Sikhism: A Healthcare Worker’s Guide
A Note for Healthcare Workers: Why This Guide

There are more than 25 million Sikhs around the world, which makes Sikhi (also known as Sikhism) the fifth-largest major world religion. Unfortunately, knowledge about the Sikh faith, its traditions, and its observances remains quite limited in the United States, particularly among healthcare workers.

This guide aims to provide healthcare workers in the United States with information about issues that Sikh patients might face, how to care for a Sikh patient in a culturally sensitive manner, and basic information about the Sikh faith.

The Sikh Coalition
www.sikhcoalition.org
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Fast Facts

5th largest
Sikhism, also known as Sikhi, is the fifth-largest world religion.

Love, Service & Justice
are core Sikh values.

25 million
There are more than 25 million Sikhs worldwide.

Guru Nanak was born in Punjab, a region in South Asia that spans modern-day Pakistan and northwest India. Most of the world’s Sikhs today continue to live in Punjab.

1469 AD
The founder of Sikhi, Guru Nanak, was born in 1469 AD.

500,000
Credible estimates on the Sikh American population range from about 300,000 to 700,000. The number most commonly cited is 500,000.

The Sikh identity includes five articles of faith. The most visible aspects of the Sikh identity include the uncut hair and the turban.

Many wrongly describe Sikhism as a blend of Islam and Hinduism – Sikhi is an independent religion, with its own prophets, scriptures, practices, ceremonies, and beliefs.

INTRODUCTION

Most of the world’s 25 million Sikhs remain concentrated in India, with the vast majority living in the Indian state of Punjab. There is also, however, a robust and flourishing diaspora.

Within North America, the largest communities are concentrated in California, New York, and New Jersey in the United States, and Vancouver and Ontario in Canada; growing Sikh communities exist in other U.S. states, however, from Texas to Indiana and Florida to Washington. There are nearly 300 Sikh places of worship (gurdwaras) in the United States, and more than 500,000 Sikhs in the United States.
FREQUENTLY ASKED QUESTIONS

How do you pronounce “Sikh”? 

In its original Punjabi, the word is pronounced with a short “i” and an aspirated “k” – similar to the word “sick” in modern English.

How do Sikh last names work? 

Many Sikhs have the same last names even though they are not related to each other. Women use the name “Kaur” (princess), and men use the name “Singh” (lion). This practice highlights the Sikh belief in equality. Given the growth in population of Sikhs over the centuries and to ease recognition, many Sikhs today keep Kaur or Singh as their middle name, while using a distinguishing last name.

Is Sikh an independent religion? 

One of the most common misconceptions about Sikhi is that it is a syncretic religion that essentially blends ideas from Islam and Hinduism. In reality, Sikh is an independent religious tradition that maintains unique aspects for all the basic components of a world religion. Sikh maintains its own founder, leaders, revelation, scriptures, script, ceremonies, theology, practices, discipline, and places of worship.
For its adherents, Sikhi is more a way of life than a set of religious tenets. One of its central ideals is that all life is valuable, so Sikhs tend to adapt easily to innovations in technology and health care that serve this end.

Sikhi teaches that valuing and protecting human life is a religious requirement; human life is viewed as a gift from the divine, and it is the highest form of all life because it is an opportunity to connect with Waheguru (God). Many Sikhs believe that when life ends, the soul (spirit) merges with Waheguru.

A critical element of the Sikh faith is also the concept of acceptance as the will of Waheguru. Accordingly, many Sikhs might be more stoic in their response to an illness, and might not be as expressive in their pain or suffering. However, there is a fine balance struck between the will of Waheguru to give and take life and the responsibility to preserve one’s own health. While Sikh patients may consider their illness to be the will of Waheguru, the religion generally stresses that the individual must make an effort to get well because human life is considered sacred.

When illness strikes, Sikhs pray to Waheguru for help, either alone or with trusted friends, family, and community. Some also recite from the Sikh sacred scriptures, in an effort to draw physical and spiritual strength. Some Sikh patients may ask that devotional music (called kirtan) be played at their bedside.

