

Jewish Identity, Culture and Care

This resource has been created to support NHS staff with an understanding of the Jewish community in the UK with information about identity and culture, and how to adapt your care to provide each patient with the best experiences and outcomes.

The Jewish community

- Around 150,000 Jewish immigrants had settled in Britain by the 1900s, and by the start of World War Two, **Britain had given refuge to approximately 80,000 people who were mostly Jewish communities escaping Nazi oppression.**
- There are almost 300,000 Jewish people living in the UK and there are particular areas where **Jewish people have built communities in areas including North and Northwest London, Manchester, Leeds and Gateshead.**
- **As with many marginalised communities, Jewish people in the UK have faced persecution, discrimination and racism across aspects of life including healthcare.** This impacts the way that Jewish people feel safe within the healthcare system, and can impact the engagement and access around services.
- **Stereotypes about Jewish people** can be reinforced by medical education, or media depictions of Jewish communities, which **can feed into incorrect assumptions about patients.**

What does it mean to be Jewish?

- **There is no one 'way' to be Jewish.** While Judaism is a religion, many people also identify as Jewish through their ethnicity, sometimes even as nation or a culture. In terms of ethnicity, different Jewish communities originate from different areas.
- Jewish people vary dramatically in their approach to Jewish traditions, laws and ritual observance, and **knowing someone's faith, ethnicity or culture is very difficult based on outward appearances alone.**

Ethnic ancestry

- **The majority of the UK and global Jewish population is of Ashkenazi origin,** although for many in the UK ethnic heritage may be mixed and some people may be unaware of their exact ethnic heritage. Furthermore, these often do not translate into customs as Mizrahi communities are also Sephardi in terms of their cultural and religious customs.

Ashkenazi

Heritage in Eastern and Central Europe

Mizrahi

Heritage in the Middle East

Sephardi

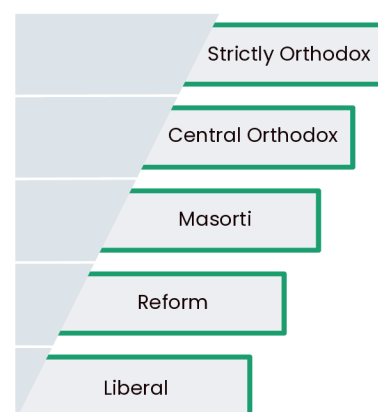
Heritage in Spain and Portugal

Genetic predispositions

- **People with Ashkenazi heritage are at increased risk of certain genetic diseases and cancers**, although Sephardic and Mizrahi communities also carry some risk. These diseases include:
 - Gaucher Disease (1 in 10)
 - Cystic Fibrosis (1 in 24)
 - Tay-Sachs Disease (1 in 27)
 - Familial Dysautonomia (1 in 31)
 - Spinal Muscular Atrophy (1 in 41)
- There are a few genetic mutations that are commonly seen in the Ashkenazi population, including BRCA 1 & 2 (increasing risk of breast cancer), HNPCC and APC (increasing risk of colon cancers).
- Men and women in the community may take part in genetic screening before marriage to determine if they carry any genetic diseases which could then be passed on if both parents are carriers.
- Understanding these predispositions can support personalised and preventative care through appropriate offerings of genetic and other screenings.

Perspectives on health and healthcare

- There are five main denominations of Judaism in the UK. Many communities closely follow the principles of Judaism and Jewish law throughout their healthcare experiences.
- Many people who follow Judaism view the human body as precious and a loan from God and therefore **believe maintaining a healthy body to be important**.
- Observant Jewish families **may wish to consult their own Rabbi** about issues relating to treatment and care, for example during life-threatening prognosis or life support or organ donation.
- For many Jewish families **modesty** is a foundational value which intersects with health.
- For example, **you may need to be more discrete** when talking about pregnancy and women's reproductive health, especially around children and young people. Choose words which are used by the community, for example, using words like 'expectant mother' rather than 'pregnant mother' can help build positive relationships with the community.
- Some people in the Jewish community **may also be more concerned about genetic testing**, and the offer of genetic counselling should always be made available.



