Diversity Toolkit

Diversity & Inclusion Office
Introduction

Diversity is inherent in the University of Massachusetts Medical School’s mission to advance the health and well-being of the people of the Commonwealth and the world. As a leading academic health sciences center, we are preparing tomorrow’s physicians, nurses and scientists to serve and relate to a multicultural society by

- building an inclusive culture characterized by civility and respect
- increasing numbers of underrepresented groups in student, faculty and staff positions,
- improving the cultural competence of our workforce through diversity education and programming, and
- advancing health equity by making a significant impact on reducing disparities through research, service and practice.

Diversity at UMMS is fully embraced and fundamental to its institutional excellence.

Vision

Diversity compels UMMS to lead in the development and implementation of innovative approaches to health sciences education, research and public service.

Mission

Through consultation, regulation, education, and collaboration, the Diversity and Inclusion Office (DIO) is a catalyst for an inclusive academic medical health sciences center comprised of a diverse faculty, staff, and student body who possess the cultural competencies necessary to serve the people of the commonwealth and the world.

This toolkit is designed as a resource for improving interpersonal relations, increasing understanding, and furthering world-class service for our diverse patient population. By heightening awareness, enhancing communication and developing better cultural competence we keep patients first.

Cultural competence is the ability to respond appropriately to people of varying cultures, ages, races, religions, sexual orientations, abilities, and ethnicities in a way that recognizes difference and allows individuals to feel respected and valued. It is paramount that our faculty and staff maintain the highest level of cultural competence.

The data presented is not all-inclusive but should be considered a starting point for basic understanding. Culture is an ever-evolving variable entity, and as such, this toolkit should be viewed as a work in progress.

Please contact the Diversity and Inclusion Office with your suggestions for continuous improvement at 508-856-2179 or email us at diversity@umassmed.edu

Diversity and Inclusion Office
Patient Care Guide
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The Importance of Cultural Competence

What is cultural competence?

Cultural competence is the ability to respond appropriately to people of various cultures, ages, races, religions, sexual orientations, abilities, and ethnicities in a way that recognizes difference and allows individuals to feel respected and valued. It is rooted in compassion, empathy, and benevolence.

Why is cultural competence important?

A lack of cultural competence can lead to miscommunications that have a detrimental impact on patients. Sometimes, cultural differences can cause difficulties in provider-patient interactions, such as language barriers, contrasting understandings, or positional hierarchies.

Say you’re working with an elderly patient from Puerto Rico who doesn’t speak much English. You discover that she has a lump that might be cancerous. As with any other patient, you want to give her as much information as possible so she can make an educated decision about what to do. You decide to tell her that there’s a small chance that she has cancer and that you’d like to do a biopsy to know for sure.

What cultural traditions are important for this patient?

Generally speaking, older Puerto Ricans have a fatalistic view of illness. Even mentioning the slim possibility of cancer—a loaded word—would be tremendously upsetting for your patient to hear.

Consider highlighting the best possible outcome in this scenario, while avoiding the word “cancer.” It may feel uncomfortable, but it’s actually a demonstration of impressive cultural competence and compassion.
Values and Attitudes that Support Cultural Competence

- **Making** a conscious effort to avoid imposing your values on others.
- **Intervening** tactfully when others engage in behaviors that show cultural insensitivity or racial bias.
- **Understanding** that family is defined differently by different cultures.
- **Respecting** individuals/families as decision makers even when your professional and moral views differ.
- **Recognizing** that the meaning or value of medical treatment and health education may vary.
- **Acknowledging** that religious and other beliefs influence responses to sickness, disease, and death.
- **Understanding** that health, wellness, and preventative services may have different meanings.
- **Realizing** beliefs influence reactions and approaches to children born with disorders or disabilities.
- **Seeing** that grief and bereavement are influenced by culture in a variety of ways.
- **Obtaining** information on acceptable behaviors, courtesies, and customs unique to a particular culture.
- **Keeping** abreast of major health concerns for a culturally diverse patient population.
- **Developing** an awareness of environmental or socioeconomic risk factors contributing to health issues.
- **Respecting** the validity of people’s stated identities.
- **Recognizing** that political correctness stems from empathy and compassion.
Cultural Differences Can Impact Patient Compliance in the Following Ways

- Not understanding instructions.
- Forgetting verbal advice.
- Not comprehending the seriousness of the condition.
- Not understanding the urgency of the recommended follow up visit, test, or referral.
- Being confused by oral instructions for use of medications.
- Language barriers, hearing impairment, fear, mental confusion, literacy may impede their capabilities.
- Compliance with prescribed treatment and self-care regiments.
- Making medication or treatment mistakes.
- Seeking preventative care soon enough.
- Getting diagnosed later in the course of the disease.
- Putting them at higher risk for hospitalization.
- Needing hospitalization nearly two days longer per visit than the norm.

Ask patients to repeat back the information or instructions that you have provided in their own words so that you can gauge and ensure the proper level of understanding.
Always provide written instructions and information when prescribing medication

1) Name of drug
2) How it should be taken, or applied, etc. Be specific
3) How long
4) What is it for
5) What will it do
6) Important side effects
7) When to notify a physician
8) What precautions to take
9) What to do if a dose is missed

Note: This is great advice for all patients, not just ones you perceive as culturally different
How to Use this Toolkit

Here at the Diversity and Inclusion Office, we understand that you are busy and do not have time to read a lengthy manual. That is why we have provided you with a toolkit that has background information on patients from diverse backgrounds.

If you are having trouble communicating with a patient from an unfamiliar background, or their behaviors or beliefs seem strange to you, look for their identity in the “You are working with a valued __________ patient.” That section includes general background information about that type of person, specific considerations before providing care, rituals, traditionalist beliefs, and end-of-life care guidelines, where applicable.

Read the “Notes on...” sections to gain an understanding of each type of identity category. They include basic tips for cultural competence and are intended to be educational. However, if you find yourself having difficulty communicating with a patient from an unfamiliar culture or with an unknown identity, check specific identity pages for guidance.

The Communication section explains how language barriers and communication styles can influence health disparities and provides guidelines for speaking with patients who don’t speak English as their first language.

The Glossary includes a comprehensive list of terms, ideas, and explanations of things that might come up while working with a diverse patient population. Use it if a patient uses a word you do not understand, or if you would like more information on a particular topic. Often, marginalized communities have difficulty building trust with authority. For example, the LGBTQAIP community has had a tenuous relationship with medical professionals. Demonstrating an understanding of the issues that affect a particular community builds trust and communicates that you care.

Finally, keep in mind that this toolkit is a guide, not a prescriptive rulebook. There is diversity even among similar peoples. For example, not all Muslims, not all gay people, and not all Ghanaians are the same.

Diversity and Inclusion Office
Notes on Ethnicity and Countries of Origin

The following sections for Ethnicity is about patients of color who were born in the US. The following sections for Countries of Origin are about people who may or may not have been born in the US but have strong cultural ties to their country of origin.

Keep in mind that these groups were chosen for inclusion in this toolkit, because of historical disparities in medical care and treatment by the health institutions. However, health care providers must realize that addressing cultural diversity goes beyond knowing the values, beliefs, practices and customs of African Americans, Asians, Hispanics/Latinos, and Native Americans/Alaskan Natives.

The process of seeking and obtaining a sound educational foundation about diverse cultural and ethnic groups will allow for better interaction between patients and providers.

Of course, it is important to remember that not all of the information provided will be applicable to all members of each ethnic group. There is always diversity within every group.
## Typical Examples of Cultural Differences

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Different groups can perceive the concept of time in various ways. North Americans and Asians tend to be more schedule-driven, punctuality is valued, and lateness is considered a sign of disrespect. In African, Arab, and Latin American cultures, time is a more fluid concept and attitudes may be more relaxed about punctuality.</td>
</tr>
<tr>
<td>Pause in Conversation</td>
<td>In North American and Arab countries, pauses are short. In Japan, pauses can give a contradictory meaning to the spoken words. Enduring silence is perceived as comfortable in Japan, while in India, Europe, and North America it may cause discomfort.</td>
</tr>
<tr>
<td>Laughing</td>
<td>Connected to happiness in most countries. In Japan, it is often a sign of confusion, insecurity, or embarrassment.</td>
</tr>
<tr>
<td>Dinner</td>
<td>If invited to dine in some Asian countries and Central America, it may be acceptable to leave directly following the meal; not leaving may indicate that you have not had enough to eat. In India, European, and North American countries, leaving is considered rude, indicating the guest wanted to eat but did not enjoy the company of the host.</td>
</tr>
<tr>
<td>Weight</td>
<td>Generally speaking, in African countries, being heavier can indicate greater physical health. However, commenting on a person’s weight would be considered rude in Asia, Europe, North America, and Oceania.</td>
</tr>
<tr>
<td>Eye contact</td>
<td>In Africa, Asian, and Latin America, avoiding eye contact is generally a sign of respect. The same signals can be misinterpreted as signs of deception or shame in North American and European countries.</td>
</tr>
<tr>
<td>Loudness</td>
<td>In Africa, South America, and Mediterranean countries, talking and laughing loudly in public places is widely accepted. In Western European and Asian cultures it is considered rude and could be interpreted as self-centeredness or attention-seeking behavior.</td>
</tr>
<tr>
<td>Personal space</td>
<td>Africans, Arabs, Latin Americans, and Mediterranean Europeans tend to stand close to one another during conversation. North Americans and other Europeans prefer a distance of about 2-3 feet, while Asians prefer more distance.</td>
</tr>
<tr>
<td>Gestures</td>
<td>The “ok” sign, thumbs up, the “v” sign (such as when referring to the number 2), sitting with the soles of your shoes facing up or touching someone with your shoes, use of the left hand, and pointing at or beckoning someone with a single finger are all considered rude gestures in various cultures.</td>
</tr>
</tbody>
</table>
You are working with a valued **African American** patient

**Considerations before Providing Care**

- Understand that many African Americans feel deep faith and may see illness as a natural consequence due to life choices.
- There may be a tendency to distrust health care workers because of historical medical experiments using them as test subjects, like the Tuskegee syphilis research project.
- Many will avoid seeking health care until a serious medical condition arises and then may be suspicious of treatment if immediate results aren’t realized.
- Begin a conversation with small talk, people often feel “on the spot” when questions are posed without an understanding of the intention.
- Address individuals with respect, including Mr. Mrs. Ms. or Dr. when appropriate. Refer to a woman as Ms. if she is pregnant and/or has a child.

**End-of-Life Care**

- Most African Americans, in fact, most people, travel the journey from initial diagnosis to death with the support of a community of like-minded believers.
- Religious beliefs may also play a role, in that many older African Americans believe that God is ultimately in control, and is the only one who can determine the timing of death.
- Remember that individuals are quite sensitive to how things are done when an illness and/or death occurs in the family.
- Keep in mind that there is a great diversity in the African and African-American communities and that “family” may be defined in multiple ways.
- It may be appropriate to suggest that the family unit communicate in regards to an advanced care plan.

**African American Resources**


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You are working with a valued Asian American patient

Consideration before providing care

- The type of desired care (at home, in hospital) can vary depending on the ethnic group.
- Traditional Asian Americans often have family-oriented decision making, so it is important to include the family in discussion when explaining treatments or inquiring for information.
- Older Asian Americans may be more traditional and stick to their cultural beliefs more heavily than someone of the younger generation.
- Expectations of loyalty and bringing honor to one’s self and to the family are common in traditional Asian American families.
- Respect for one’s elders is a shared value amongst most Asian American families.
- In healthcare settings, Asian Americans maybe appear to be unwilling to acknowledge strong emotion, grief, or pain by American standards, due to their family and cultural values.
- Traditional Asian practices in health and medicine have become popular internationally and are integrated in Allopathic medicine.

End-of-Life Care

- Asian Americans can regard death or illness as a part of life. It does not mean that they could be unwilling to try to treat an illness, but that it could be the opposite of the natural progression of life.
- Elder Asian Americans may be heavily influenced by their religious teachings regarding death, for example they may want to have their final moments at home instead of in a hospital.
- Opinions on death can vary between ethnic groups within the Asian American community, so be sure to understand the background of the patient.

Asian American Resources


Diversity and Inclusion Office
You are working with a valued **Latinx** patient

**Consideration before providing care**

- Latinx is a more recent term that is used to incorporate the people outside the gender binary of Latina/o and to appeal to a broader community.

- In many traditional Latinx families, the man is the head of the household. In recent years, that status has changed as many women are the primary caregivers.

- Many Latinx people are Roman Catholic.

- When possible, interpreters should be the same gender and approximate age of the patient, and understand the differences in the Spanish language.

- Some Latinx patients may consult folk healers and spiritualists—especially if they lack health insurance. So be sure to ask if any herbal medicine were used prior to coming in to the hospital.

- Be gracious and acknowledge your patient’s arrival. Building respect is essential. Friendliness and treating others with respect is important to Latinx patients. If you know the gender, address patients by their preferred name (Mr. or Señor, Mrs. or Señora, Miss or Señorita).

**End-of-Life Care**

- Religious beliefs often influence death and dying.

- Elderly patients may wish to die at home, so be respectful of their wishes as a health provider.

- A priest may visit the patient in order to perform Last Rites and to help ease the patient’s concerns.

**Latinx Resources**

- [https://drive.google.com/file/d/0BwWwPT2Q8xT6WfJodE8wNHNHNEE/view](https://drive.google.com/file/d/0BwWwPT2Q8xT6WfJodE8wNHNHNEE/view) (last updated June 2016)
You are working with a valued Native American patient

Consideration before providing care

- The concept of family is very important to Native American patients. The family can include immediate and extended members, tribal members, and members of the community.

- Women are often the caretakers of the family in a traditional home.

- The elderly are greatly respected in Native American communities and their guidance is highly valued.

- Spirituality is a vital part of Native American life.

- Because of centuries of oppression and assimilation policies, it is important to respect Native American culture and opinions when working with a Native American patient.

End-of-Life Care

- Immediate and extended family members should be notified of an impending death.

- Inform the patient as well as the family of deadly diseases and treatments plans.

- Can vary from tribe to tribe with cultural tradition and individual acculturation. But there is a general preference for naturalness, and home care is preferred unless there is a cultural taboo regarding death.

- Many nations have specific rituals and/or ceremonies regarding the care of the body after dying.

- There is a strong belief that death means reconnecting with ancestors who have previously passed, so death can be viewed as a natural progression.

- Because of past misuse with legal documents, some patients and/or their families may be unwilling to sign legal documents such as informed consents or power of attorney forms.

Native American Resources

http://web.stanford.edu/group/ethnoger/americanindian.html (last updated 2001)
You are working with a valued **African** patient

**Consideration before providing care**

- Understand that many Africans feel deep faith and may see illness as a natural consequence due to life choices. Be prepared to address issues in both a medical and spiritual realm.

- Be supportive of alternative methods of healing involving pastors, priests, or other religious figures while keeping the medical considerations in mind.

- African nations are full of various cultures, much like the United States. Do not assume that there is one “African” culture.

- Always use utensils when serving food. Server should never touch it directly with their hands.

- Many Africans prefer traditional foods, which may not be possible to get in a medical setting. Allow friends and family to bring in food when it does not interfere with medical treatment. If necessary, politely ask for the ingredients in the food to make sure it does not conflict with any dietary restrictions due to treatment(s).

- There are specific foods that are often prepared with holidays and celebrations, consider asking patients if he/she has any specific requests (within reason) during these special times.

- Keep in mind that some Africans living in the United States may still need time to adjust to this culture, cope with feelings of homesickness, and develop a community network. Be empathetic to these needs.

- Many Africans come from countries where multiple languages are spoken and the “official” language may not be the one with which they are most familiar.

- Africans are generally more community-minded as compared to the individuals we often see here in the United States.

- Keep in mind that literacy rates in some African nations may be lower than in the United States. Be aware of the possible need for verbal instructions and explanations of written materials.

- Start out a conversation with small talk, remember that people often feel “on the spot” when questions are posed without an understanding of the intention.

- Personal information is often considered private and only to be addressed by the person involved. Keep non-care related questions to a minimum.

- Family bonding is important. Be respectful and listen to stories, share small personal accounts, and support visitors.
End-of-Life Care

- Keep in mind that there is great diversity in African communities and that “family” may be defined in multiple ways.
- It may be appropriate to suggest that the family unit communicate in regards to an advanced care plan.
- It is very inappropriate to suggest that grief should be resolved within a specific time frame and/or manner.

African Resources

http://www2.etown.edu/vl/africa.html (last updated 24 Mar. 2017)
https://www.britannica.com/place/Africa/People#toc37201 (last updated 6 Apr. 2017)
You are working with a valued Albanian patient

General Information

- Albania is a small country located in Southeastern Europe in the Balkan Peninsula.
- The official language is Albanian, which is derived from the Tosk dialect.
- 56% of Albanians are Muslim, 10% identify as Roman Catholic, and the rest of the country has various other religious affiliations. But many are part of religious groups in name only and practice largely secular lifestyles.
- Albania was under strict Communist rule until 1990.

Consideration before providing care

- Because of ongoing political turmoil, many Albanians have fled their country as refugees.
- Address the male figure in the room first, if present, as Albania is generally a patriarchal society.
- Pagan holidays and folklore play a large role in Albanians’ lives. Be sure to ask if there had been any herbal medicine that was used prior to coming in.

End-of-Life Care

- Death is somewhat of a taboo subject for many Albanians. The topics of death and dying have remained private and are not brought up in daily conversation. There is a fear of death amongst many Albanians.
- The role of the family is very important; explain the medical status to family members that are present as well.
- Patients may strive for a “good death,” meaning having somebody close to them by their side in their final moments, treated with dignity, and not to be a burden on anyone in their families while ill.

Albanian Resources

http://www.everyculture.com/A-Bo/Albania.html
https://www.britannica.com/place/Albania/People
https://journals.viamedica.pl/advances_in_palliative_medicine/article/download/29318/24070

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You are working with a valued Bosnian, Serbian, Slovenian or Croatian patient

General Information

- The countries in the former Yugoslavia and the Balkans share many customs in common and this will outline the general southern Slavic traditions and customs.

- This area of the world is composed of three main groups: Serbs (Orthodox Christian and politically dominant and culturally Eastern European), Croats (Roman Catholic and culturally Western European) and “Muslims” (most populous group and in reference to not only those who practice Islam but also an ethnicity).

- All countries in this region speak a form of Serbo-Croatian.

- Attitudes toward Americans can change dramatically in response to current political and military events, so make an attempt to know what is currently going on in that region of the world.

- A large number of Slavic people are secular (non-religious).

- There is a strong correlation between ethnic identity and religion in this area (90% of Bosnians are Muslims while 93% of Serbs are Orthodox Christians). However, these Slavic nations are multi-religious as much as multi-ethnic societies.

