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Literature search results

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Search details

What are the last offices for the six main religions?

Resources searched

Department of Health; Nursing Reference Center; Google

Database search terms:

Google search string: ("last offices" OR "laying out") AND (religio* OR cultur* OR spirit*)

Summary

Consensus appears to be that the six main religions will have no problems with the routine of last offices but that specific requests may be made of the nursing staff depending on the religion of the dead person and their family. Most of the guidance recommends that nursing staff should make themselves aware of religious, cultural and spiritual differences but also to understand that the practice of religion is personal to everyone and so should treat each patient and their family individually.

Guidelines

Department of Health

End of life care strategy, 2008

p. 72 “Information on the perspectives on organ donation of the six major religions in the UK and on specialist transplant centres can be found on the UK Transplant website (www.uktransplant.org.uk).”

p. 77 “Box 15: Addressing the spiritual needs of individuals nearing the end of life” St Michael's Hospice in Hereford has identified that the spiritual needs of those at the end of life are not always recognised or assessed appropriately. This may be because of the close association with religion and therefore not recognising that all individuals, with or
without faith, may have spiritual needs related to regret, meaning, value and purpose. In response to this, an assessment tool has been developed which includes open questions about support and beliefs systems and the impact of the illness on these. Once the beliefs, concerns or worries have been identified for both the individual and their carers, appropriate support is offered. This is provided by trained volunteers in the spiritual care team who provide support to patients and families, which includes helping them to reconcile their beliefs and help with putting their affairs in order and assistance with funeral arrangements. To assist in overcoming staff concerns, information is available which lays out clearly rituals around death and ensuring that these are respected.

**Nursing Reference Center**
Fundamental aspects of end-of-life care, Ch. 16 of Fundamental Aspects of Children's and Young People's nursing, 2007
p. 13-15 in particular
p. 18 Care after death is often referred to as ‘laying out’ or ‘last offices’ and is the final process undertaken prior to the body being transferred to the mortuary. The last offices not only involves the legal requirements but also the specific cultural and religious beliefs (Dougherty and Lister, 2004).

**Nursing Times**
Carrying out Last Offices – Part 1, 2008
Carrying out Last Offices – Part 2, 2008
“Cultural, Religious and Spiritual Influences”
The UK is a multicultural and multi-faith society. This offers a challenge to nurses who need to be aware of the different religious and cultural rituals that may accompany the death of a patient (Dougherty and Lister, 2004).

To discuss the conceptualisation of death and how different cultural/religious values influence this and subsequent care of the body is beyond the scope of this article. Excellent guidelines do exist discussing particular values and practices of different groups (Cooke, 2000; Green 1993; 1991).

There is however a danger of relating specific practice and theory to a specific group. As society diversifies and attitudes towards belief systems become more dynamic they are not necessarily predictable. The given religion of a patient may occasionally be offered to indicate an association with particular cultural and national roots, rather than to indicate a significant degree of adherence to the tenets of a particular faith (Dougherty and Lister, 2004). Approaching last offices practice with an awareness of how people from different groups perceive death will lead to excellence in practice. However, associating a particular set of values to a specific group may be against patients’ and relatives’ wishes and may even cause offence. The fundamental principle in providing best practice in performing last offices is communication with patients (before death as appropriate) and family members following death to ensure that the body is cared for in accordance with the patient’s and family’s wishes. Advice and support can and should also be sought from groups including bereavement care teams, community and religious leaders and hospital chaplains. Resource files in clinical areas can be of use but again these should only serve to inform practice rather than dictate.

**Rochdale NHS Healthcare Trust**
Guidance for staff on culture, faith and religion for hospice patients, 2000