Providing inclusive care

It is always best to ask about someone's needs, as not everyone is the same or will observe the same rituals and practices.

- Are there any times of the week or day which are harder for you to attend appointments?
- Do you have any times of day you need to pray, and how can we make you feel comfortable while you do so?
- Are you comfortable being seen by a male or female doctor?
- Could I provide you with any extra clothes, or physical room barriers, to make you feel more comfortable?

Food

Kashrut is the set of dietary laws on what foods can be eaten (kosher) and how they can be prepared.

- Kosher food can often not be prepared in the same area or using the same equipment as non-kosher food.
- Land animals must have split hooves and eat grass, so no pork; Seafood must have fins and scales, so no shellfish; Meat and dairy cannot be eaten together.

How to provide inclusive care:

Kosher food shouldn't be confused with Halal food. If a patient will require food and drink, ask about their needs and ensure this is communicated to the catering team.

Prayer and rituals

Some Jewish community members pray three times during the day (morning, afternoon and evening), with a blessing also said before and after eating.

Read more here:

<https://www.jvisit.org.uk/prayer/>

How to provide inclusive care:

You can help provide privacy for prayer by offering a private prayer room (if available) or by drawing the bed curtain. Some people may appreciate a basin, water jug and cup to wash hands before each meal.

Childbirth and circumcision

Some Jewish people may observe rituals around pregnancy and birth which affect how husband and wife interact with each other.

Circumcision is one of the most fundamental and oldest Jewish observances. It marks the entry of Jewish males into the Covenant between God and the Jewish people.

Read more here:

<https://www.jvisit.org.uk/childbirth-and-circumcision/>

How to provide inclusive care:

Try and ensure modesty can be observed during childbirth and afterwards.

If a circumcision is performed in the hospital, it would be appreciated if a room could be set aside for this purpose. It is customary to have ten men present, and to also have a small celebration afterwards.

Providing inclusive care

Jewish calendar

Holy days tend to follow the Hebrew calendar which is lunar and changes year on year.

Various Holy Days, religious and cultural holidays, which begin at nightfall the previous day, can impact care and management planning.

Shabbat is the weekly day of rest lasting from shortly before sundown on Friday night to nightfall on Saturday night.

Read more here: <https://www.jvisit.org.uk/jewish-festivals/>

How to provide inclusive care:

Remember that each Jewish patient may choose to celebrate, or not celebrate, each of these festivals and Holy Days differently, so it is always best to ask.

For many Holy Days and celebrations, it is best avoid appointments. Support patients to avoid using electricity such as lifts, call buttons or bed remotes. Avoid discharging patients on Sabbath. Provide families with space so they can feel included in family celebrations.

Modesty and gender

The idea of modesty varies between different Jewish people and communities, some may wish to keep their bodies as covered as possible. Some men will also not want to directly observe their wives while immodestly exposed to maintain religious observances.

In Orthodox denominations, it can be immodest for men to touch women other than their wives and vice versa, and some observe physical separation between husband and wife through any menstrual or non-traumatic uterine bleeding, such as childbirth.

How to provide inclusive care:

You should consider the gender of the practitioner for any physical contact, and you might want to think about how to help keep someone covered if they request this.

End of life

End of life is a very personal topic for Jewish people, and therefore preferences can vary significantly.

Even patients who may not see themselves as following the Judasim faith may want to follow these principles towards end of life.

Best practice would be to open a conversation in advance to facilitate appropriate end of life and immediate post-death management.

Read more here: <https://www.jvisit.org.uk/death-and-burial/>

How to provide inclusive care:

Once death occurs, a Rabbi should be contacted as soon as possible. If the patient has no personal Rabbi or Minister, the Jewish Chaplain designated for your hospital should be contacted.

Jewish burial should take place as soon as possible after death, and therefore arrangements for the release of the body should be made without any undue delay.

The nurse in charge usually obtains the Medical of Cause of Death which is handed to the family to be taken to the Registrar when applying for the burial certificate.