Considerations before Providing Care

- Because of the ongoing social disturbances in the region, many of the southern Slavic peoples are likely to have had insufficient or sporadic access to health care. Many may also benefit from mental health services and counseling options.

- There is a general feeling that certain illnesses have certain causes and certain treatments, so there may be some confusion when it comes to complex diagnoses.

- There is often an initial distrust of people that are unknown.

- Wait to be introduced by a third party if available. Greet the women of the group first and then the men and children. Slavic society has traditionally been patriarchal.

- A handshake is an appropriate greeting upon meeting someone. Wait for a woman to extend her hand first during the greeting.

- Southern Slavs may have a hard time understanding questions that are posed with a pronoun separating the main verbs (example: “Where is she hurt?”). You may need to eliminate some of the auxiliary verbs and pose the question slowly and very directly. Example: “Where it hurt?”

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The people of this region can become very physically expressive once comfortable in conversation and they may become rather physical in gesture and touch.

The “ok” sign should not be used; the “thumbs up” sign is more acceptable.

If you must beckon to someone, sweep all four fingers toward yourself while your palm is facing the floor.

Eye contact will be very direct most of the time and looking away may be considered rude.

**End-of-Life Care**

Many people from this area of the world have witnessed great atrocities and death during the very politically unstable years of the recent past. Caregivers should handle end-of-life situations with a very delicate hand.

**Slavic Resources**


You are working with a valued Brazilian patient

General Information

- Portuguese is the official language of Brazil, not Spanish.
- Brazilian ethnic make-up is composed of white (includes Portuguese, German, Italian, Spanish, Polish) 55%, mixed white and black 38%, black 6%, other (includes Japanese, Arab, Amerindian) 1%.
- 73% of Brazilians identify themselves as Catholic but many are Catholics by tradition, not by faith.
- Brazilians trace their ancestry and inherit through both maternal and paternal lines. They typically have two surnames, that of their mother’s and father’s families.

Considerations before Providing Care

- Family refers to nuclear and extended members of all maternal and paternal relatives, along with in-laws. The family is at the core of social life and in time of need ideally provides assistance to its members.
- Family is the center of social activities and resource for social and economic assistance.
- Health is considered to be the absence of pain, suffering or disease.
- Seek medical professionals primarily to treat existing conditions rather than for prevention.
- Patient is not expected to make decisions about their own health issues. Families, when present, handle decisions and details regarding patient care. Patient likely to be totally passive and to prefer complete care by others.
- Be sure to ask if there had been any herbal medicine that was used prior to coming in. Herbal and home remedies are sometimes accepted in addition to biomedicine.
- Family members should be consulted before patient is informed of a serious or terminal illness, as some families do not want the patient to know or want diagnosis/prognosis presented to him/her in an indirect manner.

End-of-Life Care

- Brazilians might be reluctant to accept terms of hospice care (e.g. no therapeutic measures) because they do not want to give hope.

Diversity and Inclusion Office
Clinician should inform family members as soon as death is certain and offer to call a priest or chaplain.

Family may want to arrange for extended visitation to be with the body before it goes to morgue. Clinician may need to explain American hospital and mortuary procedures to recent immigrants.

Organ donation is uncommon. Immigrants may not be amenable because of fear, distrust, or desire to send body to Brazil for burial.

Burial takes place within 24 hours of death, and bodies are not embalmed.

**Brazilian Resources**

http://www.everyculture.com/Bo-Co/Brazil.html (last updated 2007)
http://www.kwintessential.co.uk/resources/global-etiquette/brazil-country-profile.html (last updated 2017)
http://www.newadvent.org/cathen/04660c.htm (last updated 2012)
You are working with a valued Chinese patient

General Information

- Be aware that there are over 50 different diverse ethnic groups in China and that each has cultural nuances.

Considerations before Providing Care

- Determine if the patient is using any home remedies, such as herbs or other supplements, in order to address the impact on prescribed medicines.
- Assume that a person with an Asian appearance is an Asian-American unless you are informed otherwise.
- Female patients should be changed and examined by female practitioners whenever possible (especially when pregnant).
- Verbal disagreements are avoided and a person may passively avoid compliance rather than actively resisting expectations.
- The word “no” is considered offensive in most cases and its use is avoided.
- Foods are often seen as therapeutic treatments and can be seen as either “hot” or “cold” depending on how they affect the body’s balancing energies (not on temperature).
- People on sodium-restricted diets should be advised to reduce the use of salty foods, including but not limited to soy sauce, oyster sauce, etc.
- Avoid touching and eye contact during conversations. Explain the reason for needing to physically touch patients.
- Avoid pointing your finger directly at someone, instead, use your whole hand. When you are requesting someone to come closer to you, point your whole hand (palm facing downward) and sweep your fingers toward yourself.

End-of-Life Care

- Traditional Chinese avoid the mention of death and the topic should be handled with great care.
- The eldest son of a family is traditionally responsible for burial arrangements.
- Autopsies and organ donation are usually acceptable practices, but inform patients that these procedures will be taking place beforehand.
Children are often not told of a death unless they are around 10, though the exact age varies.

**Chinese Resources**

http://www.chinasite.com/ (last updated 26 June 2012)
http://www.cyborlink.com/besite/china.htm (last updated 2017)
You are working with a valued Cuban patient

General Information

- Approximately 25% of Cubans are Catholic and follow traditional Catholic practices (see Catholic page in Notes on Religion section for more information).

- Life expectancy and infant mortality rates in Cuba have been comparable to Western industrialized countries since data was first gathered in 1957.

Considerations before Providing Care

- Health care is free in Cuba; therefore, there may be some confusion when they are working with the American medical system. Caregivers should be ready to explain the basic concepts of the health care system and the patient’s and/or family’s responsibilities. Health professionals should be able to direct Cuban individuals and families to places where they can get more information and possibly monetary assistance.

- Many Cubans do not practice birth control and prohibit abortion.

- It is appropriate to shake hands when greeting someone and when saying goodbye.

- Men often exchange friendly hugs when greeting and it is also common for both men and women to greet friends and family with a hug and a kiss on the cheek.

- Addressing even strangers with terms of simple endearment is not uncommon (“my dear”/”my sweet”/etc.).

- Although the government has given men and women equal rights and responsibilities for housework, childrearing and education, machismo is common among many Latin American men. Many men still believe that women should not make decisions regarding family affairs and other intellectual matters. Caregivers should be aware of this when discussing health issues with the family and should address the male head of house at first.

End-of-Life Care

- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.

Cuban Resources

http://mipais.cuba.cu/ (last updated Apr. 2016)
http://centerforcubanstudies.org/ (last updated 2017)
https://www.britannica.com/place/Cuba (last updated 2017)

Diversity and Inclusion Office
You are working with a valued Dominican patient

General Information

- The extended family, composed of three or more generations, is prevalent among the Dominican elite. The oldest married woman commands her household, delivers the more private decisions, and nurtures the family.

- Family loyalty is a virtue ingrained from early childhood when individuals learn that relatives can be trusted and relied on. At every level of society, a person looks to family and kin for both social identity and succor.

- Public education is provided through the high-school level at no cost except for the school uniform and books. Attendance is mandatory to sixth grade, although many children, particularly girls, drop out before then.

- About 95% of the population is Roman Catholic, though not all of these people attend church regularly.

- Voodoo is practiced secretly, primarily along the border with Haiti.

Considerations before Providing Care:

- Dominicans think that menthol, i.e. Vick’s Vapor Rub, cures everything from mosquito bites to migraines.

- Practitioners believe in one God and many lesser spirits. They believe that each individual has a protector spirit who rewards that person with wealth and punishes him or her with illness.

- Public clinics and hospitals provide free care. Private health care is also available, primarily in urban centers.

- Many people still consult native healers, including witch doctors, voodoo practitioners, and herbalists.

- Professional titles are used to address respected persons to indicate respect, often in place of names. For example, simply saying “Doctor” instead of “Doctor Jones.

End-of-Life Care

- Palliative care is traditionally substandard in the Dominican Republic and individuals may not know what to expect with end of life care.

- Family members are the center of end of life decisions.

Diversity and Inclusion Office
Religion, the family, and the use of alternative medicines at the end of life will be of great importance to many Dominican Republican individuals.

The person is buried before sunset the day they die or the day after if they die at night, because embalming is typically not used. There is a 9-day period of mourning, and on the last day, there is another gathering at the person’s house for a final goodbye.

Dominicans may express their grief very openly.

Dominican Resources

http://columbiaglobalhealthnarrativemedicine.blogspot.com/ (last updated Mar. 2014)
http://answers.yahoo.com/question/index?qid=20090403141010AAHfQbW (last updated 2009)
You are working with a valued Ecuadorian patient

General Information

- Ethnic make-up of Ecuador is 65% mestizo (mixed Amerindian and white), 25% Amerindian, 7% Spanish and others, and 3% Black.

- 95% of Ecuadorians are Roman Catholic. The Roman Catholic Church has a strong influence on personal and social behavior and is part of national identity. Indigenous Ecuadorians, while nominally Catholic, tend to blend Catholicism with their traditional beliefs.

- Marriage varies greatly, with its expressions ranging from those characteristic of middle-class United States or Europe to a variety of systems that include "trial marriage" and "serial polygyny."

Considerations before Providing Care

- Religion, shamanism, and home remedies can be important resources. Traditional and alternative medicines were recognized in the constitutional reform of 1998. Shamanism is mostly practiced in remote areas of the country.

- Pharmacists do a big business in diagnosis and prescription, and almost any drug or medication can be purchased over the counter.

- Mental illnesses are not yet seen as real health problems.

- Always refer to people by the appropriate honorific title (Señor or Señora) and their surname.

- Ecuadorians are known for being warm and polite. They can be quite tactile and tend to stand much closer to each other when speaking than in many other cultures. As a result they are highly tuned to body language and non-verbal communication.

- Ecuadorians are indirect communicators who speak diplomatically and with courtesy. They view blunt communication as extremely rude.

End-of-Life Care

- Suicide and euthanasia are never considered as options. However, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.

- Indigenous people have a rich spiritual universe, which shamans tap for curing and for sending harm.

Diversity and Inclusion Office
Ecuadorian Resources

You are working with a valued Egyptian patient

General Information

- The majority of Egyptians (90%) are Arabic-speaking Sunni Muslims.
- For practicing orthodox Muslims, Islam is not only a religion, but a way of life that governs their personal, political, economic and legal lives.
- The family is the most significant unit of Egyptian society. The family consists of both the nuclear and the extended family.
- An individual's honor is intricately entwined with the reputation and honor of everyone in their family.

Considerations before Providing Care

- The vast majority of Muslims accept blood transfusions but some may not accept treatment that have a pork base (e.g., pork-based insulin).
- Try to accommodate visitors (usually every family member and family friends visit and may bring gifts or refreshments).
- Approach any discussion about sex carefully; it is a sensitive subject.
- Egyptians may combine the modern health system with traditional practices. For example, a midwife plays a key role not just during childbirth but also during the related ceremonial activities.
- Islamic dietary restrictions consist of eating a strictly Halal diet. In the strictest sense of the Halal diet they will not consume meat products that were not butchered in a humane manner (similar to Kosher meat) nor will they consume alcohol. Some may also interpret Halal as excluding shellfish.
- A less strict interpretation of a Halal diet may just involve the patient avoiding any products from a pig and alcohol.
- Observant Muslim men may cover from their navel to just below their knees.
- Observant Muslim women may wear a hijab (headscarf) and may prefer to be covered, not exposing their hands and face in company of non-related males.
- It's important for male medical professionals to knock on the door of women who wear hijab, in case she took it off in company of her family (husband, sons etc.) or other woman.
Egyptian rituals

- Handshakes are somewhat limp and prolonged, although they are always given with a hearty smile and direct eye contact.
- People are generally addressed by their given name.
- In any greeting between men and women, the woman must extend her hand first. If she does not, a man should bow his head in greeting.
- Muslims pray five times a day - at dawn, noon, afternoon, sunset, and evening.
- It is required to wash the face, hands and feet with water before praying (nursing assistance may be appreciated for patients with limited mobility).
- When the patient is praying it is important to not to disturb them or walk in front of them during prayers.
- During the holy month of Ramadan observing healthy, adult Muslims fast from dawn to dusk. Fasting includes abstaining from all food, beverages (including water), smoking, and gum. The patient is exempt from fasting if they are ill, pregnant, menstruating or have yet to reach puberty.

End-of-Life Care

- If the patient is a practicing Muslim, it is important and customary for the patient to be facing Mecca as they approach death.
- Muslims do not view death as final. Islam has a well-developed belief about afterlife, from the time of corporeal death to the Day of Resurrection.
- After a death, Muslims try to bury the body the same day.

Egyptian Resources

http://www.kwintessential.co.uk/resources/global-etiquette/egypt-country-profile.html (last updated 2016)
You are working with a valued Filipino patient

General Information

- Most Filipinos speak English, and Filipino and English are the national languages.
- Approximately 10% of the population is Protestant and celebrate many of the holidays also celebrated by the Roman Catholic Church.

Considerations before Providing Care

- Roman Catholic beliefs and practices are often followed, including reluctance to practice birth control and prohibition against abortion in most cases.
- Many Filipinos believe that what happens is God’s will and may be apathetic to extended treatments and alternative care.
- Initial greetings are formal and follow a set protocol of greeting the eldest or most important person first.
- A handshake, with a welcoming smile, is the standard greeting. Establishing eye contact and then raising and lowering the eyebrows is also a common greeting.
- Social conversation often revolves around personal issues and may include questions about family life and other social interactions.
- Filipinos may offer excuses rather than giving verbal expressions of “no.” A quick downward jerk of the head means “no” even though a Filipino may verbally say “yes.” Be aware of body language and ask for clarification.
- A Filipino may feel more comfortable being introduced by a third party as well as asking them to convey the concept of “no.”
- Any pointing gesture with the fingers can be insulting; a hand signal to beckon someone should be demonstrated by a small, palm-down, sweeping gesture.
- Filipinos often refer to something by pursing their lips or glancing toward the indicated item.
- To get someone’s attention, a small brush to someone’s elbow is most acceptable.
- Standing with your hands on your hips is considered an aggressive posture.
- Most decisions are made by family consensus. Everyone is treated with equal respect and conflict is avoided.
End-of-Life Care

- In a Filipino family, the decision to inform the patient about his or her terminal condition should be discussed and agreed upon by all family members. It is not uncommon that family members request that the physician not divulge the truth to protect the patient.

- Making preparations for one’s death is also considered to tempt fate. As a result, many traditional Filipinos are opposed to advance directives or living wills.

- A natural death is optimum and actions such as withholding life support or increasing pain medication are permissible in this natural process.

- If possible, visiting hours should be flexible to accommodate Filipino traditions of mourning for the patient according to their customs.

Filipino Resources

http://across.co.nz/Philippines.html (last updated 2005)
http://countrystudies.us/philippines/ (last updated 1991)
You are working with a valued French patient

General Information

- Roman Catholicism is the official state religion; however, there are a number of Protestants, Jews, and Muslims as well.

Considerations before Providing Care

- Family relationships, even distant ones, are very important in French culture.
- Many French people prefer to maintain a formal presence with those they do not know well.
- The French often give their last names first. Double check if you are unsure.
- Use the titles Monsieur (Mr.), Madame (Mrs.), or Mademoiselle for young girls.
- Always give a brief handshake upon meeting someone.
- Conversation should revolve around general topics; asking about someone’s personal life is considered rude and speaking of your own is considered shallow.
- Strong eye contact, large gestures, and excited tones don’t necessarily indicate anger or distress but interest and involvement.
- The French hold social standing in high regard (education, good behavior, clothing/home style, knowledge of the arts, and family line).
- The French consider it rude to chew gum during conversation, talk with hands in your pockets, snap the fingers of both hands, and to slap an open palm over a closed fist.
- The French often look at set times as flexible and it is acceptable to be “fashionably late.”

End-of-Life Care

- Traditionally, families have not had much information and say in the treatments provided to their loved ones in care. More recently, families have become more involved in life-determining decisions, including more daily patient-situation updates, more explanations about diseases and prognoses, and more attempts at knowing patients’ values and preferences.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
French Resources

http://www.everyculture.com/Cr-Ga/France.html (last updated June 2007)
You are working with a valued Ghanaian patient

General Information

- Ghanaians are primarily Christian, a lesser percentage are Muslim, and the remainder practice traditional beliefs. However, it is common for Christian and Muslim Ghanaians to hold some traditional beliefs as well.

Considerations before Providing Care

- Most worrisome health beliefs are those related to headaches and stomach upsets/pains. Other physical and common ailments are believed to be cured with traditional healing herbs, plants and other natural products by traditional healers. The most common remedy for any stomachaches is to purge and/or give enemas.

- Any persistent illness, be it mental or emotional, is suspicious of being orchestrated by witchcraft, curse, and punishment from dead spirits or ancestors, or getting the evil eye from an enemy.

- There is a fear that the use of metal on certain abscesses [in surgery] is taboo because it will surely cause death.

Traditionalist Beliefs

- Death is believed to be a weapon of power by the devil and no doctor can prepare one enough for its arrival.

End-of-Life Care

- Death is one of the most important events in society and ethnic and religious groups mark it with elaborate and lengthy funeral observances that involve the whole community. Days are spent on preparing for the funeral in most communities (except those of the Muslim faith who bury their dead within twenty-four hours).

Ghanaian Resources

http://guides.lib.udel.edu/index.php (last updated 2017)
http://www.ethnologue.com/country/GH  (last updated 2017)
You are working with a valued Greek patient

General Information

-Nearly all Greeks are Christian (Greek Orthodox) and follow the standard and celebrations of most American Christians. However, Greeks are generally not very religious as a population.

Considerations before Providing Care

- Greek culture is hierarchical. However, some Greeks may ignore given directions from authorities if they do not agree with them.
- To Greeks, time is often relatively flexible and being late to meetings or appointments is not seen as rude or unacceptable.
- Greeks traditionally take a long time to make a decision, weighing all options and the risks involved before coming to a conclusion.
- Greeks are more comfortable being introduced by a third party if that is an option.
- Greeks may give a long handshake or a hug when meeting someone new.
- Eye contact may be very direct. Do not take this as an attempt to make you uncomfortable as it is intended to show interest.
- Greeks tend to stand closer than is typically comfortable in the United States.
- Do not show an open palm to a Greek individual; it is an insult. If you must beckon to someone, sweep all four fingers toward yourself while your palm is facing the floor.
- Greeks tend to be rather informal.
- Greeks may say “no” by giving a short upward nod of the head, tipping the head to one side may indicate “yes” (ask for clarification if you are unsure).
- A smile may indicate sarcasm or irony, especially if given in the context of a disagreement or in frustration.

Traditionalist Beliefs

- Greeks tend to be rather fatalistic and illness or death may be viewed as “meant to be” and that nothing can be done to change this fate.

