

# **Dying, Death and Grieving – A Cultural Perspective Conference**

## **Conference Report**

22<sup>nd</sup> – 23<sup>rd</sup> March 2002



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**Australian Multicultural Foundation  
Aged Care Training Institute**



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#### Thematic Presentations Convenors

Group A: Ms Joyce Rebeiro  
Group B: Ms Catherine Poussard  
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# Foreword

## Australian Multicultural Foundation

The Australian Multicultural Foundation was established in 1988 as a legacy of Australia's Bicentenary to:

- Promote awareness among the people of Australia and the contribution for people from all cultures and the development of Australia.
- Spread respect, tolerance and understanding between all cultural groups through any appropriate means
- Cultivate in all Australians a strong commitment to Australia as one people drawn from many cultures

During its ten years of operation, the Foundation has been proud to have been involved in projects of national and international importance. The variety and breadth of projects undertaken reflect the commitment of the Foundation to foster and support initiatives which examine social issues that have as their common theme communication in its broadest sense.

Awareness raising, developing recommendations, follow up and support programs ensure the on-going pledge of the Foundation to promote the benefits of diversity within an environment which encourages harmony and mutual respect.

The Australian Multicultural Foundation Aged Care Training Institute (MACTI) came into existence with the joint efforts of the AMF and RMIT University in 1997. Research in 1996 identified a need to develop special training for carers of the growing number of Aged people in Australia. RMIT was commissioned to develop appropriate training for all workers with the Aged and the MACTI was then set up as a Centre for training and information for Multicultural Aged Care.

While the emphasis of the MACTI has been on delivering training modules, over the last few years the MACTI has managed several projects including:

- Development of a Dementia package and an audiotape in 8 languages, entitled 'Caring For a Person With Dementia'. Since the original dissemination of the audiotapes, 1000 copies were reprinted in 2000 and a further 1000 reprints in 2001. An evaluation of this project was completed in 2000.
- The MACTI completed a statewide survey of volunteers in Culturally and Linguistically Diverse Community Groups.
- MACTI managed a project for the AMF, funded by Women in The North: "*Access to health services among Refugee and Migrant Women from diverse cultural and linguistic backgrounds in the Nathan Region*".
- MACTI has also developed and is implementing a promotional strategy to encourage staff in Home and Community Care organisations to complete training in multicultural aged care.

# **Aims & Objectives**

## **Conference Objective**

To broaden understanding of the diversity in relation to beliefs and practises surrounding the death and the dying person.

## **Key Topics to Be Addressed**

The broad areas covered by included in the conference are:

- Communication
- Religious Practises – Issues and Needs
- Perceptions of Death and the Dying Patient
- General Beliefs of Different Cultures
- Procedures Prior to Death
- Role of the Family
- Spiritual Needs
- Physical Needs
- Procedures at the Time of Death and After Death

# **Dying Death and Grieving –**

## **A Cultural Perspective**

A National Conference on diversity in relation to beliefs and practises surrounding death and the dying the person.

### **DAY 1**

22<sup>nd</sup> – 23<sup>rd</sup> March 2002  
RMIT Story Hall  
349 Swanston Street  
Melbourne, Victoria

## **Introduction**

**By: Mr Hass Dellal OAM**  
Executive Director  
Australian Multicultural Foundation

Mr Dellal was appointed Executive Director of the Australian Multicultural Foundation in 1989. The organisation was established to promote a strong commitment to Australia as one people drawn from many cultures. He Dellal has had extensive experience throughout Australia in multicultural affairs and has spearheaded a number of initiatives for the benefit and development of the general community. He serves on a number of committees and boards that deal with police relations, access and equity, skill recognition, second language development, philanthropy and the arts. Mr Dellal has also prepared a number of reports and programs on community relations on behalf of Government authorities and the private sector.

Mr Dellal currently serves as a Board member for the Adult Migrant Education Service, a committee member of Foundation House, a special adviser on the National Police Ethic Advisory Bureau and a Fellow of the Williamson Leadership Program 1993. In 1997 he was awarded the Medal of the Order of Australia (OAM) for services to Multicultural organisations, the arts and the community in the Queen's Birthday Honours List in 1997.