Because Sikhi originated in South Asia, some Sikhs may choose to combine Western health care with alternative medicine, including homeopathy, naturopathy, and herbal medications. Some also rely on Ayurveda, a medical system developed in South Asia based on the medicinal properties of natural substances (herbs, minerals, metals, fruits and vegetables, and animals) and on the physiological effects of certain foods and flavors.
Since the formative moments of the tradition, Sikhs have maintained a physical identity that makes them stand out in public – even in the context of South Asia. This identity distinguishes any woman or man who has formally committed to the values of the Sikh religion by accepting initiation. Sikhs cherish their articles of faith primarily because they see them as a gift from their beloved guru.

The Sikh articles of faith are:

**KACHERA**
- Cotton underwear (resembling knee-length shorts); reflects the dignity, modesty, and high moral character of the wearer.

**KIRPAN**
- An article of faith that resembles a knife; represents the duty to seek justice and fight oppression.

**KANGA**
- A small wooden comb for maintaining uncut hair.

**KARA**
- Uncut hair on any part of the body.

**KESH**
- A steel bracelet that reminds Sikhs to engage in ethical conduct.

**DASTAAR**
- A turban (dastaar) is one of the most visibly distinctive features of Sikh identity signifying equality and sovereignty. Also an article of faith, it covers the uncut hair on the head. Dastaaars can be worn by men and women, though men wear them more often. Styles, colors, and patterns are based on personal preference. For children, a smaller turban is called a patka.
As with other religious communities, practitioners interpret, express, and relate to their traditions in various ways. Specifically, the five articles of faith are mandatory for those who have accepted formal initiation. Initiated Sikhs (also called Khalsa Sikhs) wear their articles of faith at all times. But there are also many Sikhs who do not wear all five articles of faith, and – perhaps most notably – not all Sikhs maintain uncut hair and turbans. This does not make these individuals any less Sikh, nor does it disqualify believers from calling themselves Sikhs. Young children and even infants may wear one or more of the articles of faith. It is also common for non-initiated Sikhs to keep kesh and wear a kara.

It is extremely important that none of the articles of faith are removed from a Sikh without consent, except in cases of absolute emergencies where consent of the patient or a healthcare proxy cannot be obtained.

If any of the articles are removed without the patient’s consent or that of their healthcare proxy, the patient might feel deeply violated; to a Sikh, it would be tantamount to their religious identity being stripped away. Thus, it is extremely important that consent be sought any time a healthcare provider feels the need to handle or remove any of these articles of faith.
Recommendations on Articles of Faith for Healthcare Settings

Understand the significance of the Sikh articles of faith and ensure healthcare practitioners are educated to approach handling them with sensitivity.

Most Sikh patients will want to retain their articles of faith on their person as long as possible.

1. It is extremely important that none of the articles of faith are removed from a Sikh without consent from the patient or their healthcare proxy.
   
   a. If it is determined that articles of faith need to be removed in cases of elective or planned surgery, healthcare practitioners should plan to discuss this with the patient or their healthcare proxy ahead of time.
   
   b. In emergency situations, it should be determined how best to protect the articles of faith, and to consider whether procedures are possible without violating the articles of faith. Communication with the patient or their healthcare proxy is recommended before taking action (e.g. shaving of the head when removing a brain tumor).

2. Before removing or handling the articles of faith, it is also important to discuss how they will be treated once removed. Staff should reassure the patient that the items will be handled with the greatest respect. This includes using clean hands and placing the items only in a respectable space (i.e. not on the floor, near anyone’s feet, or placed in a bag with the patient’s dirty laundry or other possessions).

3. Healthcare workers must also be aware that, if possible, the articles of faith should be removed respectfully, and preferably in a private setting.

Understand additional sensitivities regarding hair removal.

Kesh may present an extra challenge for healthcare providers. Many Sikhs believe keeping one’s hair long and uncut confirms belief in the acceptance of divine will.

1. If hair must be removed from any part of the body for a medical procedure, the patient should be advised as far in advance as possible so they can decide whether or not to proceed, and if so, get accustomed to the idea.