Greek Resources


Diversity and Inclusion Office
You are working with a valued Guatemalan patient

General Information

- Spanish is the official language. However, over 40% of the population speaks one of 23 Amerindian dialects used in the country's interior.

- National culture is composed of a blend of European and indigenous traits and is largely shared by Indians and Ladinos. (Ladinos are persons of mixed or non-indigenous race and heritage). Despite the hybridity of the culture, Ladinos and Indians have distinct histories and there is a legacy of racism and oppression.

- Guatemala has a predominant Roman Catholic religion combined with indigenous Maya religious rites to form a unique syncretic religion prevailing throughout the country. See section on Catholicism in the Notes on Religion section for information.

- Most Hispanics have two surnames: one from their father, which is listed first, followed by one from their mother. Only the father’s surname is used when addressing someone. See Glossary for definition of Hispanic.

- Guatemalan life revolves around families. Children are able to depend on their parents for advice and guidance throughout their lives. Family members tend to live near each other, and Guatemalans rarely live or spend much time alone. An invitation to a party or social function, for example, would be interpreted to include all the family members, including children and grandparents.

- Guatemalans typically greet one another with a warm handshake, always maintaining eye contact.

- In most urban settings, Guatemalans tend to be most comfortable at arms lengths from one another. Two and half to three feet is normal.

- Guatemala has a macho culture and women are treated differently than men. Traditionally, most women are expected to do all the housework and all the cooking.

End-of-Life Care

- Burial is performed within hours after death. If death occurs during the night, the body is interred the following day. As soon as a person dies, a specialist is summoned to clean the body and dress it for burial.
Traditionalist beliefs

- Sickness is combated with patent medicines, herbal remedies, and, in some cases, by prayer and special rites carried out by a shaman. Shamans are traditional healers – bonesetters, midwives, and herbalists. The most skilled are the h’men, doctor-priests who treat the minds, bodies, and souls of villagers. For the Maya, physical and spiritual health are one and the same. Doctors are not available except at great expense and travel.

- Death is usually attributed to natural causes but is sometimes ascribed to the malice of evil neighbors, to fright, induced by a malicious supernatural power, or to witchcraft. Children may also die of the evil-eye or because of quarreling parents. In the latter case, avenging ancestral spirits punish the children for the sins of their fathers.

- Many people believe that specific foods are classified as "hot" or "cold" by nature, and there may be temporary prohibitions on eating them, depending upon age, the condition of one’s body, the time of day, or other factors.

Guatemalan Resources

http://www.cyborlink.com/besite/guatemala.htm (last updated 2012)
You are working with a valued Indian patient

General Information

- Some Indians believe that good and bad health is a result of the interaction of three forces (Vata—movement, Pitta—heat or metabolism, and Kapha—physical build).
- The majority of Indians are Hindu (see Hinduism in the Notes on Religion section). However, a large segment of the population is Muslim as well (See Muslim in the Notes on Religion Section).

Considerations before Providing Care

- Many Indians are vegetarian and protein deficiencies may be a problem.
- Pregnancy is considered a “hot” condition and should be treat with “cold” foods like milk, vegetables, and tart foods.
- The left hand is considered unclean. Use only the right hand to eat and hand over a plate or other items.
- Beef is forbidden for most Indians and many avoid alcohol.
- The practice of fasting may affect dietary treatments.
- Cleanliness is a strong value and bathing every day before breakfast is important.
- Make every effort to pair female patients with female practitioners and care givers.

Communication

- Whistling may be considered rude.
- Winking has vulgar implications.
- Traditionally, the male head of the family is addressed in discussing any issues, medical or other, and will speak on behalf of the family.
- Indian women will tend to defer to their husbands to answer questions (if he is present).
End-of-Life Care

- The oldest son is responsible for performing the rites of the deceased.
- The family will want privacy to wash and prepare the body after death. Hindus will typically cremate the body, preferably on the same day as the death.
- The funeral and the last rites must be performed the proper way. There are specific instructions given in scripture that are to be performed upon the dead body before cremation. The family will want to take the body home quickly.

Indian Resources

https://www.britannica.com/place/India/People (last updated 19 May 2017)
http://hinduwebsite.com/ (last updated 2015)
http://www.thokalath.com/ (last updated 2017)
You are working with a valued Jamaican patient

General Information

- About 91% of Jamaicans are of African descent.
- Jamaican culture represents a rich blend of cultures that have inhabited the island. Spanish and British settlers, West African slaves, and Chinese and Indian immigrants have all brought cultural pieces.
- Over the past several decades, close to a million Jamaicans have emigrated, especially to the United States, the United Kingdom and Canada.
- The language of government and education is English, although the patois (slang) form of Jamaican Creole is widely spoken. Most Jamaicans can use both Patois and English depending on the circumstances and often combine the two.
- Jamaicans, in general, have a large interest in sports and can often be engaged in discussion around their favorite cricket or football (American soccer) teams.
- Most Jamaicans are Christian. The Rastafarian religion is a folk derivative of the larger Christian culture. It is based on selected teachings of the Bible and most known for its reggae music and Ethiopian influences. There is not a set dogma for the Rastafarian religion. There is also a very small Jewish presence in Jamaica.

Considerations before Providing Care

- Patients are often not provided with enough information to help them understand disease processes and what to expect as an ill person nears death. Be aware that caregivers may need to detail this information to the patient and the family.

Traditionalist beliefs

- Elements of ancient witchcraft remain in remote areas, most of which practices are described generally as Obeah (sometimes spelled “Obi”). Obeah is practiced in many Caribbean countries and aspects of this belief system can be seen throughout much of the traditional culture.
- Music and dance have always been important on Jamaica and is often associated with Christian holidays and observances. The current music of Jamaica is a fusion of many influences from the US, Africa, and many island nations.
- Be aware of the possible rites and/or expectations that may go along with belief in the more ancient and secretive cults of the country.

Diversity and Inclusion Office
End-of-Life Care

- Rastafarians may want to include music and specific cultural additions to dealing with the ill.

- Many individuals prefer to die at home rather than in hospital. This may be partially due to the traditional absence of pain relief and much-needed counseling, information, and financial support. These factors also increase the need for spiritual comfort.

Jamaican Resources

You are working with a valued Japanese patient

General Information

- Most Japanese practice Buddhism and/or Shintoism or a combination of both. However, most Japanese identify as non-religious or agnostic even if they maintain some religious practices.

Considerations before Providing Care

- Sometimes, family members may want to stay with the patient and offer care and support. In this case, it is wise to tell them the limit of the care-taking tasks provided by them to the patient if their care giving may interfere with the recovery or treatment process. It is also wise to explain how to give a patient care if you decide to accept their willingness to help.

- Many Japanese may avoid showing pain or discussing health changes depending on a person or situation. You may need to inquire directly regarding comfort levels or provide treatment without having the patient admit to a certain amount of suffering.

- There is a general stigma associated with mental illnesses. It is difficult for Japanese people to recognize that they are affected by mental illnesses. In general, it is difficult for them to accept treatment for mental illness even if the person afflicted understands or their family recommends treatment.

- Patients may prefer to eat with chopsticks but they use utensils such as fork, knife, and a spoon on a regular basis. If chopsticks are used, do not stick them in rice. Leave chopsticks on the tray.

- Hair washing occurs daily or several times per week, and nails are generally kept short and clean.

- Japanese women may be modest with family members including their elders, and children.

- A female caregiver is likely to be more accepted by a Japanese patient than a male caregiver.

- Men generally are the decision makers and are given the respect in traditional Japanese families.

- The concept of saving face is still very important in Japanese culture. They tend to avoid or hide anything that may bring shame to the family or community, no matter how small it is.

- Communicate respect, especially to elders. Formality in speech and manner is preferred.
- Address people as Mr., Mrs., Dr., etc., with their last names in general. You may ask them if they prefer their first name. Put Mr., Mrs., Dr., etc., with the first name as well.

- A handshake is acceptable, but no other touching. A slight bow may be appropriate.

- Smiling or laughing often is a reaction to cover embarrassment or discomfort. These reactions should be expected when discussing serious medical concerns or delicate situations.

- Indirectness in conversation is preferred and confrontation is often avoided in Japanese. However, indirectness in conversation in English may create more complication in conversation due to the language difficulty.

- A verbal “yes” may be given in order to be polite and may not necessarily express agreement. If you give them a negative question, their answer can be totally reversed. Be cautious.

- A third party may be helpful when communicating problems or discomfort.

**Traditional Beliefs**

- Illness may be thought to be a lack of bodily balance and harmony of energies.

- Many Japanese ascribe to both Eastern and Western influences on health and along with the newest technologies will want to incorporate “body balancing” practices.

- Open or frank discussion on dying and death may be difficult depending on the degree to which a person or their family maintains traditional culture.

- Elders may wish to defer decision-making to their children, relatives, any family members, and often to their oldest son.

- The numbers 4 and 9 are symbols for death in the Japanese culture among those who are superstitious.

**End-of-Life Care**

- There is a desire not to burden others with the sadness and grief that comes with impending loss.

- The Japanese Americans may try to put off the time to utilize nursing homes for their elders compared to their non-Asian American counterparts. However, they prefer to utilize nursing homes if the situations are critical, affordable, and the patient wishes to utilize the facilities.

- A family member may moisten the lips of an individual immediately following death. Please ask a family member if they need time to proceed with tradition before taking care of the body.

- A family member may wish to keep a lock of the deceased’s hair.

Diversity and Inclusion Office
Traditionally, organ donation is not favored. They are likely to mention it before the death comes, but it depends on the situation.

Japanese Resources

https://www.britannica.com/place/Japan/People (last updated 13 Mar. 2017)
You are working with a valued Laotian patient

Considerations before Providing Care

- The primary language is Lao, however there are other Laotian dialects spoken by the ethnic minority groups living in Laos. The Lao language is a very polite language with multiple tiers of politeness.

- Laos is a single party, communist, authoritarian state with a poor human rights record including harsh prison conditions; severe restrictions on the freedoms of expression, association, and assembly.

- Theravada Buddhism is the main religion.

- Laotians typically socialize as families, and most live in extended families with three or sometimes more generations sharing one house or compound.

- Never touch a person on the head, as this is considered the most precious part of the body.

End-of-Life Care

- After death, a bathing ceremony takes place in which relatives and friends pour water over one hand of the deceased.

- Theravada Buddhists follow the Indian custom of burning the body at death.

- At cremations it is quite common for wealthy people to have printed for distribution books and pamphlets setting forth Buddhist teachings in the form of essays, translation of the sutras, historical sketches and explanations of ceremonies.

Traditional beliefs

- It is believed that as soon as the death of the body has taken place, the personality goes into a state of trance for four days. During this time the person does not know they are dead. This period is called the First Bardo and during it, Lamas (monks) saying special verses can reach the person.

Laotian Resources

http://www.everyculture.com/Ja-Ma/Laos.html (last updated Apr. 2007)
http://www.laos-guide-999.com/Laos-culture.html (last updated 2014)
http://www.buddhanet.net/e-learning/history/funeral1.htm (last updated 2017)
You are working with a valued **Mexican** patient

**General Information**

- In Mexican culture, the expectation of working and socializing together is a key component of society and has a basis in the strong ties formed within the family.
- Some drugs that require a prescription in the U.S. are sold over the counter in Mexico.
- The majority of Mexicans are Roman Catholic (89%) and Protestant (6%).

**Considerations before Providing Care**

- Never discuss the Mexican-American war, poverty, “illegal aliens,” or earthquakes.
- Conversations take place at a close physical distance. Stepping back may be regarded as unfriendly.
- Mexican men are warm and friendly and make a lot of physical contact. They often touch shoulders or hold another’s arm. To withdraw from this touch is considered insulting.
- Standing with your hands on your hips suggests aggressiveness and keeping your hands in your pockets is impolite.
- Mexicans may not make eye contact. This is a sign of respect and should not be taken as an affront.
- Men shake hands upon meeting and leaving and will wait for a woman to be the first to offer her hand. Women may shake hands with men and other women. Many times a woman may pat another woman’s shoulder or forearm, or kiss on the cheek.
- Punctuality is not rigid because of the emphasis on personal obligations. The best time for appointments is between 10:00 a.m. and 1:00 p.m., with late afternoon a second choice.
- Refrain from using first names until invited to do so. Titles are important and should be included on business cards. You may directly speak to someone by using his or her title only, without including the last name.
- People without professional titles are addressed using Mr., Mrs., or Miss and his or her surname. Señor is Mr., Señora is Mrs., and Señorita is Miss.
- Mexican’s use a “psst-psst” sound to catch another’s attention in public. This is not considered rude.
Traditional Beliefs

- In some Mexican communities, *curanderos* (traditional healers) use indigenous folk medicine and spiritual and Christian faith health to treat ailments and “cleanse” spiritual impurities.

- Traditional medicine, as an alternative practice to official medicine, maintain its effectiveness and social legitimacy for a wide sector of the population.

- Sickness may be seen as an imbalance caused by the lack of harmony or the breaking of the laws of the cosmos.

End-of-Life Care

- Palliative care is traditionally substandard in Mexico and some individuals may not know what to expect with end of life care. Caregivers should be prepared to ask individuals if they understand procedures and they should clearly explain all options available.

- The use of alternative medicines at the end of life will be of great importance to many Mexican individuals.

Mexican Resources

You are working with a valued Pakistani patient

Considerations before Providing Care

- Many Pakistani speak English. English and Urdu are official languages in Pakistan.
- Over 95% of Pakistanis are Muslim.
- Pork and alcohol are forbidden. Avoid prescribing medication coated with pork-extracted gelatin and drugs containing alcohol, if possible. Pakistani Muslims eat meat only from animals killed in a certain manner (Halal).
- The left hand is considered unclean, therefore, when handing someone’s food, use the right hand.
- Fasting (from eating and drinking) during the month of Ramadan (lunar calendar) is expected; exceptions to the fast are the sick and women who are pregnant, nursing and/or menstruating.
- Make every effort to pair female patients with female practitioners and care givers. Changing linens and clothing should be done by female staff.
- Avoid shaking hands with patients/family members of a different gender.
- Traditionally the male head of the family should be addressed when discussing medical or other issues. This male head will communicate the decisions made.
- Approach any discussion about sex carefully; it is a sensitive subject.

End-of-Life Care

- If possible, place the patient with his or her head facing Mecca (northeast).
- Ask someone to recite the Shahdah (this can also be tape-recorded by a family member and played), or contact Pastoral Care at extension 62466.
- Allow family to arrange for the ritual washing of the body and to make arrangements for proper funeral and burial of miscarriages.
- Avoid artificial life support for a patient in a vegetative state for a prolonged period.
- Avoid cremation, embalming, and autopsies unless it is required by law or for medical research and respect for the body can be guaranteed.

Pakistani Resources


Diversity and Inclusion Office
You are working with a valued **Polish** patient

**Considerations before Providing Care**

- Poland today is ethnically almost homogeneous (98% Polish) and Poles may be slow to interact with individuals of racial and cultural diversity.

- Poles often tend to be passive about health care and preventative medicine. They will rarely seek additional information or alternative treatments. Practitioners may need to provide numerous options for care and give steady encouragement to follow up on suggestions.

- Approximately 95% of the Polish population is Roman Catholic.

- Poles prefer to be introduced by a third party when available.

- Eye contact is expected when holding a conversation.

- Always shake hands when meeting someone for the first time. Poles typically shake hands upon meeting and when leaving a conversation. Shake hands with everyone in the room.

- Always address adults formally using a title.

- Poles are usually quiet and reserved and dislike loud public behavior.

- Casual touching is unusual except for close friends and family. Arms-length or more is an acceptable distance for conversation.

- Poles are typically very sensitive to the feelings of others and direct communication may suffer because of the fear of hurting one’s feelings.

**End-of-Life Care**

- Poles believe that they do have some control over their future and will work to make changes that they see as important. Not as fatalistic as some other cultures, they may be more willing to try alternative treatments and “hand on” through illness.

- Embalming is not typically used.

**Polish Resources**

[https://www.britannica.com/place/Poland/Health-and-welfare#toc256685](https://www.britannica.com/place/Poland/Health-and-welfare#toc256685) (last updated 2 June 2017)

You are working with a valued Puerto Rican patient

General Information

- Approximately 99% of Puerto Ricans are Christian.

Considerations before Providing Care

- Family ties are strong and extended families are the norm. Families are expected to support each member and to provide emotional, social and financial guidance and support.
- Traditionally, because of close family ties, Puerto Rican children are raised by more than just their biological parents.
- Young women and girls should not be left with a man without chaperones present.
- Make an effort to pair female patients with female practitioners and caregivers.
- Expect a conversational distance that is closer than the traditional American norm.
- Puerto Ricans believe strongly in the need for personal relationships and will be more comfortable and willing to follow the directives of caregivers who develop rapport and a sense of trust.

Traditionalist Beliefs

- Puerto Ricans may exhibit a fatalistic view of an illness and require encouragement that medical treatments can be beneficial and to stay positive.
- Puerto Ricans frequently use folk remedies when dealing with illness. For older patients, be aware of this and ask to see what is being used that might interfere with medication and/or treatment.
- Traditionally, the concept of machismo is strong within families and the community. Men are often considered head of families and often make decisions for its members.

Puerto Rican Resources

You are working with a valued Russian patient

General Information

- Approximately 85% of Russians are members of the Russian Orthodox Church.
- There are an estimate 21-28 million Muslims in Russia, constituting approximately 15% of the population. Relations between the Russian government and Muslim members of the population have been marked by mistrust and suspicion.
- There is also a growing Russian Jewish population in the United States.

Considerations before Providing Care

- Russian is the common official language throughout the Russian Federation understood by 99% of its current inhabitants and widespread in many adjacent areas of Asia and Eastern Europe.
- Upon arrival to a medical facility, caregivers should be aware of the popular use of herbal medicine in Russia.
- Many Orthodox Christians fast every Wednesday and Friday. In general, fasting refers to abstaining from meat, fish, dairy, and other animal products; and for symbolic reasons olive oil and wine. There are also four major fasting periods during the year (you may want to ask a patient about these times).
- Men in Russia will always shake hands upon meeting. It is taboo to shake hands with gloves on. Shaking hands and giving things across the threshold is also taboo.
- It is impolite to point with your finger. But if you must point, it’s better to use your entire hand instead of your finger.
- Whistling indoors is considered very rude.
- Traditional Russian cheek kissing is done using three kisses. However, it is not used upon every greeting.

Russian Resources

https://www.britannica.com/place/Russia/Housing#toc38627 (last updated 20 Apr. 2017)
You are working with a valued **South Korean** patient

**General Information**

- Korean is the official language of South Korea and is widely spoken in Korean communities abroad.
- Koreans value scholarship very highly, emphasizing learning and rewarding education.
- Koreans highly value respect and make all effort to avoid being rude to anyone, especially elders, supervisors, or guests.
- Family lineage and duty is of great importance to many Koreans.

