reported deficiencies in the quality of end-of-life care for both black and white patients, including unmet symptom care, communication problems and less than optimal decision-making.

The study, published in JAMA Internal Medicine, found that black patients were more likely than white patients to die in the hospital, specifically in the intensive care unit.

Among the 1,726 interviews, 1,106 were completed by a family member or friend for the patient who died. Results of the analysis also showed that fewer black patients than white patients used hospice care in the last month of life. Among white patients, respondents were more likely to report that they were not being treated with respect. One in five respondents for black and white patients reported that family members were not always kept informed of information.

While this research suggests no significant differences in the quality of care, researchers advise "that the overall care quality was rated good, fair or poor [rather than very good or excellent] for approximately 1 of 5". This adds to previously reported concerns that the quality of end-of-life care may be worsening for older people in general and suggests that improvements are needed for all patients in the United States.

Source: [United Press International article](#)



Do you have topic ideas for future issues or would like to provide general feedback about the newsletter? If so, send an email to sergents@musc.edu
Chaplain Stacy S. Lawton,
Editor

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Chaplains are available 24/7/365