2. Alternative procedures should be considered where hair removal may not be necessary. For example, if an endotracheal tube needs to be secured, one should be recommended that does not disturb facial hair (e.g. the Dale Stabilock ETT Tube Holder or Anchorfast OETT Tube Fastener from Hollister).
3. If alternatives are not available, advise patients or their healthcare proxy as far in advance as possible of procedures requiring hair removal from any part of their body, so they may make an informed decision as to their care that is consistent with their individual religious practice.

4. If hair must be removed from the body and a patient adamantly rejects the use of razors and scissors, then a depilatory cream might be a more acceptable compromise to the patient.

5. If hair removal is a medical necessity and the patient agrees, remove only what is necessary for the procedure after securing permission.

6. Any hair removed from the head or face should be returned to the patient for disposal.

Recommendations on the Kirpan for Healthcare Settings

There have been several court cases in the United States regarding the Sikh right to wear the kirpan, the article of faith that resembles a knife. These cases have largely centered on whether the kirpan is a weapon and if wearing a kirpan violates anti-weapons statutes or policies. It is our understanding that courts have consistently held that the kirpan is not a weapon, and have routinely held it to fall outside the scope of anti-weapons statutes. Sikhs’ right to wear kirpans in public, at work, in public schools, and in federal facilities is largely protected by the First Amendment and religious rights laws. There are contexts where kirpans have been barred, largely due to misunderstanding, yet the community continues to make strides in securing the right to wear this article of faith.

This kirpan factsheet gives more detailed information about the kirpan and refers to examples of accommodations made in the United States. Ultimately, the kirpan is an article of faith and not a security issue. Because patients, visitors, or staff may wear kirpans as part of their religious practice, it is important to understand the significance of the kirpan and to educate hospital administrators and security staff. We recommend that all hospitals provide clear processes for patients, visitors, and staff to be able to wear their articles of faith. Contact the Sikh Coalition’s legal team at legal@sikhcoalition.org for further information.
Considerations for Mental Healthcare Settings

If medical practitioners advise articles of faith be removed because they pose a danger for patients on suicide watch or with a history of self harm, always consult the individual first (if they have mental capacity) or their healthcare proxy. Contact legal@sikhcoalition.org for further guidance in specific situations.

Be Aware of Cultural and Religious Sensitivities Regarding Clothing

Beyond the articles of faith and their associated requirements, Sikh dress varies enormously; there are no official guidelines requiring a particular style of dress or garment. Traditional dress is long, loose trousers and a long-sleeved jacket for men, and a pair of long trousers and overdress (called a salwar-kameez) for women.

Many Sikhs in the United States wear Western-style clothing. Additionally, as discussed earlier, many Sikh men and some Sikh women cover their hair with a turban. Some women who do not wear a turban might wear a long scarf (called a chunni) over their heads and shoulders.

1. If possible, the head covering should remain intact.

2. If head coverings need to be removed, it is best to thoroughly explain the reason why. Patients should be offered another head covering, if possible.

3. As a religious observance, men and women re-tie their turbans every day. A private room with a mirror should be made available for the patient to re-tie their turban. If a patient requires assistance to do so, the provider should either wash their hands or put on clean disposable gloves before touching the turban.

Although there is no specified dress, for some Sikhs, there is still a concern for modesty. Both men and women may choose to cover their bodies as much as possible during examinations and remove clothing only if needed.

1. If a hospital gown is necessary, Sikh patients should be offered one that reaches the ankles and, preferably, one that can be adequately closed in the back.

2. Some patients will feel more comfortable if they are allowed to wear a shawl or dressing gown while remaining in possession of their articles of faith.
Although the Sikh religion is not intrinsically tied to a single region or ethnicity, its homeland is the region of Punjab, and the vast majority of Sikhs in the world today are of Punjabi descent. The language of this region, Punjabi, is part of the Indo-European language family and remains one of the 10 most commonly spoken languages in the world. It is a language that is distinct from Hindi and Urdu, although some Sikhs may understand these languages as well.

In the United States, there is diversity in the languages that Sikhs speak and their proficiency-level. For some, Punjabi may be their first language and they cannot read, write, or understand English. For others, Punjabi may be their first language, but they do have some English proficiency. For much of the younger generations, especially those who were born in the United States, there is fluency in English speaking, reading, writing, and comprehension.