**Considerations before Providing Care**

- It is estimated that there are over one million Koreans living in the United States, many of those individuals are in California, New York, Hawaii, Illinois, and Texas.
- Do Not Resuscitate orders would be common because prolonging life is seen as unacceptable.
- Organ donation and transplantation is seen as a disturbance in the integrity of the body.
- Family members will want to provide a great deal of the care to an individual, even when hospitalized. They are a good resource for the true level of pain an individual is experiencing.
- There is still much stigma attached to mental illness.
- Information should be given on preventative measures since Koreans tend to focus on curative issues.
- Be aware that the individual may be using herbal remedies or other cultural healing practices (cupping, acupuncture, etc.). You will need to assess for drug interaction.
- A Korean person’s stated age may be one or two years more than their age expressed in the Western tradition because Koreans are regarded as one-year-old when they are born, and their age increases on New Year’s Day rather than on the anniversary of their birthday.
- You may need to encourage Korean patients and family members to access social workers, counselors, and other support staff.
- It is culturally unacceptable and disrespectful to assume familiarity between acquaintances too soon and to address others by their first names unless the person is a family member or well-established friend.

- Many Koreans see meaningful conversation as highly regarded while small talk is often seen as pointless.

- Communication of feelings through facial expressions is uncommon. Koreans will often avoid eye contact. Smiling and joking are acceptable only in certain situations under certain conditions.

- Personal space is important to many Koreans and overly familiar touching is seen as disrespectful. Koreans will accept the touch of a doctor or caregiver, but may be resistant to “therapeutic touch.”

- Children receive minimal teaching about sexual practices. The only formal instruction concerns the menstrual cycle, which is taught to the females only. Information regarding pregnancy and childbirth or sexually transmitted diseases may need to be provided.

**Traditional Beliefs**

- In traditional Korean society, the first son and his wife are responsible for taking care of the parents as they age. Feelings of guilt may arise if the first son and his wife think they may have been able to do something more to ease the person from life to death.

- Traditional Korean belief values dying at home. Illness is sometimes seen as a disharmony between the natural forces of yin and yang. Maintaining one’s inner peace and calm state of mind is important to most Koreans and should be especially respected during illness and in times of death.

- Among older or tradition-minded Koreans, illness is often seen as one’s fate and hospitalization may be seen as sign of impending death.

- Because of the combination and diversity of spiritual beliefs, assessment should be made before spiritual care is introduced.

- Traditionally, many Koreans believed that once a family member dies, they remain in spirit form within the family circle. To traditional thinking Koreans, the presence of the deceased can be a very real and personal one.

**Korean Resources**

You are working with a valued Thai patient

Considerations before Providing Care

- Most Thai people are friendly, polite and tolerant, as well as remarkably kind and patient.
- The official language is Thai.
- Nearly 95% of Thai are Buddhists.
- Food is generally eaten with a fork and a spoon. Chopsticks are rarely used.
- Winking is inappropriate.
- Thai regard the head as the highest part of the body both literally and figuratively. As a result, they do not approve of touching anyone on that part of body; even in a friendly gesture. Do not touch anyone’s head particularly the head of someone’s child. Children are held in very high regard in Taiwan.
- Elders are shown great respect and will make family decisions.
- Modify vocal tone and volume as not to appear loud.

Thai Resources

You are working with a valued Turkish patient

Considerations before Providing Care

- Turkish is the official language, but there are a number of different languages and dialects found.

- Be aware of generally permissible procedures: circumcision (strongly encouraged); blood transfusions; in vitro fertilization; organ transplantation’ genetic engineering; organ donation; and abortion (traditional teachings say the soul is created after the third month; contemporary teachings say life begins upon conception).

- Make every effort to pair female patients with female practitioners and care givers.

- Approach any discussion about sex carefully as it is often a sensitive subject.

End-of-Life Care

- Allow family to arrange for the ritual washing of the body.

- Avoid cremation or embalming, unless it is required by law.

- Avoid autopsies, unless it is for medical research and respect for the body can be guaranteed.

Turkish Resources

http://www.at-la.com/@la-mid.htm (last updated 2012)
You are working with a valued Ukrainian patient

Considerations before Providing Care

- Upon meeting, Ukrainians will typically shake hands and give their name instead of saying hello.

- Address individuals as Mr., Mrs., or Dr.

- Ukrainians tend to be independent and self-reliant. Asking for and accepting help may be viewed as weakness.

- The traditional American “ok” sign (forefinger and thumb together in a circle) is an offensive gesture as is making any gesture with a shaking fist.

End-of-Life Care

- Ukrainians tend not to attempt to stave off death through artificial means.

Ukrainian Resources

You are working with a valued Vietnamese patient

Considerations before Providing Care

- Some Vietnamese follow Buddhist concepts. Buddhism on the whole is best understood not as a religion in the Western sense but most a philosophy of life. For Buddhists, these beliefs impact their thoughts on health care and practice. See the section on Buddhism in Notes on Religion.

- Pain and illness are sometimes endured and health-seeking remedies delayed. Similarly, preventive health care has little meaning in this philosophy.

- Vietnamese frequently discontinue medicines after their symptoms disappear; similarly, if symptoms are not perceived, there is no illness. Be prepared to discuss the need to continue medications in full.

- Vietnamese in this country are not likely to be confrontational with their American counterparts; in disagreement, a “face-saving” measure of avoidance or superficial acceptance is preferred to questioning or defiance, especially of those in positions of superiority, such as doctors.

- The family unit is more important than the individual, with less emphasis on the individual. Accordingly, health care decision-making is frequently a family matter and the family will typically be involved in treatment.

- *Note that people in the U.S. are likely to not identify with current Vietnamese government or flag because of historic oppression.

Vietnamese Resources


Diversity and Inclusion Office
Notes on Sexuality and Gender Identity

The following section consists of information on patients you might encounter who are not heterosexual and/or cisgender. Some terms will be briefly defined here, but if you get confused you can always check the Glossary for a more comprehensive definition.

Sexuality

Sexuality is a trifecta consisting of sexual behavior, sexual attraction, and sexual orientation (or identity). These three things are often conflated, and for most people it is okay to lump them all together. However, it is crucial as a healthcare provider to remember that patients’ current sexual identity may not speak to their past sexual experiences. For example, it is possible that a lesbian has had sex with men.

It is often assumed in our society that everyone is straight and cisgender. While these assumptions hold true for most people, remember that you should never assume that someone is straight and cisgender.

Gender Identity

You may have heard of transgender people. Transgender (or trans for short) is an umbrella term used to refer to those whose gender identity differs from the sex they were assigned at birth, and for those whose gender expression differs from what is culturally expected of them. Trans people can identify as genderqueer, agender, gender fluid, and gender non-conforming, to name just a few. They can also identify as women or men; a trans woman is a woman who was designated male at birth but who identifies as a woman (note the absent asterisk). While some trans people may desire to transition (have sex-reassignment surgery), others do not.

So if you’re not trans, then what are you?

Cisgender (or just “cis”) individuals have a gender identity that is aligned with their sex assigned at birth. Most people are cisgender. Their self-perception and gender expression match behaviors and roles considered appropriate for that sex.

Preferred Gender Pronouns and Names

Many trans people do not use the pronouns associated with their assigned sex. It is highly offensive to use incorrect pronouns to refer to someone. Calling them preferred pronouns is actually a misnomer. They are not preferred; it is just their pronoun.

It may feel strange to use they/them/their as singular pronouns, but such usage is grammatically correct. Think of what happens if you call a friend’s dog or cat “she,” and your friend corrects you, saying “he.” It’s normal to use correct gender pronouns when referring to animals. People are no different.

Respect the pronouns your patient gives.
To create a safe environment, give a patient your preferred pronouns first and then ask for theirs.

Correct terminology for gender and sexual minorities changes constantly, and not all agree on what is appropriate. Be open to learning new terms and don't argue with patients on how they identify. It’s their identity, not yours.

It is not uncommon for trans people to have a name they use different from their legal name. They may have chosen a new name because their legal one does not reflect their gender identity. Always use the name the patient uses.

### Pronoun Use and Pronunciation Guide

<table>
<thead>
<tr>
<th>Nominative (subject)</th>
<th>Object (object)</th>
<th>Possessor determiner</th>
<th>Possessive Pronoun</th>
<th>Reflexive</th>
</tr>
</thead>
<tbody>
<tr>
<td>He</td>
<td>He laughed</td>
<td>I called <em>him</em></td>
<td><em>His</em> eyes gleam</td>
<td>That is <em>his</em></td>
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<td><em>Their</em> eyes gleam</td>
<td>That is <em>theirs</em></td>
</tr>
</tbody>
</table>

### Tips for Working with Gender and Sexual Minorities

- **Don’t make assumptions** about behavior, including sexual behavior, based on sexual orientation. Orientation (or identity) is what you are, not what you do.
- **Don’t question the legitimacy of someone’s identity.** If they say they are bisexual, then they are.
- Being transgender is **not mutually exclusive** with being a woman or man.
- Domestic violence can occur in same-sex relationships.
- **Never assume** a patient’s gender based on appearance or sex.
- Ask every patient for their preferred gender pronouns.
You are working with a valued Asexual patient

What does it mean to be asexual?

- Asexual people (aka aces) do not experience sexual attraction. It is a sexual orientation, just like homosexual or bisexual. Being an orientation, asexuality refers to what people are, not what they do.

- Aces can have romantic and/or sexual relationships.

- Sexual attraction is a spectrum; similar to asexual is the identity of gray-sexual or gray-asexual. These people fall somewhere between asexual and sexual, experiencing sexual attraction very rarely, only under specific circumstances, or so little that it’s negligible.

- At least 1% of the population is believed to be asexual.

Asexuality is not...

- An abstinence pledge

- Celibacy

- A gender identity

- A disorder

- A hormone imbalance

- A fear of sex or relationships
Considerations before Providing Care

- Not experiencing sexual attraction does not mean not engaging in any sexual behaviors. Many aces have had sex and will continue to have sex, and as such are at risk for STIs. Ask questions about behaviors they have engaged in, not questions about who they are attracted to.

Asexual Resources

http://asexuality.org/?q=overview.html (last updated 2017)
https://www.glaad.org/reference/lgbtq (last updated 2017)
Flag: https://www.glaad.org/blog/mashable-publishes-date-compilation-lgbt-flags-and-symbols
You are working with a valued **Bisexual** patient

**What does it mean to be bisexual?**

- Bisexuals are people who are sexually and/or emotionally attracted to two or more sexes.

- **Individual definitions of bisexuality may vary.** Some bisexuals interpret the “bi-“ as in “two” literally and are only attracted to women and men, others are attracted to more. Others understand it to mean “two” as in attraction to two or more sexes.

- Sometimes, people identify as bisexual first and gay later. This does not mean that all bisexuals do this, nor that bisexuality is a stepping-stone to homosexuality.

- Some bisexuals’ sexual attraction is dynamic, shifting and fluctuating at varying rates.

**Bisexual people are not…**

- Confused about their sexual identity
- Promiscuous
- Attention-seeking
- Going through a phase

**Considerations before Providing Care**

- Sexual attraction is not the same as sexual behavior. Ask specific questions about bisexuals' sexual partners; they could be people of any sex.

**Bisexual Resources**

- [https://www.glaad.org/reference/lgbtq](https://www.glaad.org/reference/lgbtq) (last updated 2017)
- Flag: [https://www.glaad.org/blog/mashable-publishes-date-compilation-lgbt-flags-and-symbols](https://www.glaad.org/blog/mashable-publishes-date-compilation-lgbt-flags-and-symbols)
You are working with a valued Gay patient

What does it mean to be gay?

- Gay people, or homosexuals, are people who are sexually and/or romantically attracted to the people of the same gender. A gay person could be any gender, though gay women sometimes prefer lesbian.

Gay people are not...

- Going through a phase
- Obsessed with sex

Considerations before Providing Care

- Many gay people do not like others to call them “homosexual” because it has been used as a derogatory term. Using “gay” is appropriate.

- Being gay does not mean a patient has not had sex with people of other sexes. Similarly, a straight person who has engaged in same-sex sexual behaviors is not necessarily gay. One study in New York found that 73% of those who reported sexual activity with cisgender men identified as straight.

- Homophobia is rampant in every corner of the world, and being gay can be a highly stigmatized identity. Many gay people may not be out (or open) about their sexual orientation to their family, friends, or anyone.

Gay Resources

PFLAG of Greater Worcester
4 Mann Street, Worcester, MA 01602
http://www.worcesterpflag.org/lgbt-resources.html (last updated 2017)

https://www.glaad.org/reference/lgbtq (last updated 2017)
Flag: https://www.glaad.org/blog/mashable-publishes-date-compilation-lgbt-flags-and-symbols
You are working with a valued Gender non-conforming patient

What does it mean to be a Gender non-conforming person?

- A gender non-conforming person does not identify as a woman or man; their gender lies outside of the gender binary of woman or man. While some may identify as gender non-conforming, it is also an umbrella term. Specific identities within non-binary can include agender, genderqueer, or bigender.

Gender non-conforming people are not...

- Confused about their gender

Considerations before Providing Care

- Many GNC people do not use the pronouns associated with their assigned sex. It is highly offensive to use incorrect pronouns to refer to someone. Calling them preferred pronouns is actually a misnomer. They are not preferred; they are mandatory. To create a safe environment, give a patient your preferred pronouns first and then ask for theirs.

- Keep in mind that some people have different preferences for what they like to be called. Be open to learning new terms and don’t argue with patients on how they identify. It’s their identity, not yours.

- If you have questions about a person’s biological sex, ask what sex they were assigned at birth.

- Do not ask about what gender were they when they were born. That question implies that the gender they identify as now is less valid or real.

- It is not uncommon for trans individuals to have a name they use different from their legal name. They may have chosen a new name because their legal one does not reflect their gender identity. Always use the name the patient uses.

- Trans people often use pronouns different from their assigned sex. They, them, theirs, ze, zir/zem, xirs/xes, and ze, hir, his are all possible pronouns trans people use. They are all grammatically correct. See the Pronoun Pronunciation Guide in the Notes on Gender and Sexual Minorities section to learn how to say them.

Terms to Avoid

- *Transgenders, a transgender:* Trans or transgender is an adjective, not a noun. Use GNC or non-binary.

Diversity and Inclusion Office
Biologically fe/male, genetically fe/male, born a wo/man: Asserting the false primacy of sex, these terms imply that a trans* person is not really the gender they claim to me. Instead use assigned or designed fe/male at birth. Further, because chromosomes and hormones affect sex, these terms imply that genitals alone determine sex.

Gender non-conforming Resources

You are working with a valued **Intersex** patient

**What does it mean to be intersex?**

- A person whose bodily or hormonal sex characteristics cannot be categorized as male or female. This may be due to external differences in genitalia, hormonal conditions, such as androgen, or insensitivity syndrome or chromosomal variance. Do not use *hermaphrodite*.

**Intersex people are not…**

- The same as trans* people. Most intersex individuals identify as female or male. If you’re confused about the difference between sex and gender, see the above section called “Notes on Gender and Sexual Minorities” to learn more.

**Considerations before Providing Care**

- For newborns who are intersex, surgeries done to make the genitals look more “normal” **should not be done**. Of course, medical procedures necessary for sustaining health should be performed.

**Terms to Avoid**

- *Intersexed*: Grammatically speaking, adding the “-ed” suffix is used to turn a verb into a participle. *Intersex* is a noun, not a verb. Saying *intersexed* is both grammatically incorrect and insulting.

**Intersex Resources**


Flag: [https://www.glaad.org/blog/mashable-publishes-date-compilation-lgbt-flags-and-symbols](https://www.glaad.org/blog/mashable-publishes-date-compilation-lgbt-flags-and-symbols)
You are working with a valued **Lesbian** patient

**What does it mean to be lesbian?**

- Lesbians are women who are sexually and/or romantically attracted to people of the same sex.

**Lesbians are not...**

- Man-haters
- Going through a phase

**Considerations before Providing Care**

- Being a lesbian does not mean a patient has not had sex with people of other sexes. Over 75% of lesbians have reported prior sexual experiences with cisgender men. Similarly, a straight woman who has engaged in same-sex sexual behaviors is not necessarily a lesbian.

- Homophobia is rampant in every corner of the world, and being a lesbian can be a highly stigmatized identity. Many lesbians may not be out (or open) about their sexual orientation to their family, friends, or anyone.

- Many—but not all—lesbians are comfortable being referred to as “gay” as well as “lesbian.”

**Lesbian Resources**

PFLAG of Greater Worcester
4 Mann Street, Worcester, MA 01602
http://www.worcesterpflag.org/lgbt-resources.html (last updated 2017)

https://www.glaad.org/reference/lgbtq (last updated 2017)
Flag: https://www.glaad.org/blog/mashable-publishes-date-compilation-lgbt-flags-and-symbols
You are working with a valued Pansexual patient

What does it mean to be pansexual?

- Pansexuals are people who are sexually and/or emotionally attracted to two or more sexes.

- **Individual definitions of pansexuality may vary.** Some pansexuals interpret the “pan-” as in “all” literally and are attracted to people of all genders. Others may be only attracted to some genders, or their definition of pansexuality may be identical to another’s definition of bisexuality. That individual definitions of pan/bisexuality can vary does not mean that one is more valid than the other, or that anyone’s interpretation of their sexual identity is wrong.

- Sometimes, people identify as pansexual first and gay later, or bisexual first and pansexual later. This does not mean that all pansexuals do this, nor that bi/pansexuality is a stepping-stone to homosexuality.

- Some pansexuals’ sexual attraction is dynamic, shifting and fluctuating at varying rates.

Pansexuals are not...

- Confused about their sexual identity
- Promiscuous
- Attention-seeking
- Going through a phase

Considerations before Providing Care

- Sexual attraction is not the same as sexual behavior. Ask specific questions about pansexuals’ sexual partners; they could be people of any sex.

Pansexual Resources

https://vaden.stanford.edu/health-resources/lgbtqia-health/pansexuality (last updated 2017)
Flag: https://www.glaad.org/blog/mashable-publishes-date-compilation-lgbt-flags-and-symbols

Diversity and Inclusion Office
You are working with a valued Queer patient

What does it mean to be queer?

- In essence, a queer person is someone who is not heterosexual (or straight).
- Queer is a word that has been used as a derogatory slur against sexual minorities. However, many sexual minorities have reclaimed the word and identify with it. Its meaning could be unique to any individual.
- Within the sexual minority community, queer can be used as an umbrella term in place of the lengthy acronym, LGBTQAIP.

Queer people are not...