## Welcome

**By: Prof. Ruth Dunkin, Vice Chancellor**  
RMIT University

Professor Dunkin acknowledged Hon Gary Hardgrave, Minister for Citizenship and Multicultural Affairs, Sir James Gobbo, Chairman of Australian Multicultural Foundation, Mr Hass Dellal Executive Director, Australian Multicultural Foundation, leaders of faith, other distinguished guests, guest speakers, and the delegates. She welcomed everyone to RMIT University, Storey Hall for the conference on Dying, death and grieving from a cultural perspective.

Professor Dunkin highlighted some statistics on ageing from Culturally and Linguistically Diverse Backgrounds-

- Australians aged over 65 from culturally and linguistically diverse backgrounds will increase by 66 per cent by 2011.
- Vital that we meet the needs of an ageing culturally diverse population.

Professor Dunkin said that RMIT is truly committed to multiculturalism. Staff and students of RMIT come from over 80 countries and many more cultural backgrounds. RMIT is a truly global university with over 55 thousand students overseas and in Australia.

Professor Dunkin explained that Australian Multicultural Foundation in conjunction with RMIT University established the Multicultural Aged Care Training Institute in 1997. She said that the Multicultural Aged Care Training Institute delivers accredited training for all levels of workers in multicultural aged care. RMIT, Australian Multicultural Foundation and Multicultural Aged Care Training Institute have been involved in several projects. One project was the development of an audio tape titled "Carers of a Person with Dementia", which was translated into 8 languages. This project received an Australian Award for Teaching.

Professor Dunkin said that RMIT is committed to delivering a curriculum that teaches our students about the diversity of culture through its inclusion in programs from TAFE to Postgraduate levels. She also said that RMIT University has a large number of international students and has a policy on Cultural Diversity and racial equity which is a formal pledge to eliminate racist sentiment and to salute the positives of multiculturalism.



## Opening Address

**The Hon. Sir James Gobbo, AC, CVO**

Chairman, Australian Multicultural Foundation

Sir James was educated at Melbourne and Oxford Universities and was a Judge of the Supreme Court of Victoria from 1978 to 1994. Between 1997 and 2000 he was Governor of Victoria. He is currently Commissioner for Italy.

Since 1975 Sir James has served on various advisory bodies to the Federal Government in connection with immigration and refugee affairs. Heavily involved in migrant welfare for many years, particularly the Italian community, Sir James was the founding Chairman of the Australian Council of Multicultural Affairs and now serves as Chairman of the Australian Multicultural Foundation.

Sir James was honoured by Her Majesty the Queen with a knighthood in 1982, for services to the Community. He was again honoured for service to the Law, Multicultural Affairs and Hospitals by the award of Companion of the Order of Australia in 1993. He also received the award *Gran Croce all'Ordine de Merito* of the Republic of Italy. He has a number of honorary degrees including the Degree *Honoris Causa* from Bologna University.

Sir James' Opening Address reflected his passion for the diverse communities of Australia and commitment to a health care system that meets the needs of our Multicultural ageing population.

# Keynote Address

## The Hon. Gary Hardgrave MP

Minister for Citizenship and Multicultural Affairs

The Hon. Mr Hardgrave began his address by acknowledging the aboriginal elders and traditional owners of the land he was on. He then overviewed government research which clearly indicated that all people who deal with death and dying will deal with the challenge of cultural diversity and that this is a long-term aspect of our community. This calls for a high level of sensitive and caring support based on understanding of culture and personal choices.

Australia's Multicultural policies have developed, evolved and matured in tandem with our understanding of what it means to be a multicultural nation and as new challenges have arisen. In 1999, "A New Agenda for Multicultural Australia" introduced the Howard Government's policy of Australian Multiculturalism. This policy is based on the principals of cultural respect, social equity, civic duty and productive diversity within a common commitment to shared Australian values. This commitment means that the infrastructure that underpins our society must be responsive to all members of our culturally diverse population at all the stages of life, including death and the grieving that accompanies dying.

Three points were then emphasised;

- "One size most definitely does not fit all". Death is one aspect of life that is deeply personal and dealt with according to family and community mores.
- Intra-group diversity. While a culture may generally practice certain rites and rituals, individual members and families within that culture may have quite different ideas about how they deal with death.
- Next is the number of different people who deal with dying, death and grieving as part of their professional life.