**Recommendations on Language Access**

*Provide and improve access for language interpretation and translation services, specifically in Punjabi.*

1. Recognize that for some patients and visitors, English is not their first language. This presents a barrier to healthcare.

2. Be mindful that some Sikh patients will require an interpreter or translated materials, and ensure that your translation service providers have Punjabi listed as a language.

3. If no members of your staff can provide Punjabi language interpretation, the local gurdwara (Sikh house of worship) may be a good starting place to look for a translator.
Prayer and meditation are cornerstones of Sikhism and key practices that Sikhs employ in striving to become closer to Waheguru. Sikhs customarily pray a minimum of three times during the day: early in the morning, in the evening, and again before sleep. Meditative time might include prayer and recitation from a prayer book called a gutka that contains devotional hymns from the Sikh scriptures. Sikhs are likely to have a gutka with them in the hospital. The gutka is not considered a mere book, but as a repository of divine wisdom to be treated with reverence.

It may be difficult for a Sikh patient who is hospitalized for an extended period of time to be separated from their community, and it is important to help the patient maintain that connection.

Recommendations on Prayer and Observances

1. Staff should avoid interrupting daily prayers for routine matters (e.g., taking a patient’s blood pressure or temperature). Staff can ask patients about their prayer practices and the time of day they pray and schedule routine testing accordingly.

2. Although prayer is a highly individualized practice, there are some aspects of it with which patients may require assistance. For example, many Sikhs wash before prayer. Running water is preferred, but patients with limited mobility may use a bowl of water. For some prayers, a Sikh may choose to stand while praying. Those with limited mobility may require some assistance with their normal routine.

3. Given the gutka includes divine scriptures, it should be handled with the utmost respect. Providers should ask permission before touching it, and, if permission is granted, wear clean disposable gloves or wash their hands before doing so. The prayer book should never be placed near feet, on the floor, in an unclean location, or tossed around. If in doubt, speak with your patient about what the gutka means for them.

4. Sikh patients may also play devotional music (kirtan). Listening to kirtan is likely to comfort the patient. However, if it disturbs other patients (e.g. in a shared room), then the patient should be offered a pair of headphones.
In general, there are no religious prohibitions on any medications in Sikh; most Sikhs will even take medication that contains alcohol or narcotics as long as the intention is to heal and not to become intoxicated.

Some Sikhs, due to their religious interpretation, might be strict vegetarians and hesitate to accept medications containing animal byproducts. The same will occasionally apply to medications containing alcohol.

Organ donation is usually acceptable to Sikhs, and is generally considered a positive act in service of saving other human lives. However, personal objections or discomfort with organ donation might override these interpretations.

Recommendations for Medications

The individual patient should be consulted when medications containing alcohol or narcotics need to be administered. If a patient declares being a vegetarian, then the patient should be consulted about delivery of medications containing animal by-products, and the rationale for their use explained to the patient.

Recommendations on Organ, Blood, and Bone Marrow Donations

Each patient and their family should be consulted on all donations.
CULTURAL SENSITIVITIES

Beliefs and Values on Seeing Healthcare Providers of Other Genders

There are no religious rules or restrictions that prohibit Sikh patients from seeing providers of other genders, even with OB/GYN physicians or staff. However, culturally, some Sikhs may feel inhibited when discussing various aspects of their health, especially sexual matters, with healthcare practitioners of other genders. However, this is strictly a matter of cultural preference rather than religious teaching.

Recommendations on Patient Comfort

1. If a patient feels uncomfortable, they should be offered to be seen by a provider of the same gender.
2. If a facility cannot accommodate this, some Sikhs may feel more comfortable if accompanied by a family member.

Beliefs and Values on Seeking Informed Consent

Generally, Sikh families expect to be involved with the healthcare decisions of relatives. Some Sikhs, particularly the elderly, may refuse treatment if the family has not given their consent. Most Sikhs, regardless of age, will feel more comfortable making a decision with family input.