- Confused about their sexual identity
- Going through a phase

Considerations before Providing Care

- Being queer does not mean a patient has not had sex with people of other sexes. Always ask who the patient has had sex and do not make assumptions about their sexual behavior based on sexual orientation.
- Homophobia is rampant in every corner of the world, and being queer can be a highly stigmatized identity. Many queer people may not be out (or open) about their sexual orientation to their family, friends, or anyone.
- Because queer is such a broad identity, some queer people are comfortable being referred to as another sexual orientation, such as lesbian or bisexual. You should always ask what the patient prefers.
- Queer should only be used to refer to patients who specifically identify as such. While it can be used as an umbrella term to refer to all sexual minorities, many gender and sexual minorities consider its use offensive when used outside of their community.

Queer Resources

Flag: https://www.glaad.org/blog/mashable-publishes-date-compilation-lgbt-flags-and-symbols

Diversity and Inclusion Office
You are working with a valued Transgender Male patient

What does it mean to be a transgender man?

- Transgender (or trans for short) is an umbrella term used to refer to those whose gender identity differs from the sex they were assigned at birth, and for those whose gender expression differs from what is culturally expected of them.

- If you’re confused about the difference between sex and gender, see the above section called “Notes on Gender and Sexual Minorities” to learn more.

Transgender men are not...

- Confused about their gender
- “Fake” men
- Tomboys

Considerations before Providing Care

- Many trans people do not use the pronouns associated with their assigned sex. It is highly offensive to use incorrect pronouns to refer to someone. Calling them preferred pronouns is actually a misnomer. They are not preferred; it is just their pronoun.

- Correct terminology for trans individuals changes constantly, and not all trans individuals agree on what is appropriate. Given that, keep in mind that some people have different preferences for what they like to be called. Be open to learning new terms and don’t argue with patients on how they identify. It’s their identity, not yours.

- Do not ask about what gender a person is born as. That question implies that the gender they identify as now is less valid or real. If you have questions about their biological sex, ask what sex they were assigned at birth.

- It is not uncommon for trans individuals to have a name they use different from their legal name. They may have chosen a new name because their legal one does not reflect their gender identity. Always use the name the patient uses.

- Trans people often use pronouns different from their assigned sex. They, them, theirs, ze, zir/zem, xirs/xes, and ze, hir, his are all possible pronouns trans people use. They are all grammatically correct. See the Pronoun Pronunciation Guide in the Notes on Gender and Sexual Minorities section to learn how to say them.
Transgender Resources

http://www.common-grnd.com/transgender.htm (last updated 2010)
https://www.cdc.gov/lgbthealth/transgender.htm (last updated 18 May 2017)
https://www.glaad.org/transgender (last updated 2017)
Flag: https://www.glaad.org/blog/mashable-publishes-date-compile-lgbt-flags-and-symbols
You are working with a valued **Transgender Female** patient

**What does it mean to be a transgender woman?**

- Transgender (or trans for short) is an **umbrella term used to refer to those whose gender identity differs from the sex they were assigned at birth, and for those whose gender expression differs from what is culturally expected of them.**

- If you’re confused about the difference between sex and gender, see the above section called “Notes on Gender and Sexual Minorities” to learn more.

**Transgender women are not…**

- Confused about their gender
- “Fake” women

**Considerations before Providing Care**

- Many trans people do not use the pronouns associated with their assigned sex. It is highly offensive to use incorrect pronouns to refer to someone. Calling them *preferred* pronouns is actually a misnomer. **They are not preferred; it is just their pronoun.**

- Correct terminology for trans individuals changes constantly, and not all trans individuals agree on what is appropriate. Given that, keep in mind that some people have different preferences for what they like to be called. **Be open to learning new terms and don’t argue with patients on how they identify. It’s their identity, not yours.**

- Do not ask about what gender a person is born as. That question implies that the gender they identify as now is less valid or real. If you have questions about their biological sex, ask what sex they were assigned at birth.

- It is not uncommon for trans individuals to have a name they use different from their legal name. They may have chosen a new name because their legal one does not reflect their gender identity. **Always use the name the patient uses.**

- Trans people often use pronouns different from their assigned sex. *They, them, theirs, ze, zir/zem, xiis/xes,* and *ze, hir, his* are all possible pronouns trans* people use. **They are all grammatically correct.** See the Pronoun Pronunciation Guide in the Notes on Gender and Sexual Minorities section to learn how to say them.
Transgender Resources

http://www.common-grnd.com/transgender.htm (last updated 2010)
https://www.cdc.gov/lgbthealth/transgender.htm (last updated 18 May 2017)
https://www.glaad.org/transgender (last updated 2017)
Flag: https://www.glaad.org/blog/mashable-publishes-date-compilation-lgbt-flags-and-symbols
Notes on Religion

Religion may play a crucial role in patients’ identities and lives, influencing their beliefs on health care, medicine, and relationships.

Keep in mind that there is a large diversity in religion and that people with the same religious identity may not share the same religious or cultural beliefs. As such, many of the suggestions for care may not apply to everyone with a particular religious affiliation. Further, because people are complex and made up of multiple identities, a patient’s religion may not be the most salient aspect of their lives.

Avoid stereotyping or making assumptions about a patient based on their religion.
You are working with a valued Amish patient

General Information

- The Amish follow a strict form of Christianity and most celebrate traditional Christian holidays.

- The Amish are anti-individualistic and have a deep commitment to community. Caregivers should be aware that community members are often as valued as bloodline family members.

- The Amish are divided into separate, diverse fellowships consisting of geographical districts or congregations. Each district is fully independent and has its own set of unwritten rules. Caregivers should be aware that rules may vary depending on the district from which a patient originates.

The Amish separate themselves from mainstream society for religious reasons: they do not join the military, they draw no Social Security, they do not accept any form of financial assistance from the government, and many avoid insurance. Because of this separation from mainstream society, caregivers should be conscientious of the need to explain various facets of medical care to the patient and the family.

- Once a person has been baptized as a member of the Amish church, to leave means being shunned by one’s friends, family, and community.

Considerations before Providing Care

- Electronics are used rarely when the Amish are in the homes/communities. Caregivers should be aware of the need to give basic information on how to utilize medical devices within the hospital setting.

- Most Amish prefer to be treated at home. Caregivers should take into consideration the fact that some Amish may not seek medical care on a timely basis. Caregivers should also inquire about any home remedies that may have been implemented before arrival at a medical facility.

- Only 16-26% of Amish children receive immunizations.

- Birth control and abortion are forbidden, even when pregnancy is life threatening.

- Some Amish are afflicted by heritable genetic disorders (including dwarfism), and are also distinguished by the highest incidence of twinning in a known human population, various metabolic disorders, and unusual distribution of blood-types.

- Alcohol is strictly avoided (this includes medications containing alcohol).

- The dress code for some groups includes prohibitions against buttons, allowing only hooks and eyes to keep clothing closed; others may allow small-undecorated buttons in a dark color. In some groups, certain articles can have buttons and others cannot.
The Amish place high value on the concepts of humility, calmness, and composure and are reluctant to be forward, self-promoting, or to assert oneself in any way. Caregivers should be aware of the need to ask questions regarding physical comfort, medical facts/history, and understanding of services provided.

Most Amish do not receive public education past the 8th grade level as high schools are seen as promoting competition and self-reliance. Caregivers should explain services and ask questions in a simple manner. The use of pictures and demonstrations may also be quite effective.

Amish men are family leaders and make all medical decisions. Most conversation regarding diagnosis, treatment, and other services should be held with the male head of the family.

**End-of-Life Care**

- Most Amish prefer to spend the end of life within the community and at home.
- Funeral customs vary more from community to community than other religious services and are often conducted at home.
- The elderly believe in rationing care at the end of life to save community money.

**Amish Resources**

http://amishreligiousfreedom.org/intro.htm (last updated 7 July 2004)
https://lancasterpa.com/amish/ (last updated July 2013)
https://lancasterpa.com/amish/amish-people/ (last updated July 2013)
You are working with a valued Baha’i patient

General information

- The Baha’i Faith is a religion founded in 19th century Persia. The teachings see religious history as an evolving educational process for mankind. Baha’is number around six million in more than 200 countries around the world.
- Unity is an essential teaching of the religion.
- Baha’is continue to be persecuted in many countries around the world, especially fundamentalist Islamic nations. Care should be taken when discussing sensitive issues as many Baha’i may be tentative when dealing with individuals inexperienced with their faith.

Considerations before Providing Care

- The use of drugs and alcohol are strictly prohibited except when prescribed by a physician. Treatments not involving prescription drugs or medications containing alcohol are preferred.
- Abortion is to be avoided except in cases where the mother’s life is in danger.
- Baha’is believe in treating animals with kindness and therefore some may choose not to eat meat and/or animal products.
- Baha’is may not eat or drink between sunrise and sundown during the weeks leading up to their calendar New Year (March 2nd to March 20th). Individuals under the age of 15 and over 70, as well as pregnant and breast feeding women are exempt. Individuals who are sick or engaged in hard labor are also exempt.
- Homosexuality is not accepted from members of the faith. However, Baha’is are tolerant of diversity in its many forms within others.

Baha’i rituals

- Baha’is believe in a single, imperishable God, the creator of all things, including all the creatures and forces in the universe.
- Monasticism (avoiding worldly pursuits) is forbidden and Baha’is attempt to ground their spirituality in ordinary daily life. Performing useful work, for example, is not only required, but considered a form of worship.
- Baha’is decide on personal goals and careers in accordance with a religious faith that focuses on the needs of society at large.
- Prior to the New Year, Baha’is observe a period of fasting which begins at sunrise on March 2nd and ends at sunset on March 20th.
End-of-Life Care

- Baha’is believe that when a human dies, the soul passes into the next world, where its spiritual development in the physical world becomes a basis for judgment and advancement in the spiritual world.

- Heaven and Hell are taught to be spiritual states of nearness or distance from God that describe relationships in this world and the next, and not physical places of reward and punishment achieved after death.

- Baha’i law prescribes that burial should take place at a distance no more than one hour’s journey from the place of death.

- Baha’is do not believe in cremation or embalming.

- Baha’is believe that life begins at conception and a miscarriage is considered a great loss. Whenever possible, the remains should be returned to parents or local Baha’i community.

Baha’i Resources

http://www.bahai.org/ (last updated 2017)
You are working with a valued Buddhist patient

Considerations before Providing Care

- There is a vast diversity in practice, belief, and identity among Buddhists. Keep in mind that many of these considerations and suggestions will not apply to all Buddhists.

- Buddhists believe that conception occurs when consciousness enters a fertilized egg. This is considered the beginning of life and it is regarded as killing if the life of the future person is aborted after that point. Birth control that prevents conception is acceptable.

- Life support machines are not believed to be helpful if the person’s mind is no longer alert. Having an alert mind and not being in excessive pain are the two primary factors that affect a Buddhist decision regarding the appropriate time of death.

- Within various branches of Buddhism, there are vegetarians, as well as non-vegetarians. Some branches have strict dietary regulations, while others have few; make sure to ask each individual.

- Buddhists do not believe in the use of intoxicants.

- Be aware that some Buddhists believe that it is the role of the sick to bear pain without complaint; you may need to question them in a rather detailed manner.

- Medication for pain is accepted, however, medication for mental distress is not. Sedation should be used with caution.

Buddhist Rituals

- For Buddhists, the main goal of life is to achieve enlightenment (Nirvana).

- Buddhists believe in the “path” to enlightenment (Dharma), the “Guide” (Buddha), and “Traveling Companions” (Sangha). For many Buddhists, community and family support is of utmost importance.

- The main rules or regulations of the Buddhist tradition are known as the five precepts. They embody the respect for life, property, personal relationship, truth and mental health.

- Another fundamental teaching is that of the eight-fold path which is: right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness and right concentration.

- Another common Buddhist observance is the making of offerings; you will often see them on shrines within the home.

Diversity and Inclusion Office
Changing and/or reciting mantras is an important avenue to calm and can take several forms depending on the individual.

**End-of-Life Care**

- Buddhists believe in reincarnation and the state of mind at the time of death is crucial, because it is this that determines the situation a person will be reborn into. If the mind is calm and peaceful, then a happy rebirth will be the case. However, if the mind is in a state of anger or has strong desire or is fearful etc., this will predispose to an unhappy or lower type of rebirth.

- When considering the spiritual needs of the dying, the basic principle is to do whatever you can to help the person die with a calm and peaceful mind, with spiritual/positive thoughts uppermost.

- Speaking about death to a terminally ill patient is not avoided as an unpleasant topic.

- For those who are anxious or fearful of dying, teaching them relaxation or guiding them through a simple relaxation technique can be very beneficial. A simple meditation technique that is very effective is awareness of the breath.

- The use of guided imagery or gentle music can also be soothing and relaxing and help the person to have a calm and peaceful mind as they approach death.

- Some Buddhists believe that the best thing we can bring to a dying person is our own quiet and peaceful mind.

- Upon death, place the individual on their right side and block the right nostril with cotton or something similar. After this you should leave the body untouched. A Lama may be asked to perform Phowa (last rites). Family members may provide Phowa pills that can be placed on the forehead prior to death and removed following expiration.

- Once an individual has passed, it is inappropriate to discuss their belongings, misdeeds, or anything else that may negatively impress on the mind while it is still in a state of equilibrium.

**Buddhist Resources**


You are working with a valued Catholic patient

Considerations before Providing Care

- There is a vast diversity in practice, belief, and identity among Catholics. Keep in mind that many of these considerations and suggestions will not apply to all Catholics.
- The priest is the main religious figure in the Catholic Church and may be contacted to provide specific services or to consult on medical questions.
- Catholics do not practice any form of birth control, although many in the United States who have become lenient in this practice.
- Many Catholics avoid eating meat on Fridays during Lent. Fish is an acceptable alternative.
- During Lent, some Catholics may fast during the day or eliminate certain items from their diets. Be aware of how the diet is being altered in order to provide proper care.

Catholic Rituals

- The Bible is the scripture and spiritual book of the Roman Catholic Church.
- There are seven sacraments of the Catholic Church that are performed at various times in an individual’s life: Baptism, Confirmation, Matrimony, Holy Orders, Holy Eucharist, Penance, and Anointing of the Sick.
- Many Catholics will make the “sign of the cross” during stress and in times of prayer/affirmation of faith.
- Catholics are expected to attend church (Mass) every Sunday. Communion is often taken during Mass where bread and wine transform to the body and blood of Jesus Christ.
- Catholics are also expected to attend Mass on the Days of Obligation (days that mark specific events in the life of Christ and his mother Mary). These days include:
  - January 1: Honoring Mary, Mother of God
  - August 15: Assumption of the Virgin Mary
  - November 1: All Saints Day
  - December 8: Immaculate Conception
  - December 25: Christmas Day
- The 40 days leading up to Easter are called Lent. Ash Wednesday marks the beginning of Lent (some Catholics will have ash on their foreheads which symbolizes repentance of sins) and Catholics are expected to attend church services on this day as well as on Good Friday (the day that Christ was crucified)
Easter is the most holy day in the Catholic year and commemorates Christ’s resurrection. Even non-observant Catholics will often go to church on Easter Sunday.

**End-of-Life Care**

- Catholics may want a priest to provide the Anointing of the Sick when someone is extremely ill or dying.
- Catholics look at death as a passage from this life to the life eternal and usually are confident in the eventual resurrection of all who have died in Christ.
- Life-prolonging treatments may not be accepted if they are considered excessively strenuous and may be withdrawn if attempts to preserve life seem futile.
- Suicide/euthanasia is never considered an option; however, pain medications can be given (even if they shorten life) as long as the intention is to provide comfort.

**Catholic Resources**

http://www.catholic.org (last updated 2017)
http://www.catholic-church.org/ (last updated 2015)
You are working with a valued Hindu patient

General Information

- Hinduism is the world’s third largest religion and approximately 800,000 Hindus live in the United States.
- 99% of the world’s Hindus are of Indian or South Asian descent
- Hinduism is an ancient belief system that has a multitude of aspects and provides a vast body of scriptures and philosophies.

Considerations before Providing Care

- Public displays of affection, including any type of touching, are considered religiously disrespectful.
- Many Hindus use alternative forms of medicine (Naturopathy, Chiropractic, Ayurveda [harmony with nature], Homeopathy, and Acupuncture), so caregivers should inquire about procedures currently used or methods used in the past.
- Most Hindus are vegetarians, so be sure to ask about dietary preferences. The cow is sacred to Hindus and therefore being presented with beef is offensive.
- A bath is taken before breakfast is eaten and is a daily requirement.
- Fasting, from a day up to a month, is a typical practice.
- The Hindu belief in preservation may show in the refusal to wear leather or other animal products and the resistance to using soaps that are made from animal parts or that are destructive to the environment.
- Hindus typically show respect for the person in a position of authority (doctor, caregiver).

Hindu Rituals

- As Hindus have numerous sacred days per month, caregivers should inquire of the family or patient as to dates of a specific month and considerations that can be made.
- Most Hindus pray after the morning bath and in the early evening. Mantras are prayers or chants that through their meaning, sound, and chanting style help a person focus their mind on holy thoughts or to express devotion to God. Mantras are meant to give courage in exigent times and invoke one's inner spiritual strength.
End-of-Life Care

- Hindus believe in reincarnation. It is believed that the next life will be spent resolving issues from this one. It is important for a person to settle debts, atone for wrongdoing, and to make peace with others before passing on.

- It is preferred that a person near death be brought home so that the family can gather. Family members will expect to keep vigil near a dying individual.

- If possible, a dying person should be facing east or north.

- If a person dies in the hospital, the family may want to take the body home quickly.

- Death is considered a joyous event for the deceased and family members are encouraged to mourn, but not for too long as the soul may be held by this emotion.

- Cremation is widely practiced, although some Hindus may choose to be buried.

Hindu Resources

https://www.britannica.com/topic/Hinduism (last updated 8 May 2017)
http://hinduwebsite.com/ (last updated 2015)
You are working with a valued Jehovah’s Witness patient

General Information

- There are slightly over one million Jehovah’s Witnesses in the U.S.
- Jehovah’s Witnesses are expected to spread the word of God on a regular basis (using the Bible, pamphlets, or in everyday conversation).
- The family structure is patriarchal and the father has the final say in decisions made.
- *The Watchtower*, the non-theologically based periodical *Awake*, and *Kingdom Ministry* are all publications widely used by Jehovah’s Witnesses.
- They remain neutral in all political conflicts and believe that God will intervene in humans’ affairs to bring about a peaceful human society earth wide.
- Jehovah’s Witnesses do not believe in gambling. Entertainment that includes sexuality, materialism, spiritualism, or violence is strongly discouraged.
- Jehovah’s Witnesses follow many of the same belief systems as traditional Christians.
- Like many Christian sects, local congregations meet at places of worship (called Kingdom Halls). Kingdom Halls are modest and religious symbols such as crosses or images are not used.
- Jehovah’s Witnesses only commemorate Christ’s death by observing The Lord’s Evening Meal, or Memorial. The date varies annually.

