

Centre for Cultural and Religious Literacy



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The Centre for Cultural and Religious Literacy is establishing a network of legal and medical professionals and authoritative representatives from cultural and religious minority communities to enable mutual understanding and trust in a medical setting.

Resource for Best Interests Decisions for Religious P

This platform aimed at legal and health professionals seeks to aid and improve best interests decisions for religious P. It seeks to make cultural and religious knowledge that is necessary for best interests decisions easily available through one central gateway. Please get in contact if you would like to be part of this network.

Current issues

- Religious communities are highly diverse making it difficult for healthcare workers and the judiciary to make best interests decisions for P without the necessary resources.
- Communicating meaningfully with P's family and finding solutions in cases of objections to brainstem death, withdrawal of treatment, pain relief etc. needs religious literacy
- There is evidence that religious P's wishes are at times misinterpreted for lack of religious and cultural understanding
- Resources exist but can be difficult to access or comprehend for 'outsiders', they are currently not centralised

- A breakdown of trust between parties can lead to stressful and expensive court cases for families and doctors
- High profile court cases can further undermine the trust of minority communities in public services if they feel their voice is not heard or respected; this can lead to the decision not to access public services in the future

Goals

- To avoid cases going to court through alternative dispute resolution/mediation and better religious literacy
- More religiously informed resolutions if cases do go to court
- This project aims to create a network of specialists which can be called upon for advice with representatives from different religious traditions
- In addition to this network an online resource is being created for healthcare and legal experts, which in one place gives access to relevant information for making informed best interests decisions for religious P from the different religious traditions

Planned services

- Access to online platform and network of professionals
- Short courses or workshops in comparative medical ethics and law comparing religious and secular approaches to core topics such as autonomy, capacity and end of life care, aimed at healthcare and legal professionals who are involved in making best interests decisions
- Alternative dispute resolution, mediation in hospitals between patients and doctors to avoid a breakdown of trust and the stress and expense of a court case
- Advice for lawyers (outside and inside court), expert witness services
- Support for hospital chaplains/Imams who are experts in spiritual care, but may not specialise in the medical law of diverse religious communities

Stages of Development

Current phase:

- Gathering evidence of current experiences and needs from different communities and professions (lawyers, healthcare workers, hospital clerics...)
- Identifying people who are willing to advise, be involved or contribute to the online platform and network
- Creating a digital platform with reputable links to relevant information for best interests decisions

Next phase:

- Expert witness training
- Workshop or short courses for professionals working in the field

Location

The Centre for Cultural and Religious literacy will be part of the Heythrop Institute

Under the research stream of Social Justice

Located at the London Jesuit Centre, 114 Mount Street, W1K 3AH

Leadership and Contact

Dr Vanessa S Goodwin

Tutor for applied ethics University of London (part of VLE Divinity)

Researcher at the Heythrop Institute

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Bio

BA/MA Abrahamic Religions Heythrop College University of London

PhD University of Edinburgh

Thesis on comparative approaches to genome editing of embryos in Jewish and Islamic Law

MA Medical Ethics and Law King's College London (current)

Dissertation on whether the Court of Protection requires greater religious literacy in making best interests decisions for P from a religious background with a focus on Catholic, Jewish and Muslim approaches to end-of-life care.

The initial template for the online resource to support best interests decisions for religious P will enquire the following questions:

1. When P has mental capacity do (or did) they align themselves with a particular part or denomination of a religious tradition and how is this best determined? (e.g. P is a member of the haredi orthodox versus modern orthodox Jewish community)
2. How do P's beliefs manifest themselves and what does this suggest of the level of religiosity and commitment to the legal and moral instructions of P's denomination? (e.g. how strictly did P follow the legal instructions on food, modesty laws, commitment to ritual prayer etc. and what does this suggest about P's values towards medical treatments?)
3. Considering P's denomination and values, who or what are authoritative sources of beliefs and values for P?
4. Who can be contacted as an informed representative of P's community for advice in difficult cases (e.g. Rabbinic Court/Beth Din, Shari'a Council)
5. Taking into account P's values and beliefs, under which circumstances might they permit a withdrawal of life sustaining treatment/organ donation/blood transfusions etc for themselves?
6. What language and concepts are used to authorise the withdrawal of life supporting treatments in P's community? (e.g. Discerning *Ordinary* vs. *Extraordinary Means* in Catholic Bioethics)
7. Is CANH categorised as a treatment by the religious community that P aligns with?

8. Why might P or P's family (in the context of LPA's) refuse the use of pain relief?
What solutions can be found? (e.g. Pain relief other than opiates to avoid loss of consciousness and enable religious rituals)
9. What role do the concepts of autonomy, capacity and suffering play in P's tradition and how does this differ from secular approaches?
10. What might persuade the family or parents of P to opt out of organ donation/can these concerns be met?
11. How is brainstem death understood by P's community?
12. What important rituals during the dying process are important in P's community?
13. What needs to be considered for the religiously and culturally sensitive care of P?
(e.g., halal food, a respect for modesty laws, female carers for female P etc.)
14. How can a vitalist approach be sensitively challenged when speaking with religious family members or the religious parents of a terminally ill child?
15. If P is a child, is there any other information that is relevant for making best interests decisions? Is, for example, a distinction made between children and adults in P's community or might decisions made for P have any adverse consequences for P in the future?
16. How does P's community understand the concept of the sanctity of life and dignity in death?
17. How is death determined in P's tradition?
18. What concerns might P have for themselves after they have died that should be considered in best interests decisions whilst P is still alive?