Recommendations on Seeking Informed Consent

Providers should discuss this with patients and learn which family members should be consulted and who the patient’s healthcare proxy is, if applicable.
Beliefs and Values on Reproductive Health and Family Planning

There are no religious mandates on these issues in Sikhi, and they are open to individual interpretation. Therefore, the decision to use contraception or undergo an abortion or sterilization rests with the patient.

When Sikhs marry, it is believed that the two individual souls become companions in their journey towards connecting with Waheguru. Thus, marriage is thought of as a sacred institution and elevates the partners’ spiritual states; as such, it is strongly encouraged. Most Sikhs, particularly those from older generations, discourage sexual relations outside of marriage.

Recommendations

Ensure providers are aware that when an unmarried or young Sikh seeks medical attention for an issue related to sexual activity, they may be uncomfortable and will appreciate extra sensitivity and confidentiality. Providers should be especially mindful of this point if the patient is a minor or is accompanied by family members who might be unaware of their sexual activity.
Beliefs and Values on Pregnancy and Childbirth

Sikh babies are often not given an official name until the family visits their gurdwara (Sikh house of worship) for a naming ceremony. In these instances, medical records will need to be updated after the ceremony.

Recommendations on Pregnancy and Childbirth

1. Relatives may bring a kara (a steel bangle) for the infant, which should not be removed without parental consent because it is an article of faith.

2. Observant initiated Sikh women or birthing people will most likely want to remain in possession of all their articles of faith. Unless this poses a health threat, it should be permitted. Some very devout Sikh women or birthing people will not want to remove their kachera (cotton underwear), even during birth, choosing to leave one leg or an ankle in the kachera.

3. If a woman or birthing person miscarries, the child’s body (or the fetal remains, depending on the stage of pregnancy when the miscarriage occurred) should be wrapped in a clean cloth and given to the family for proper washing, burial, or cremation, in accordance with local law or their personal wishes. (Washing in particular is regarded as the family’s duty.) In addition, providers should not cut a lock of hair from the child, as it is religiously forbidden to cut hair even at this early stage.

4. Neonates: Please make it a point to check with a baby’s parents, and get their approval, before shaving the head to start a scalp IV. Other sites should be prioritized first to avoid shaving the hair.
Cleanliness is important to Sikhs. Sikhi teaches that physical cleanliness goes hand in hand with spiritual cleanliness. The *kangha* (small, wooden comb) signifies the importance of this. In addition to wearing and using the *kangha*, many hospitalized Sikh patients will want to take a shower or bath every day with running water.

Many Sikhs will want to wash their faces and hands before prayer or meditation, before and after eating, and certainly after using the toilet. Before meditation, patients may also wish to change into clean clothes if their clothing has been soiled.

**Recommendations for Hygiene and Washing**

1. Given that *kesh* (uncut hair) is an article of faith, it should be kept clean and combed on a daily basis. Help should be offered if a Sikh patient is unable to do this themselves. Many Sikh men will treat facial hair the same way.

2. In addition to *kesh*, assistance may also need to be provided for Sikh patients who wear a headcovering such as a turban. Sikh patients will often not wish to be seen by visitors or healthcare providers without their headcovering. (See page 11 for additional guidelines.)
DIET

There is a wide spectrum of interpretation and practice of dietary restrictions in the Sikh faith. As per the faith’s code of conduct, Sikhs are stipulated not to eat any halal or kosher meat; further, some Sikhs choose to not eat meat at all, or have strict preferences to not eat beef and pork. However, there are wide variations in how individual adherents interpret the code of conduct. Some Sikhs will extend this rule to cover all meat and meat products, and even eggs, fish, and sometimes dairy; others will eat any meat as long as it is jhatka (meat from animals killed quickly with a single blow) and is not beef or pork.

Some Sikhs may prefer home-cooked meals. Visitors may also bring parshad (a sweet pudding-like food made of butter, flour, sugar and water) from the gurdwara (Sikh house of worship) or food from the community kitchen for patients. Some of this food may be high in fat or sugar, requiring a conversation with the patient and family if the patient has hospital-imposed dietary restrictions.