Considerations before Providing Care

- Jehovah’s Witnesses do not believe in blood transfusions. Medical alternatives will need to be employed. The courts have systematically ruled in favor of religious belief over the institution’s regulations in such situations.
- Abortion is considered not permitted.

End-of-Life Care

- During illness, Witnesses may want to hold Congregation Bible Study, in which members gather in small groups to discuss spiritual topics.
- Jehovah’s Witnesses believe in resurrection, so death is often viewed as temporary split between those who remain and the loved one that will be raised with the return of Christ.
Witnesses believe that the soul dies with the physical self. They believe that hell is a resting place for all who die and is simply a place of unconsciousness.

Jehovah’s Witnesses believe that any custom relating to the dead and fear of spirits or ghosts is wrong.

**Jehovah’s Witness Resources**

[http://jehovah.to/links.htm](http://jehovah.to/links.htm) (last updated 2007)

You are working with a valued **Mormon** patient

**General Information**

- There is a vast diversity in practice, belief, and identity among Mormons. Keep in mind that many of these considerations and suggestions will not apply to all Mormons.

- Mormons are a segment of the larger Church of Jesus Christ of Latter-day Saints (LDS Church).

- Many Mormons view The Word of Wisdom, a segment of the book considered to be the revelation of God, as a health code to be followed. Mormons are expected to make wise choices pertaining to personal health that are not specifically addressed by The Word of Wisdom.

- The Mormon faith follows many of the tenets of the larger Christian faiths (belief in God and Jesus Christ, the Bible as God’s word, the prophets as God’s messengers), but traditionally have had an uneasy relationship with them. There has been a relatively recent attempt within the Church to improve relations with the larger Christian churches.

- Mormons believe that there is another spiritual text, The Book of Mormon, which was translated by the latter day prophet Joseph Smith and reveals the story of Jesus’ visit and teachings in the ancient Americas.

**Considerations before Providing Care**

- The church has prohibited the use of narcotics except when it is considered a medically-useful substance prescribed by a doctor. The need for these medications should be explained in detail.

- Tobacco, alcohol, coffee, tea and (often) caffeinated sodas are prohibited.

- Mormons often wear clothing they view as very modest, which usually includes sleeves (long or short), skirts and shorts to the knee, and necklines that do not show cleavage. Some fundamentalist Mormons wear only “prairie garb,” which typically consists of long, homemade dresses for women, or long skirts and blouses buttoned all the way up, and hair in long braids. Men will often wear long-sleeved shirts and long pants.

- Mormonism can have a cultural element that is not necessarily linked to religious doctrines and there are many who participate in the culture of Mormonism, but may be non-practicing or non-religious altogether.

- Mormons are offended by foul language and cursing. Caution should be used within earshot of LDS believers.

- The church does not prescribe what medical practices are and are not acceptable. Use of medical marijuana, medications containing alcohol, and euthanasia are subject to personal beliefs.
End-of-Life Care

- According to Mormon belief, marriages performed in the Church’s temples do not end at death. Marriage and family relationships are seen as sealed for “time and all eternity.”

- During illness, those with the authority of the priesthood will want to perform the laying on of hands to bless the sick individual.

- Many Mormons believe in the baptism of the dead in which a family member goes to a temple and is baptized in the name of the deceased.

- Mormons believe that people lived in a pre-mortal state with God and that the main purpose of life on Earth is to determine if people are worthy to return to live with God. Once someone has died, Mormons believe that the spiritual body separates from the physical one and enters the Spirit World where the person is “judged” to see if they are worthy to live with God.

Mormon Resources

[https://www.lds.org/?lang=eng](https://www.lds.org/?lang=eng) (last updated 2017)
[https://www.mormon.org/beliefs/church-community](https://www.mormon.org/beliefs/church-community) (last updated 2017)
You are working with a valued **Muslim** patient

**Considerations before Providing Care**

- Islam is the world’s second largest religion. As such, there is a vast diversity in practice, belief, and identity among Muslims. Keep in mind that many of these considerations and suggestions will not apply to many Muslims.

- Try to pair patients with healthcare providers of the same gender.

- Be aware of generally permissible procedures: circumcision (strongly encouraged); blood transfusions; in-vitro fertilization; organ transplantation; genetic engineering; organ donation; and abortion (traditional teachings say the soul is created after the third month; contemporary teachings say life begins upon conception).

- Avoid prescribing medication coated with pork-extracted gelatin and drugs containing alcohol, if possible.

- Muslims pray five times a day. Do not interrupt or walk in front of the patient while they are praying.

- Muslims do not eat pork or drink alcohol. They only eat Halal meat.

- Allow long gowns for female patients who are required to cover their heads/bodies in the presence of men who aren’t their husbands/immediate family. Traditional Arabic women must not disrobe in front of a man, even if he is a doctor.

- Provide appropriate attire for male patients who are required to cover their bodies from the navel to the knee.

- Avoid shaking hands with patients and family members of a different gender.

- Avoid complimenting women on their appearance.

- Avoid exposing the bottoms of your feet toward the patient (i.e., crossing legs, resting legs on a table).

- If possible, include the male head of the family in discussions; they typically receive all relevant medical information first.

- Approach any discussion about sex carefully; it may be a sensitive subject.

**Muslim Rituals**

- Praying five times a day—dawn, midday, afternoon, sunset, evening; facing Mecca (northeast).

- Washing the face, hands and feet before praying (nursing assistance is greatly appreciated for patients with limited mobility).
- Fasting (from eating, drinking, sexual activity and bad habits) during the month of Ramadan (lunar calendar); exceptions to the fast are the sick and women who are pregnant, nursing and/or menstruating.

**End-of-Life Care**

- If possible, place the patient with his or her head facing Mecca (northeast).
- Ask someone to recite the Shahdah (this can also be tape-recorded by a family member and played), or contact Pastoral Care at extension 62466.
- Allow family to arrange for a ritual washing of the body; this does not interfere with UMass Memorial’s post-mortem practice (communicate this to the head of the family).
- Avoid artificial life support for a patient in a vegetative state for a prolonged period.
- Avoid cremation or embalming, unless it is required by law.
- Avoid autopsies, unless it is for medical research and respect for the body can be guaranteed.

**Muslim Resources**

**Worcester Islamic Center**
248 East Mountain Street, Worcester, MA 01606
[https://www.wicmasjid.org/](https://www.wicmasjid.org/) (last updated 2017)

**Islamic Society of Greater Worcester**
57 Laurel Street, Worcester MA 01605


You are working with a valued **Orthodox Jewish** patient

**General Information**

- Judaism is more like a nationality than many other religions.
- At its height less than a century ago, Yiddish was understood by an estimated 11 million of the world’s 18 million Jews, and many of them spoke Yiddish as their primary language. Yiddish is not as popular as it once was, but many Jews still speak and understand the language.
- The “Torah” refers to the Five Books of Moses: Genesis, Exodus, Leviticus, Numbers and Deuteronomy. But the word “torah” can also be used to refer to the entire Jewish Bible (the Old Testament), or in its broadest sense, to the whole body of Jewish law and teachings.

**Considerations before Providing Care**

- Abortions, when necessary to save the life of a mother, are acceptable (the fetus is considered a limb of the mother and may be sacrificed at any stage of the pregnancy to save the life of the mother).
- Avoid prescribing medicine containing pork-extracted gelatin.
- Jewish food is required to be Kosher. This is not a style of cooking but a set of regulations to be followed in regards to all foods. Meat and poultry should come from a kosher butcher and kosher certified products carry appropriate labeling.
- Meat (the flesh of birds and mammals) cannot be eaten with dairy. Fish, eggs, fruits, vegetables and grains can be eaten with either meat or dairy. Utensils that have come into contact with meat may not be used with dairy, and vice versa. Utensils that have come into contact with non-kosher food may not be used with kosher food. (This applies only where the contact occurred while the food was hot.)
- Pork and shellfish are forbidden – only fish with fins and scales can be consumed.
- Fasting during certain holy days, such as Yom Kippur is common.
- Modesty is extremely important. Women prefer female physicians/nurses.
- In traditional Judaism, women are seen as separate but equal. Women’s obligations and responsibilities are different from men’s, but no less important. There is no question that the primary role of a woman is as wife and mother, keeper of the household. However, Judaism has great respect for the important of that role and the spiritual influence that the woman has over her family.
**Orthodox Jewish Rituals**

- Jews pray 3 times a day (morning, afternoon and evening).
- According to Jewish Law, men and women are separated during prayer.
- Jewish belief states that in observance of Shabbat (Saturday), the use of electricity as well as work of any kind (including carrying items), are avoided. Walking is limited and travel as well.
- Shabbat begins on Friday evening at sundown and is over on Saturday evening an hour after sundown (25 hours). This is a day of prayer, rest, and more elaborate and leisurely meals.
- Preparation for Shabbat usually beings 2 to 3 hours prior, please be respectful of this time.
- Jewish celebrations include Rosh Chodesh, the first day of each month, a minor festival where women do not work. Rosh Hashanah, the Jewish New Year is one of the holiest days of the year. Yom Kippur is the most important holiday of the year and is a day to “afflict the soul,” to atone for the sins of the past year. Jews refrain from eating and drinking (even water), washing and bathing, anointing one’s body (with cosmetics, deodorants, etc.) and wearing leather shoes. Pesach (Passover) is the most commonly observed. The most significant observance related to Pesach involves the removal of chametz (leaven). Chametz includes anything made from the five major grains (wheat, rye, barley, oats and spelt) and rice, corn, peanuts, and legumes (beans).

**End-of-Life Care**

- Jews are not permitted to do anything that may hasten death, not even to prevent suffering. Euthanasia, suicide, and assisted suicide are forbidden by Jewish law. However, where death is imminent, and the patient is suffering, Jewish law permits one to cease artificially prolonging life.
- Mourning practices in Judaism are extensive, but are not an expression of fear or distaste for death, they have two purposes: to show respect for the dead and to comfort the living.
- After a person dies, their eyes are closed, the body is laid on the floor and covered, and candles are lit next to the body. The body is never left alone until after burial as a sign of respect. Caregivers should allow for someone to stay with the body whenever possible.
- Respect for the body is a matter of paramount importance. It is of great disrespect to eat, drink, or say commandments in the presence of the dead.
- Most communities have an organization to care for the dead, known as the Chevra Kadisha (the holy society). Caregivers should allow for these volunteers to care for the body if possible.
• Autopsies are discouraged and seen as desecration of the body. They are permitted where it may save a life or where local law requires it. If performed, the procedure must be minimally intrusive.

• In preparation for the burial, the body is cleaned and wrapped in a simple, plain linen shroud.

• Form the time of death to the burial, the mourner’s sole responsibility is caring for the deceased and preparing for the burial. This period is known as Aninut and usually lasts 1-2 days.

Orthodox Jewish Resources

http://www.myjewishlearning.com/article/orthodox-judaism/ (last updated 2017)
Communication
Key to Successful Cross Cultural Communication

Withhold Assumption  Assumptions are beliefs, not objective truths

Be Empathetic  You must be empathetic to gain an understanding and appreciation of people from other cultures

Involve Others  Involving others solidifies relationships and is essential for collecting different points of view.

Exercise Open-Mindedness  Open-mindedness fosters innovation and creativity.

Show Sensitivity  Insensitivity is divisive, counterproductive, and stifles progress.

Use Wisdom  Interact with others in a mature and respectful manner.

Listen Actively  Attentive listening is vital to understanding meanings, read between the lines.

Speak Affirmatively  Cross-cultural communication is enhanced through positive speech.

Ask Questions  Asking questions allows you to increase your knowledge and stops you from making assumptions.

Observe Attentively  Pay attention to voice tone, emotion, body language, and other behaviors.

Utilize Patience  Respect is formed through patience and cultural knowledge is enhanced.

Be Flexible  Rigidity inhibits our ability to embrace cross-cultural differences.

Remove Barriers  Barriers can be broken down through learning. Preconceptions and stereotypes are obstructive.

Build Trust  Mutual understanding leads to greater trust, once established greater cooperation ensues.

Find Commonality  Develop a sense of mutual understanding by focusing on commonalities.

Show Respect  Showing respect and courtesy for others creates a climate of openness and civility.

Exercise Tolerance  Tolerance is necessary for respecting other people’s views and realities.

Identify Problems  Review the context of situations or circumstances and focus on getting to the root of the issue.
<table>
<thead>
<tr>
<th><strong>Interact</strong></th>
<th>Frequent interaction builds deeper interpersonal relationships and greater awareness.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Simplify Language</strong></td>
<td>Avoid using complex language, slang, or colloquialisms.</td>
</tr>
<tr>
<td><strong>Take Turns</strong></td>
<td>Relationships are enhanced by allowing equal time to converse, making points and listening to responses.</td>
</tr>
<tr>
<td><strong>Confirm Understanding</strong></td>
<td>Ensure that the message is clear by asking others to summarize or rephrase and repeat back.</td>
</tr>
<tr>
<td><strong>Write</strong></td>
<td>Writing information helps those who lack the confidence to say they don't understand.</td>
</tr>
<tr>
<td><strong>Avoid Blame</strong></td>
<td>Blame is destructive. Analyze the situation, break it down constructively, and seek a solution.</td>
</tr>
<tr>
<td><strong>Be Cautious with Humor</strong></td>
<td>A funny joke to one person can be insulting to another. Be sensitive with humor.</td>
</tr>
<tr>
<td><strong>Be Supportive</strong></td>
<td>Making others comfortable and encouraging interaction builds trust.</td>
</tr>
<tr>
<td><strong>Self-Reflect</strong></td>
<td>Look inward and find ways to improve yourself.</td>
</tr>
</tbody>
</table>
Understanding Intention and Impact

This model provides you with a framework for understanding the dynamics of communicating across differences. It lays out a set of skills designed to improve the communication process in a diverse setting.

Message

- The communication process begins with a message
- The sender delivers a message with a specific neutral intent to the receiver
- There is intention on the part of the sender
- There is impact on the part of the receiver
- Both go through a meaning making process
- The sender mentally reviews his words to make sure they match the intent of the message
- The receiver is taking in what has just been said and is experiencing an impact
- Both make sense of the exchange between them
- The impact of the message on the receiver may be positive or negative

Positive

- If the impact is felt as positive, then effective communication takes place and the receiver becomes the sender by returning another message

Negative

- If the impact is negative, then the communication becomes ineffective
- The impact needs to be shared with the sender
- The sender needs to acknowledge the impact that the message had on the receiver and then clarify the original intent

The receiver has a responsibility to inform the sender about the negative impact of the message in a productive manner. Not informing the sender inhibits understanding and can lead to assumptions about the real meaning of the intended message.

Once the sender has been informed of a miscommunication, it is important for them to acknowledge the impact that the message had on the receiver, and then restate the message in a context that better explains the intent.

While both participants may feel some initial discomfort, talking about the impact opens up the opportunity for clarification and increases understanding. Staying engaged in the conversation is critical to effective communication.
### Lexicon of Appropriate Terms

<table>
<thead>
<tr>
<th>Instead of Using:</th>
<th>Consider Using:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active role</td>
<td>Take part in</td>
</tr>
<tr>
<td>Activity</td>
<td>Something you do, or do often</td>
</tr>
<tr>
<td>Adequate</td>
<td>Enough</td>
</tr>
<tr>
<td>Adjust</td>
<td>Change; fine-tune</td>
</tr>
<tr>
<td>Adverse (reaction)</td>
<td>Bad</td>
</tr>
<tr>
<td>Ailment</td>
<td>Sickness, illness, problem with your health</td>
</tr>
<tr>
<td>Avoid</td>
<td>Stay away from; do not use; do not eat</td>
</tr>
<tr>
<td>Benign</td>
<td>Will not cause harm; harmless; is not cancer</td>
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<tr>
<td>Cardiac</td>
<td>Heart</td>
</tr>
<tr>
<td>Cautiously</td>
<td>With care; slowly</td>
</tr>
<tr>
<td>Chronic</td>
<td>Happens repeatedly</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Learning; thinking</td>
</tr>
<tr>
<td>Collaborate</td>
<td>Work together</td>
</tr>
<tr>
<td>Condition</td>
<td>How you feel; health problem</td>
</tr>
<tr>
<td>Dysfunction</td>
<td>Problem; not working well</td>
</tr>
<tr>
<td>Edema</td>
<td>Swelling</td>
</tr>
<tr>
<td>Excessive</td>
<td>Too much</td>
</tr>
<tr>
<td>Factor</td>
<td>Other thing</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Tired</td>
</tr>
</tbody>
</table>
### Lexicon of Appropriate Terms Cont.

<table>
<thead>
<tr>
<th>Instead of Using:</th>
<th>Consider Using:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gauge</td>
<td>Measure; test; get a better idea of</td>
</tr>
<tr>
<td>Generic</td>
<td>Product sold without a brand name</td>
</tr>
<tr>
<td>Hazardous</td>
<td>Not safe; dangerous</td>
</tr>
<tr>
<td>High-intensity</td>
<td>Use an example like running, exercise</td>
</tr>
<tr>
<td>Hypertension</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Increase gradually</td>
<td>Add to</td>
</tr>
<tr>
<td>Inhibitor</td>
<td>Drug or medicine that stops something bad</td>
</tr>
<tr>
<td>Intermittent</td>
<td>Off and on</td>
</tr>
<tr>
<td>Landmark</td>
<td>Very important event; turning point</td>
</tr>
<tr>
<td>Lesion</td>
<td>Wound; sore; infected patch of skin</td>
</tr>
<tr>
<td>Moderately</td>
<td>Not too much</td>
</tr>
<tr>
<td>Procedure</td>
<td>Operation; something done to treat the problem</td>
</tr>
<tr>
<td>Progressive</td>
<td>Get worse or better</td>
</tr>
<tr>
<td>Prosthesis</td>
<td>Replacement for a body part</td>
</tr>
<tr>
<td>Referral</td>
<td>Get a second opinion; see another doctor</td>
</tr>
<tr>
<td>Routinely</td>
<td>Often</td>
</tr>
<tr>
<td>Screening</td>
<td>Test</td>
</tr>
<tr>
<td>Significantly</td>
<td>Enough to make a difference</td>
</tr>
<tr>
<td>Support</td>
<td>Help with needs</td>
</tr>
<tr>
<td>Temporary</td>
<td>For a limited time</td>
</tr>
<tr>
<td>Toxic</td>
<td>Poisonous</td>
</tr>
<tr>
<td>Vertigo</td>
<td>Dizziness</td>
</tr>
<tr>
<td>Wellness</td>
<td>Feeling good; good health</td>
</tr>
</tbody>
</table>
Communication Structures that Support Diversity

Dialogue – A free flow of meaning between people. Used to explore complex issues from many points of view. The purpose of dialogue is to go beyond any one individual’s understanding.