Other prohibitions include consumption or use of tobacco, alcohol, or recreational intoxicants. However, as in all communities, there is internal diversity, and patients you encounter may not always observe those restrictions. Please continue to seek each individual patient’s in-depth medical history, including their alcohol and drug use.

Recommendations for Dietary Considerations

Given the varying stringency with which the code of conduct is interpreted and observed, each patient should be consulted as to their individual practices.
Recommendations for Emotional and Spiritual Support

Generally, most hospitals will not have a Sikh chaplain. If a faith leader is needed by a patient, please contact a local gurdwara (Sikh house of worship) or the Sikh Coalition to identify someone who can provide support. If Sikh patients require further support, or if healthcare professionals require additional information about any of the recommendations mentioned in this booklet, we encourage you to reach out to your local gurdwara where members of the community will be willing to help. You can also contact the Sikh Coalition at contact@sikhcoalition.org if you require assistance in getting connected to your local Sikh community.

Recommendations for Mental Health Issues

It is important to consider that for some in the Sikh community, because of their cultural background, mental health issues may be stigmatized. Language access and cultural competency are also issues that need to be considered by mental healthcare providers. A list of Sikh-specific mental health resources, which includes resources in Punjabi, can be found here.
END OF LIFE CARE

Beliefs and Values on End of Life Care

It is customary for a large number of relatives and close friends to visit a Sikh patient if death is imminent. Family will expect to be closely involved in end-of-life treatment and decisions, although the patient retains the final say. Severely ill Sikhs may be visited by a granthi, a person who has studied the Sikh scripture extensively. The granthi will read hymns from the scripture and pray with the patient to spiritually prepare them for death. Visitors may wish to place written prayers beside the patient. After a Sikh has passed away, loved ones may recite prayers together.

As in most religions, the topic of when it is one’s divinely determined time for death, versus the obligation to provide medical intervention to prolong life, is a very sensitive one. For Sikhs, there are two sets of competing interests. First, there is the Sikh belief that human life is a gift from Waheguru. Second, life is considered valuable because it is an opportunity to connect with Waheguru. Therefore, preserving life in a vegetative state may be seen as unnecessary. As a result, discussions regarding the termination of life support, Do Not Resuscitate orders, and whether or not to pursue extraordinary measures are likely to be sensitive. Most Sikhs believe that the soul has departed and the flesh is empty when neither the heartbeat nor breathing can be restored; most Sikhs also accept brain death as the departure of the soul from the body, and believe that attempts at resuscitation should not be taken to extremes.

Recommendations for End of Life Care

1. If a patient or family is struggling with difficult decisions surrounding termination of life support, it may be wise to bring in the counsel of a Sikh religious leader or chaplain, who can respond to the questions and concerns of the patient’s family. (See page 20 for additional guidelines.)

2. Once there has been a determination of death, the body should still be treated with great respect. The body should be wrapped in a clean cloth. It is extremely important that the articles of faith – including any hair or head covering such as a turban – not be removed.

3. Most Sikhs will not object to a postmortem if it is recommended. Sikhs normally cremate the body within ten days once a person is deceased.

4. Cleansing the body by washing it prior to the funeral is a religious practice for Sikhs; many families will wish to do this themselves. The family may ask to prepare the body in the hospital, and facilities should be made available if possible. If this cannot be accommodated, the reasons why should be explained to the deceased’s family and attempts at compromise made.
SIKH HEALTHCARE EMPLOYEES

PPE Considerations

The Sikh Coalition continues to work to ensure that Sikh healthcare professionals and emergency first responders know their rights with regard to personal protective equipment (PPE).

It is important to reiterate that no Sikh should be asked to make the false choice between their faith (including the maintenance of unshorn hair) and their career. Alternative PPE to the N95 and other facemask-type respirators do exist: Powered Air Purifying Respirators (PAPRs) or Controlled Air Purifying Respirators (CAPRs) provide full coverage protection for wearers with facial hair and are compliant with CDC and OSHA guidelines.