Discussion – Views are presented and defended to provide a useful analysis of whole situation. Productive discussion converges on a conclusion or course of action.

Systems Thinking – A way of thinking about, and a language for describing and understanding the forces and interrelationships that shape the behavior of systems. Engaging in systems thinking and communicating from this mental model helps one to see how to change systems more affectively and to act more in tune with the larger processes of the natural and economic world.

Collaborative Inquiry – Staying engaged in a conversation or discussion in the spirit of learning more about the other person/group’s perspective.

Cooperative Problem Solving – Parties communicate their interests to each other before identifying possible solutions. The communication is done in a manner that enhances appreciation of each other and supports the empowerment of all parties. Parties identify as many mutually beneficial potential solutions as possible without evaluating them, then the best option is selected using rating criteria that are based on all relevant needs.

Consensus - After productive discussion, consensus is achieved when all negotiating parties agree they have been heard and will support the implementation of the solution. They agree to accept the solution even if it was not their preferred option.

Collaborative Conflict Management – Interacting together in a manner that enhances appreciation of all parties, supports empowerment and protects the interests of all parties. Possibilities and options are jointly explored. Collaborative outcomes are positive even if no agreement is reached because the process enhanced the parties’ appreciation of each other and supported the empowerment of all parties.

Mediation - A negotiated session in which an impartial third party person works with individuals to help them enhance their appreciation of each other, support empowerment of the parties and jointly creates mutually acceptable solution.

Know and be able to use the various types of communication structures. The skill is being able to use the right structure for the right situation.
Intention vs. Impact

Sender

Intention

Intention-Impact Model

Communicating Across Differences

Clarify Intent

Acknowledge Impact

Receiver

Impact

Meaning Making

Negative

Interpreted as an “ism”

Impact Feedback

Effective Communication

Message
Glossary

These are definitions and terms often used to refer to the various identities people may hold. Some are offensive and outdated, others are the preferred terms. Because each person has their own preferences and may not like the most politically correct term, this glossary is not meant to be prescriptive.

Glossary Resources

https://en.oxforddictionaries.com/
http://www.transequality.org/issues/resources/transgender-terminology
http://lgbt.princeton.edu/resources/#education
Able-Bodied
A person who is fit and healthy; not physically disabled.

Ableism
Discriminatory preference based on mental or physical disability.

Aboriginal
First inhabitants of a geographical area. People indigenous to the area. The shortened form “Abo” is considered abusive and condescending.

Accent
A distinctive way of pronouncing a language, especially one associated with a particular country, area, or social class. Characterizing an individual as having a thick accent, could be defining him as “other” or “less than” and could be seen as stereotyping.

Acculturation
The process of assimilating to a different culture, typically the dominant one.

ADA
Acronym for American Disabilities Act, federal civil rights legislation dealing with discrimination in employment, public accommodations, transportation, governmental activities, and communications, on the basis of disability.

Advertising/Media and Diversity
Often a haven for stereotypes that affect the public’s perception of various groups, with dominant groups being presented as the norm, and others as deviations from the norm.

Affirmative Action
Federal law aimed at “providing access” to correct the effects of discrimination in employment or education. Taking concrete steps to eliminate discrimination.

Africa
Use when relating to the content as a whole. Use specific countries or regions when possible. Do not use Dark Continent.

African
Resident of Africa, regardless of race or ethnicity.

African American
Americans of African origin. Black is also acceptable.

Age/Ageism
A group identity based on the chronological number of years since a person’s birth. Discrimination often occurs against people who are “too young” or “too old.” When in doubt do not refer to a person’s age.
Agender
A person who identifies as not having a gender. See also Transgender/Trans*.

Agnosticism
The belief that one cannot know the existence of God without physical evidence. Not a religion.

AIDS
Acronym for Acquired Immune Deficiency Syndrome. Individuals diagnosed with AIDS prefer to be identified as people with AIDS (PWSs) rather than as AIDS victims.

Alien
Used to describe a foreign-born U.S. resident who is not a citizen. Those who enter legally are known as “resident aliens” and are issued “alien registration cards” or “green cards.” Those who enter illegally are classified as “illegal aliens.” These terms can be considered derogatory and should be avoided outside the legal context. These terms can be isolating and demeaning to immigrants. Use legal immigrant or legal resident instead of resident alien. Use undocumented immigrant instead of illegal alien.

Ally
A person who supports the efforts of a group but is not a member of that group.

Amerasian
Person born of American and Asian descent, in either Korea or Vietnam with an Asian mother and a non-Asian American father. Originally described people fathered by members of the U.S. military during the Korean and Vietnam wars. The term is not derogatory, but should be avoided.

American
A term used to refer to citizens of the United States. However, this is a limited use of the term since American includes all people in the western hemisphere (North, South, and Central America). America is comprised of more than just the United States. To present a more global focus use U.S. resident or U.S. citizen.

American Indian
Term for Native Americans. Do not use Indian as a synonym.

Anglo American
An American or inhabitant of the U.S. whose language and ancestry are English. Dated term that is not generally used correctly. People use it interchangeably with white Americans of European ancestry.

Anti-bias
An active commitment to challenging prejudice, stereotyping, and all forms of discrimination.

Anti-Semitism
Hostility toward or discrimination against Jews.
Arab
Any native of 22 Arab countries or one who claims ancestry of the Arab world. Not all Middle Easterners or Middle Eastern Americans are Arab. Not all Arabs are Muslim, many are Christian, and not all Muslims are Arab, most live in other places including Asia, Indonesia, Africa, and North America.

Arab American
U.S. citizen of Arabic descent.

Asexual
A person who does not experience sexual attraction. Being asexual does not mean that you have never or will never engage in sexual behaviors.

Asian American
Used to designate U.S. citizens of Asian origin.

Asian Indian
A person who originates or is descended from the Indian subcontinent, although commonly used to refer to a person from India.

Assumption
Something taken for granted or accepted as true without proof. A supposition.

Atheism/Atheist
The belief that there is no God. A person who denies the existence of God. Not a religion.
B

Baha’i
A religion that emphasizes the spiritual unity of humankind, and the oneness of God. Baha’i believe in the equality of men and women. Founded by Mirza Husayn-‘Ali Nuri, who took the name Baha’u’llah while in exile in Baghdad. Praying is done in private.

Bias
A conscious or subconscious preference which interferes with impartial judgment.

Bigotry
An unreasonable belief or an irrational attachment to negative stereotypes and prejudices about other groups of people.

Bilingual
Fluency between any two languages.

Bindi
A decorative mark worn in the middle of the forehead by some Indian women, especially if they are Hindus.

Birth Defect
A physical or biochemical abnormality that is present at birth and that may be inherited or the result of environmental influence. Can sometimes be seen as derogatory so use congenital disability or disability since birth.

Bisexual
A person who is attracted to two or more genders. Is often conceptually interchangeable with pansexual depending on a person’s individual definition but cannot be used interchangeably.

Black
Non-white person of African descent regardless of national origin.

Blind
Use only for a person with total loss of sight. Many people who are legally blind have partial sight. Use visually impaired, partially sighted, or person with low vision.

Braille
A system for writing and printing for people who are visually impaired. When characters and letters are formed by raised dots felt with the fingers, not limited to English.
Brain Injury
Describes a condition where there is long term or temporary disruption in brain function resulting from injury to the brain. Do not say *brain damaged*.

Buddhism
A religion of eastern and central Asia growing out of the teaching of Gautama Buddha that suffering is inherent in life and that one can be liberated from it by mental and moral purification.
Cantonese
A form of Chinese spoken mainly in southeastern China.

Catholic
Usually refers to the Roman Catholic church, but can also refer to other Catholic Christian denominations such as the Eastern Orthodox churches.

Caucasian
Used as a synonym for white person. Derived from the erroneous notion that origin of the Indo-Europeans was the Russian Caucasus Mountains. Was once used to designate one of the geographical types of human beings including people from Europe. Africa and India characterized by tall stature, and straight or wavy hair, etc. Loosely called the “white race” although it embraced many peoples of dark skin color. It is now generally discredited as an anthropological term.

Chicano/Chicana
Derived from Mexican. Refers to people of Mexican origin, used by some members of the younger Mexican American generation.

Chinese
A person from China, or the written language of China and Taiwan. The spoken language is Mandarin. Should not be used as a synonym for a Chinese American.

Christianity
Began as a breakaway sect of Judaism about 2000 years ago. The two religions share the same history up to the time of Jesus Christ. Christians believe in original sin and that Jesus died in the place of humanity to save humans from that sin. They believe in heaven and that those who repent their sins before God will join him in heaven.

Cisgender
A person whose gender identity matches the gender they were assigned at birth. For example, a person assigned female at birth that identifies as a woman.

Civil Rights
Political, social and economic legal rights are responsibilities guaranteed by the government. The rights of personal liberty guaranteed to U.S. citizens by the 13th and 14th amendments to the Constitution and by acts of congress. The Civil Rights Movement refers to the struggles of African Americans. Do not use special rights.

Civil Union
Legal recognition of same-sex couples that provides many of the legal rights of married couples, although different from a marriage or domestic partnership.

Class
A group identity usually based on economic or social status.
**Closeted, in the Closet**
A term used to describe gender and sexual minorities who do not want to reveal their sexual orientation and/or gender identity.

**Code Switching**
When a person who is bi-or multilingual shifts between languages (codes) while speaking. Switching may occur for several reasons. The speaker may be unable to express themselves adequately in one language, the speaker may switch unconsciously when upset, tired, or excited, or the speaker may switch in order to express solidarity with a particular group.

**Cognitive Disability**
A disability that affects learning and similar brain functions. Avoid *mental retardation* and use specific disabilities when possible.

**Colored Person**
A pejorative term used to describe non-white people. Harkens back to Jim Crow segregation laws that defined non-white people as being “colored.” It was legally and socially used as an exclusionary tool. Use *people of color* or *person of color*. Used to exclude them from places and spaces.

**Coming Out**
Abbreviated from “coming out of the closet,” meaning to reveal one’s formerly hidden sexual orientation or gender identity. Refers to the overall developmental process that gender and sexual minorities experience as they come to terms with their sexuality and/or gender identity.

**Confucianism**
Founded in the 5th and 6th centuries B.C. by the philosopher Confucius, one of the Chinese traditional religions, whose followers recorded his sayings and dialogues. Confucianism, which grew out of a tumultuous time in Chinese history, stresses the relationship between individuals, their families, and social, based on “li” (proper behavior) and “jen” (sympathetic attitude).

**Congenital Disability**
A disability since birth or born with a disability. Do not use *birth defect*.

**Cripple**
Derogatory term for a person with a physical disability.

**Cross-Dresser**
A term for people who dress in clothing traditionally or stereotypically worn by the other sex, but who generally have no intent to live full-time as the other gender. The older term "transvestite" is considered derogatory by many in the United States.

**Cross-Sex Couples**
Couples with partners who have different sexes. Heterosexuality should not be assumed as one or both partners could bisexual, pansexual, or queer.
**Culture**
The patterns of daily life learned consciously and unconsciously by a group of people. These patterns can be seen in language, governing practices, arts, customs, food, religion, holiday celebrations, dating, clothing, and more.

**Cultural Competence**
The ability to respond appropriately to people of varying cultures, ages, races, religions, sexual orientations, abilities, and ethnicities in a way that recognizes difference and allows individuals to feel respected and valued.

**Cultural Myopia**
The belief that one’s particular culture is appropriate to all situations and relevant to all other individuals.

**Cultural Sensitivity**
Basic and obvious respect and appreciation of various cultures that many differ from your own.
**Deaf**
Used to describe a person with total or profound hearing loss. Many only have mild or partial loss of hearing. Use *person with hearing loss, partially deaf, or hearing impaired*. Do not use *deaf-dumb* or *deaf-mute*.

**Derogatory Term**
Offensive words or phrases that should be avoided.

**Developmental Disability**
Federal, local, and legal definitions vary, but the term can include conditions such as autism and epilepsy. Use specific terms when possible.

**Disability**
General term for functional limitation. *Person with a disability, disabled person, or differently able* is preferred. Do not use *victim of, suffers from, stricken with, or afflicted with*.

**Disadvantaged**
A historically oppressed group having less than sufficient resources to meet basic needs or a lack of access to the full benefits of economic, social, and political opportunity.

**Discrimination**
A prejudice based action taken by a dominant group member against a subordinate group member. These actions are used to limit another group’s opportunities, confidence, access, and ability to perform in society.

**Diversity**
The condition of being different or having differences. Differences among people with respect to age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job and function, personality traits, and other human differences.

**Diversity Competence**
The capacity to function effectively with differences and to successfully utilize a diverse workforce.

**Diversity as Economic Empowerment**
A diverse employee base creates value for patients, employees, and stakeholders through innovation technology, and operational expertise. It establishes access to market shares and new talent and legitimizes the organization to critical consumer or constituent groups.

**Diversity as Inclusion**
Human capital is the greatest asset of an organization and key to its effectiveness. Diversity is an organizational asset because differences enhance work practices by redefining markets, products, and strategies.
**Diversity as Representation**
Having representation of diverse groups (particularly race and gender) in the workforce promotes equal opportunity recruitment and compliance with federal Equal Employment Opportunity requirements.

**Diversity as Social Justice**
Eliminating oppression or the ways in which inequitable practices of power is used. Eradicating the “-isms” or destructive beliefs and attitudes that are based solely on group identity.

**Domestic Partner**
Unmarried same-sex partners who share living quarters. Not the same as marriages or civil unions.

**Dominant**
A group having power or control over key aspects of a culture or a political system. Members of the dominant group derive benefits and privilege from the formal and informal societal structures, process, and practices. Not synonymous with “majority” as a majority refers to numbers and not power dynamics. Dominant groups view themselves as superior, ideal or model people and view others as flawed, inferior, or less than.

**Drag Queen**
Used to refer to male performers who dress as women for the purpose of entertaining others at bars, clubs, or other events. It is also sometimes used in a derogatory manner to refer to transgender women.

**Dwarf**
A person whose limbs and features are often proportioned differently when compared to the average human anatomy. Derogatory term for a person of short stature. Derived from dwarfism, a medical term. Use Little Person.
EEOC
Acronym for Equal Employment Opportunity Commission, a federal agency that enforces civil rights laws.

Emigrant
Person who leaves their country of origin to reside in a foreign country.

ESL

Eskimos
People inhabiting the arctic coastal regions of North America and parts of Greenland and northeast Siberia. Generally considered Native American People in Alaska and Canada. Appropriate for Inupiat Eskimos or Yupik Eskimos. Not relevant for Aleut or Inuit.

Ethnicity
Classification of human based on shared cultural heritage, such as place of birth, language, customs, etc. Do not use “race” as a synonym.

Ethnocentrism
Using one’s own group as a norm or standard by which to assess others. Systemic oppression based on the often unconscious belief in the inherent superiority of one’s group.

Eurocentric/Eurocentrism
Concepts of expression that place Europe as a center of the world. Systemic oppression based on preference for the European culture over others.

European American
A citizen of the U.S. with European ancestry.
Female
Biological adjectives that refers to humans, animals, plants, etc., but can tend to be dehumanizing when inappropriately used as a synonym for woman or women.

Feminist/Feminism
A social movement that advocates for women's rights on the basis of the equality of the sexes.

Filipino
Person from the Philippines.

FTM
Acronym for female to male. Describes a transgender person designated female at birth who identifies as a man.

Fundamentalism/Fundamentalist
A movement or point of view, usually religious, characterized by a return to fundamental principles, by rigid adherence to those principles, and often by intolerance of other views.
Gay
A man who is attracted to people of the same gender.

Gay Marriage
Marriage for same-sex couples. Same-sex marriage is also appropriate.

Gender
A social construction that assigns particular characteristics, norms, and roles to sex and genitalia. Refers to the different roles that women and men play in society. The behavioral, cultural, and psychological traits typically associated with one’s biological sex. Usually refers to those aspects of life that are shaped by social forces or to the meaning that society gives to biological differences. Do not use sex as a synonym.

Gender and Sexual Minorities
Refers to any non-heterosexual and/or trans* individual. Includes homosexuals, bisexuals, pansexuals, asexuals, transgender people, and other non-binary individuals. Some consider pedophilia to be a sexual minority, but the Diversity and Inclusion Office does not endorse that interpretation.

Gender-Neutral Terms
Terms, such as pronouns, that do not designate the gender of the subject. In general use gender neutral terms (e.g. “police officer,” not “policeman”) when possible. For more gender-neutral terms, see earlier section called Sexuality and Gender Identity.

Gender-Neutral Pronouns
Pronouns that do not designate gender. Singular “they/them” is considered grammatically correct and should be the default pronouns used until a person expresses their preferred pronouns. Other examples include “xe/xem” (pronounced zee/zem).

Gender Expression
Describes how gender identity is expressed, through external characteristics and behavior that are socially defined as feminine or masculine, regardless of sexual orientation.

Gender Identity
Self-internal identification as a woman, man, or other non-binary gender, regardless of biological sex.

Genocide
The systematic and planned extermination of an entire national, racial, political or ethnic group.

Ghetto
An area or section of the city where groups live based on class, race, ethnicity, or religion, and can be derogatory when used by someone outside of the community. Avoid using ghetto when describing a low income area. Use the name of the neighborhood.
Glass Ceiling
An unofficially acknowledged barrier to advancement in a profession, especially affecting women and members of minorities.

Group Identity
A category of differences that describes a set of common physical traits, characteristics, or attributes. Everyone has multiple group identities including, age, ability, class, education level, ethnicity, gender, nationality, race, language, religion, and sexual orientation. In organizations and society, the extent to which one is aware of the meaning and impact of these identities is key to understanding the impact of diversity and changing the status quo.

Group Membership
Denotes inclusion with regards to a particular group identity; for each identity there is a dominant and a subordinate group. Recognizing and understanding the impact of one’s membership is essential to changing the dynamics of oppression.
Handicapped
Having a condition that markedly restricts one’s ability to function physically, mentally, or socially. Although not derogatory, “disabled” or “differently-abled” are preferred.

Hate Crime
An act by any person or group against the person or property of another which constitutes an expression of hostility because of race, religion, sexual orientation, national origin, disability, gender, or ethnicity.

Hermaphrodite
A medical term for an entity with both male and female reproductive organs. A derogatory term for an intersex person.

Heteronormativity
Belief system positing that heterosexuality is the default and normative sexuality and that sex/gender/sexuality are dualistic, static, and innate.

Heterosexism
The presumption that heterosexuality is superior to homosexuality. Prejudice, bias, or discrimination is based on this presumption. Systemic oppression of sexual minorities.