Sikh healthcare professionals can consult this memo for further reading. If you would like more information about providing or securing a religious accommodation please contact the Sikh Coalition at legal@sikhcoalition.org.
1. Hardeep Singh arrives in the ER with a split chin after a bicycle crash and needs sutures. He keeps his hair unshorn and has a full beard. What approaches could healthcare professionals take to respond and provide care?

   a. Determine if treatment can be given to the wound without removing facial hair.
   b. Decide that treatment needs to be given to the wound, and instruct a colleague to remove all facial hair.
   c. Inform Hardeep that he needs to remove his facial hair and that a razor will be provided.

2. Baljeet Kaur has been in a semi-comatose state for several weeks. A nurse notices that Baljeet’s hair has become very knotted from lying in bed. In an effort to help Baljeet, what is the best course of action the nurse should take?

   a. Cut the knotted portions of the hair and tie her hair back.
   b. Tell Baljeet’s family that they must cut her hair.
   c. Share the concern for Baljeet’s hair with her family so that they can make decisions.

3. A Sikh couple enters a healthcare facility wearing kirpans and asks for urgent treatment relating to a pregnancy. Security sees that they both wear a kirpan. What approaches should security take to respond to the situation?

   a. Bar them from entry and call the police.
   b. Confirm they are wearing kirpans as their articles of faith, and allow them to seek medical care. In the event the kirpan needs to be removed for a specific medical procedure, explain that to the couple and allow them to make an informed decision on whether to remove their kirpans to seek that specific treatment.
   c. Demand that they remove their kirpans in order to seek treatment.

4. A Sikh comes in and requires an emergency surgery or MRI. You notice that they are wearing a kara (steel bangle). What series of actions would you take?

   a. Consider if there is time to advise the patient that their kara may need to be removed, explain the reasons why, and ask if this is okay with them.
   b. Remove the kara and pass it to a colleague to put aside somewhere respectfully, explaining that it is an article of faith.
   c. Instruct a colleague to remove all jewellery from the individual.
5. Jaspreet, a turbaned Sikh, comes to a healthcare facility for a urinalysis drug test before starting a new internship. An employee is about to lead Jaspreet to the restroom to begin the drug test. What are the appropriate steps the employee should take?

a. Instruct Jaspreet to remove his turban in the waiting area and give him directions to the restroom.

b. Allow Jaspreet to do the drug test with his turban intact, but call him back for another test if required.

c. Allow Jaspreet to conduct his urine test with his turban intact, unless there is a reasonable suspicion as to Jaspreet’s conduct requiring the turban to be removed. In the event there is suspicion of subversive conduct, check with Jaspreet whether an interpreter is required and then provide a clear reason as to why the request to remove the turban is being made.

6. Paramjit Kaur comes into a facility and, in broken English, explains that she is here for a blood test. What do you do?

a. Suggest that Paramjit learn English.

b. Politely ask which language she speaks and provide forms, instructions, and any other important documents in that language.

c. Give her the forms and documents in English and ask that she fill them out to the best of her ability.

d. Reschedule her appointment so that an employee who may better understand her is available to help.

e. Call for external translation services.
Case Study Answers

1. A – If it is determined that treatment cannot be given without removing facial hair, first speak to Hardeep to ask if this is permissible and discuss how it might be done by sharing different options for the hair removal; consider the minimum amount of hair that needs to be removed; and then keep any of the removed hair and return it to Hardeep for disposal.

2. C

3. B

4. A and then B if necessary – There are many scenarios where articles of faith need to be addressed. If time allows, always create space for the individual to make an informed decision consistent with their individual religious practice. Whenever possible, articles of faith should only be removed with explicit permission from the patient or their healthcare proxy when a patient is medically or mentally unable to make decisions. All articles of faith must be kept in a clean place, near the patient if possible, and returned as soon as possible.

5. C – If the individual agrees to removing their turban, a separate space and clean room with a mirror should be provided for them to remove their turban and be able to re-tie it.

6. B, D, or E
Acknowledgements

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The Sikh Coalition
www.sikhcoalition.org
Additional Resources


Health care providers’ handbook on Sikh patients, State of Queensland, Queensland Health, 2011.

Providing Diversity Competent Care to People of the Sikh Faith, Fraser Health Authority, 2013.

Working towards the realization of civil and human rights for all people.
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