Hindi
Official language of India. Not synonymous with Hindu, an adherent of Hinduism.

Hinduism
The dominant religion in India emphasizing dharma, basic principles of cosmic or individual existence within nature, with its resulting ritual, social observances, mystic contemplations, and ascetic practices.

Hispanic
Refers to individuals of Spanish or Portuguese speaking origin. Also of, relating to, or being a person of Latin American descent living in the U.S.

Homophobia
Having or showing a dislike of or prejudice against sexual minorities.

Homosexual
Person attracted to people of the same gender. Has become a derogatory term with gay or lesbian being preferred.

Horizontal Hostility
The act of oppressed groups policing their own community’s actions, appearances, and beliefs to uphold mainstream ideologies. For example, traditionally masculine gay men who are contemptible of effeminate gay men. Similar to respectability politics.
**Immigrant**
Person who resides in a nation, country, or region, other that of his or her origin.

**Inclusion/Inclusiveness**
As a diversity concept, it is a strategy, an approach, or a concept focusing on all members playing a part in a group’s or an organization’s mission, and a level of respect which offers the opportunity to share unique perspectives and contribute individual strengths.

**Indian/East Indian**
Accurately defined as one who originates from the Indian continent or East Indies. Use “Indian American” if referring to someone born in the U.S. of Eastern Indian descent. The term has inaccurately been applied to Native people who inhabited North America before it became the United States. The preferred term for the group is “American Indian.”

**Indigenous**
Originating or occurring naturally in a particular place; native.

**Integration**
The bringing of different racial or ethnic groups into free and equal association.

**Intersex**
A person whose bodily or hormonal sex characteristics cannot be categorized as male or female. This may be due to external differences in genitalia, hormonal conditions, such as androgen, or insensitivity syndrome or chromosomal variance. Do not use *hermaphrodite*.

**Islam**
Religion founded by the prophet Muhammed who is believed to be the last in a long line of holy prophets, preceded by Adam, Abraham, Moses and Jesus. Being devoted to the Koran, followers worship Allah. They respect the earlier prophets but regard the concept of the divinity of Jesus as blasphemous. There are two main divisions: Sunnis and Shiite. They are divided over the succession after the prophet. The Shi’a believe the prophet explicitly appointed Imam Ali as his successor. The Sunnis do not believe that Ali was appointed; rather, they adhere to the orthodox tradition and acknowledge the first four caliphs are rightful successors. Most Islamic countries have Sunni majorities except for Iran which is predominantly Shia. Islam and Muslim are not synonymous. Islam is the religion while a Muslim is a follower of that religion.

**-Isms**
The suffix “-ism” denotes the condition of systemic oppression resulting from prejudices embedded in an organization or society’s culture, based on the assumption that the dominant group possesses innately superior qualities. The outcomes are to advantage one group over another. Subordinated group members (by gender, race, age, sexual orientation, ability, etc.) experience disadvantages by being excluded, underutilized, unrecognized and underdeveloped. Dominant group members experience privilege by being included, more fully utilized, recognized and developed.
J

Judaism/Jewish/Jew
Founded 2000 B.C. by Abraham, Isaac and Jacob, espouses belief in a monotheistic God who leads his people by speaking through prophets. His word is revealed in the Torah (Old Testament). They believe that a messiah will eventually bring the world to a state of paradise. The term Jew can be both religious and ethnic. Jews can be of any race or nationality.

Jihad
Arabic word for struggle or striving. It can refer to internal as well as external efforts to be a good Muslims or believer, as well as working to inform people about the faith of Islam. Jihad does not refer to violence and is not a declaration of war against other religions.
**Latin America**
Includes all countries in America that are primarily Spanish and Portuguese speaking. The regions are Mexico, Caribbean, Central America, and South America.

**Latino/Latina/Latin@/Latinx**
Person of Latin American descent, regardless of their ability to speak Spanish. Latinx refers to a person of Latin American origin or descent (used as a gender-neutral or nonbinary alternative to Latino or Latina)

**Lesbian**
A woman who is attracted to people of the same gender.

**Leveraging Diversity**
Making use of the different perspectives, experiences, and abilities that people bring to the workplace to enhance organizational effectiveness and performance.

**Lifestyle**
The way in which a person or group lives. Historically been used as a synonym to describe gay, lesbian, and bisexual, and other sexual minorities, inferring that it is a phase.

**LGBTQAIP**
Acronym for lesbian, gay, bisexual, transgender, queer/questioning, asexual, intersex, and pansexual. There are countless variations of this acronym, but LGBTQ is the most widely accepted and used.
Macho
The Spanish word for *male*. It is often used in Latino and Latin American cultures to mean *sexist*.

Male
Biological adjective that may refer to humans, plants, or animals.

Managing Diversity
A term describing initiatives used to help organizations navigate rapidly changing demographics in the work force through an organizational change in culture focused on eliminating racism, sexism, other forms of discrimination and oppression in order to foster an environment where all people have equal opportunity.

Mandarin
Official language of China and Taiwan, not a dialect. Refers to spoken language only. Written language is Chinese.

Migrant
A person who migrates. Frequently refers to farm laborers who move often to different locations to harvest seasonal crops. Not a synonym for *immigrant* or *emigrant*.

Minority
Segment of the population not in the majority based on certain characteristics and is often subject to differential treatment.

Miscegenation
Term referring to sexual relations between women and men of different races that produce multiracial children. Can also refer to interracial marriage or cohabitation. Sprang from the white supremacist desire to keep the white race "pure" after traditional forms of slavery were legalized. Anti-miscegenation laws were legal in the U.S. until the 1967 Supreme Court Case *Loving v. Virginia*.

Misogyny
Hatred of women, often manifested in sexual discrimination, denigration, or violence against and sexual objectification of women.

Model Minority
Stereotyping description of a particular subordinated group that is being favored at any given time by the majority culture. The model group is chosen based on how well they model majority group behaviors. In America, Asians are often viewed as the model minority.

MSM
Acronym for men who have sex with men. Clinical label that often refers to gay, bisexual, or pansexual cisgender men, but could refer to straight cisgender men. Is not exclusive of men who have sex with women. Patients will rarely use to describe themselves. Do not use call patients MSMs; instead, use their given sexual identity.

Diversity and Inclusion Office
MTF
Acronym for male to female. Describes a transgender person designated male at birth who is transitioning, has transitioned, or who identifies as a woman.

Multicultural/Multiculturalism
As a synonym for diversity it is a focus on recognizing the significance of all cultures regardless of differences. A pluralistic culture that reflects the interests, contributions, and values of members of diverse groups.

Multiracial/Mixed Race
A term relating to people of several or many races.

Muslim
Follower of the Islamic religion.
**N**

**National Origin**
A group identity based on the nation from which a person originates, regardless of the nation in which he or she resides.

**Native American**
Descendants of native inhabitants of the United States. Often used interchangeably with *American Indian*. *Native people* can also be acceptable. The best practice is to refer to the specific tribal affiliation or nation. When in doubt, ask.

**Nazi/Nazism**
“National Socialist German Workers Party” brought to power in 1933 under Adolph Hitler. “Nazism” is the ideology and practice of the Nazis, who have a policy of racist national expression and state control of the economy. The term has also recently been applied to other movements. *Feminazi* incorrectly and negatively connects the feminist and the Nazi movements. A *Neo-Nazi* is a supporter of the new outgrowth of the original Nazi movement.

**Negro**
Outdated term for African Americans and black people.

**Neo-Colonization**
Contemporary policies used by western “first world” nations and organizations to exert regulation, power, and control disguised as a humanitarian help or aid over poorer “third world” nations. These polices are distinct from but related to the earlier periods of colonization of Africa, Asia, and the Americas by European nations.

**Non-Disabled**
Person without a disability. *Able-bodied* is also acceptable.
Oppression

- Systematic mistreatment of particular individuals. Oppression is not just an isolated incident. Rather, it is a complex system of sustained and pervasive beliefs, laws or policies, behaviors, and feelings. Oppression can be broken up into four levels: Ideological, institutional, interpersonal, and internalized.

- Ideological oppression refers to societal beliefs of one group being superior to another. It is manifested in the subsequent three levels of oppression.

- Institutional oppression is laws and policies that reflect and enforce prejudiced ideology. For example, laws that. School policies that prohibit trans* individuals from putting their preferred pronouns or names on their transcripts are another example.

- Interpersonal oppression is what we normally think of when we think of oppression. It refers to individual acts of racism, sexism, homo/transphobia, classism, or ableism, such as calling a person who uses a wheelchair “crippled.”

- Finally, internalized oppression is what occurs when oppressed people internalize the ideology of inferiority, see it reflected in institutional practice, and experience it in interpersonal interactions. They begin to believe that it is true and engage in practices that reinforce it, such as horizontal hostility. It manifests itself in the belief that one is to blame for one’s own oppression, rather than ideological, institutional, and interpersonal discrimination.

Organizational Cultural Competence
A goal toward which all organizations strive; it is the capacity to function effectively with all cultures and to creatively utilize a diverse workforce.

Out
For lesbian, gay, bisexual, and transgender people, it is the state of having one’s sexual orientation or gender identity being known.

Outing
Inadvertently or intentionally sharing information about another person’s sexual orientation or gender identity without their consent. This act deprives the person of choosing when, how, and whom they want to tell. There are degrees of being out; a person may be out to some people or groups and not others, or they may only share varying degrees of information about their orientation. Outing someone can have profoundly negative consequences for that person’s safety, life, work life, and future career opportunities.
Pacific Islander
Used by U.S. Census Bureau to describe people from Fiji, Guam, Hawaii, Northern Mariana Islands, Palau, Samoa, Tahiti, and Tonga. Use specific countries when possible.

Pacific Rim
Imaginary line that frames the Pacific Ocean. Primarily bordering the U.S., Canada, China, Japan, and Australia. Try to use specific countries and regions instead.

Paganism/Pagan
A religion incorporating beliefs or practices from outside the main world religions, especially nature worship.

Paraplegia
Paralysis of the legs and lower body, typically caused by spinal injury or disease.

Partner
Used to identify someone in a romantic relationship with another, typically same-sex relationships, but becoming more common to use in heterosexual relationships.

Patriarchy
Structural and ideological system that perpetuates the privileging of particular kinds of masculinity and cisgender men. A system in which cisgender men have institutional control and dominance.

People of Color
Describes all racial and ethnic groups other than white.

Pink Triangle
Symbol gay men were required to wear in Nazi concentration camps. Adopted in the late 1970s as a symbol of gay pride.

Pluralism
A culture that incorporates mutual respect, acceptance, teamwork, and productivity among diverse individuals.

Political Correctness
Relating to or supporting broad social, political, and educational change, to redress historical injustices in matters such as race, class, gender, sexual orientation, and ability. In practice, people attempting political correctness try to avoid offending others by taking measures or using language they perceive as safe. At the root of political correctness are compassion, respect, and empathy.

Prejudice
Preconceived opinion that is not based on reason or actual experience.
**Primitive**  
Term characterizing, individuals, groups, or societies, as uncivilized or less sophisticated.

**Privilege**  
Power and advantage derived from historical oppression and exploitation of other groups. A right or immunity granted as a benefit. The power structure of organizations and government through their infrastructure, policies, and practices reinforces the privileged group by advantaging them and disadvantaging others by creating barriers to attaining equal status. For example, white people in America are privileged in that their race will not limit their economic or educational prospects.

**Protestantism**  
Religious denominations which broke from the Roman Catholic Church in the 16th century. Includes Anglican, Baptist, Methodist, Lutheran, Presbyterian, and Quaker. Not appropriate use for Jehovah’s Witnesses, Christian Scientist, Mormons, or Eastern Orthodox churches.

**Psychiatric Disability**  
Acute or chronic mental illness. Psychotic, schizophrenic, neurotic and similar words should only be used in the appropriate clinical context. Crazy, manic, lunatic, demented, psycho, and schizo are offensive. Use psychiatric disability, psychiatric illness, emotional disorder, or mental disorder.
Quadriplegia
Paralysis of all four limbs.

Queen
An effeminate gay man. Considered derogatory when used by someone outside of the gay community.

Queer
A term used to refer to lesbian, gay, bisexual and, often also transgender, people. Some use queer as an alternative to "gay" in an effort to be more inclusive. Depending on the user, the term has either a derogatory or an affirming connotation, as many have sought to reclaim the term that was once widely used in a negative way.

Quran
Race
Group identity related to local geographic or global human population distinguished as a
group by genetic physical characteristics, such as skin color, hair texture, facial features, etc.
Today race is believed to be a social construct, without biological merit. Ethnicity and race are
not synonymous. For example, a black Frenchman might consider his ethnicity French while
his race would be determined by his genetic heritage.

Racism
Systematic discrimination based on race. Racial prejudice + power = racism. While it is
possible to discriminate against white people, it is not possible to be racist to a white person.

Rainbow Flag
Flag adopted by the LGBT community to symbolize gay or LGBT pride or safe spaces for LGBT
people.

Religion
An organized belief system based on certain doctrines of faith or a belief in a supreme being
or God. Organized religion suggests the manner in which people should live and the beliefs
that they should accept or reject.

Reservation
A section of land set aside by the federal government for Native Americans.

Respectability Politics
Coined by Evelyn Brooks Higginbotham, refers to attempts by marginalized groups to police
their own members and show their social values as being consistent with mainstream values.
It is the idea that in order for a group to gain more rights, they must act and appear
“respectable.” Originally used to refer to policing of African American women’s behaviors, the
concept can be applied in other situations. It is similar to horizontal hostility.

Reverse Discrimination
Perceived discrimination against the majority group, especially resulting from policies enacted
to correct past discrimination. While such discrimination may be racially motivated, reverse
discrimination is not the same as racism because the former is not institutionally enforced.
Same-Sex Couple
Couples comprised of partners of the same sex.

Same-Sex Union
Union performed by a member of the clergy that is not legally recognized as a marriage.

Scapegoating
Blaming an individual or group for something when, in reality, there is no one person or group responsible.

Semite
A member of any of the peoples speaking Semitic languages, e.g. Hebrew, Arabic.

Sex
Genitally-based physical distinction between female and male. Do not use gender as a synonym.

Sexism
Systemic oppression based on sex and/or gender. Gendered prejudice + power = sexism.

Sexual Attraction
Innate sexual desire towards a particular gender(s). A component of sexuality. While sexual attraction is innate, it can be fluid.

Sexual Identity/Orientation
An identity based on emotional, romantic, and sexual desires, often determined by a person’s sexual attraction. A component of sexuality. Do not use sexual preference.

Sexual Preference
A term that is often based on the incorrect assumption that people choose their sexual orientation. This term is also connected with the term lifestyle as it is assumed in both cases that the person or group chooses to behave in a particular manner. Use sexual orientation.

Sexuality
Comprised of three parts: sexual behavior, sexual attraction, and sexual orientation (an identity). For many, these components align, such as a woman who is attracted to women, identifies as lesbian, and has sex with women. For others, these components are distinctly separate, such as a man who is attracted to men, identifies as gay, but has sex with men and women.

Shinto/Shintoist
The ancient native religion of Japan. Stresses belief in spiritual beings and reverence for ancestors. Adherents are expected to celebrate their gods, or kami. Support the societies in which kami are patron, remain pure and sincere, and enjoy life.
Sikhism/Sikh
Religion founded by Shri Guru Nanek in the Punjab area, now in Pakistan. Sikhs believe in a single formless God with many names who can be known through meditation. They pray several times a day and are not allowed to worship icons or idols. They believe in samsara, karma and reincarnation as Hindus do, but reject the caste system. They believe that everyone has equal status in the eyes of God. Although elements of Islam have been incorporated, it is not Islamic.

Slang Terms
A type of language that consists of words and phrases that are regarded as very informal, are more common in speech than writing, and are typically restricted to a particular context or group of people.

Social Construct
A perception of a person, group, or idea has been constructed through cultural and social practice and norms but appears to be natural. For example, gender is a social construct. Any perceived different among genders is not universally true and is a result of socially constructed/fabricated notions of what any one gender is and how people of that gender should act.

Social Justice
Justice in terms of the distribution of wealth, opportunities, and privileges within a society.

Spanglish
Spanish characterized by words borrowed from the English language. Not a language or a dialect.

Spanish
Language primarily spoken in Spain and Latin America, or a person from Spain. Not a synonym for Latino or Hispanic.

Stereotyping
A standardized impression of a person or group that represents an oversimplified opinion, image, attitude, or uncritical judgment.

Straight
Person who is attracted to people of a gender different than their own. Synonymous with heterosexual.

Systemic Discrimination
Patterns of discrimination embedded in the policies and practices of an organization, institution, and/or society.
Taoism/Taoist
Both a philosophy and a religion. Founded in China in 4th century B.C. by Laozi, derived primarily from the Tao Te Ching, which claims that an ever changing universe follows the Tao or path. Taoism prescribes that people live simply, spontaneously, and in close touch with nature. Meditation allows people to achieve contact with the Tao. It has been discouraged since the Communist revolution in China but flourishes in Taiwan.

Third World
Used during the Cold War to describe countries in Africa, Asia, and Latin America still developing economically. Developing country is preferred.

TOEFL
Acronym for Teaching of English as a Foreign Language, a method of teaching English in other countries to non-English speaking people.

Tolerance
Acceptance and open mindedness to different practices, attitudes and cultures; does not necessarily mean agreement with differences.

Transgender/Trans
A term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth. Transgender is a broad term and is good for non-transgender people to use. "Trans" is shorthand for "transgender." (Note: Transgender is correctly used as an adjective, not a noun, thus "transgender people" is appropriate but "transgenders" is often viewed as disrespectful.)

Transsexual
An older term for people whose gender identity is different from their assigned sex at birth who seeks to transition from male to female or female to male. Many do not prefer this term because it is thought to sound overly clinical.

Transvestite
A person who adopts the dress and often social behavior typical of another sex. A common term for this is cross-dressing. People from all sexual orientations cross-dress. A derogatory term for transsexual or transgender.

Tribe
A unit of social organization consisting of families, clans, or other groups who share a common ancestry, culture and leadership. Many Native Americans prefer Nation. In various African countries tribe may be offensive, and ethnic group is often preferred.
**Underrepresented**
Group identities whose numbers are demographically fewer than the larger majority groups. A historically oppressed group characterized by lack of access to the full benefits of the economic, social, and political opportunity, and often used as a replacement term for *minority*.
White
People of European origin. The term is not synonymous with Caucasian. In the U.S. European American can also be used; some prefer terms that identify their country or origin, such as Italian American, Greek American, etc.

WSW
Acronym for women who have sex with women. Clinical label that often refers to gay, bisexual, or pansexual cisgender women, but could refer to straight cisgender women. Is not exclusive of women who have sex with women. Patients will rarely use to describe themselves. Do not use call patients WSWs; instead, use their given sexual identity.