Mr Hardgrave felt that as death approaches many people reach for the security of time, people and places in the past, including nostalgia for one's birth country. He was eager to encourage people to consider citizenship as a means of finding acceptance, commitment and standing in an Australian context, while still being able to maintain a personal cultural heritage. He sees the mutual respect inherent in Australian multicultural policy as making people feel they can live and die within a caring and respectful community which will value their contributions and their value to their family and to their community.

To address these issues the Commonwealth Government are taking three main approaches:

1. Promoting Australian Multiculturalism;
2. Encouraging all levels of Government and their various policy and service areas to address cultural diversity within their sphere of influence; and
3. Specific Commonwealth Government strategies in Aged Care, including the National Palliative Care Strategy.

In closing, Mr Hardgrave commended the speakers, discussants and listeners for taking time to reflect and learn about how we can support our fellow Australians during these difficult times in their lives.

## **Keynote Address**

**Mr Graeme Johnstone**

State Coroner of Victoria

Mr Johnstone outlined the role of the Coroners Office as being to ensure that all reportable deaths are investigated appropriately and efficiently. The Coroner also has a similar responsibility to investigate fires. In Victoria there is a centralised system administered by a State Coroner with a Deputy and a full time Coroner to assist. All Coroners are magistrates and are legally qualified.

A Coroner investigating a death must find if possible:

- The identity of the deceased;
- How the Death occurred;
- The particular need to register the death under the Registration of Births, Deaths and Marriages Act 1959; and
- The identity of any person who contributed to the cause of death

Mr Johnstone explained the challenging process of trying to balance these investigations with the cultural requirements of the deceased family, and some of the legal reasons why cultural requirements can or cannot be accommodated. He also stressed the importance of communication with different cultural groups, and that they need be heard in reference to investigations and to be able to voice their own expectations of the Coronial process.

# **Plenary Session One: Religion and Dying, Death and Grieving**

## **Conference Presenters**

### **Rabbi Phillip Heilbrumm**

St Kilda Hebrew Congregation

Rabbi Heilbrumm spoke on the Jewish perspective of dying, death and grieving. He explained the belief that death is a natural part of life and there is nothing to fear if you have led a good life. Some of the rites that need to be observed included;

#### Rites for the body

- The person must not be touched when the lungs are filling (as the person is dying)
- The body is prepared
- Rending of garments
- Acceptance of God's will
- Washing discreetly with 2 gallons of water and towelled off
- Belt is tied around waist.
- Body is put in a simple wooden casket to signify all are equal.

#### Service

- An Obituary
- Soil from Israel poured on to the body
- Mourners put 3 shovels of dirt on the body

#### Shiva

- 7 days of mourning
- stay at home on low benches
- services brought to home
- meals of mourning usually egg
- friends offer support
- avoid music for Shiva
- no sexual activity
- no shoes
- no work

#### 3 weeks of mourning

- reduced activity similar to above

#### Year of mourning

- Credit is brought to the deceased spouse or children, by the community

## **Venerable Tich Nguyen Tang,**

Vice Abbot, Vietnamese Buddhist Monastery, Fawkner

Venerable Tich Nguyen Tang spoke on the Vietnamese Buddhist beliefs around dying, death and grieving. From his experiences of witnessing distressing deaths in Melbourne's hospitals and prisons, he felt that people seem to face fear in death, contrary to the comforting Buddhist belief that this inevitable physical end is really "not the end of life". To Buddhists death is not the end of life, it is merely the end of the body we inhabit in this life, while our spirit will still remain and seek out through the need for attachment, attachment to a new body and new life. Where they will be born is a result of the past and the accumulation of positive and negative action, and the resultant karma (cause and effect) is a result of ones past actions.

Some of the rites that need to be observed included;

### In life

- To lead a good, calm, positive life
- This leaves us with no regrets as death approaches, and we are able to surrender to the inevitable

### At the time of death

- Monks, Nuns or friends read and chant prayers
- The final moment of consciousness is important to the rebirthing process, so even if in hospital these prayers should be facilitated
- Nurses and family members should not touch the body for 3-8 hours after breathing has ceased, and then the corpse should be treated gently and respectfully
- In Vietnamese Buddhism they prayer for 49 days after the person passes, to ease the transition to rebirth

### After death

- The person may achieve Nirvana, or
- May be reborn
- Outline of other levels of heaven and realms

## **Granpi Dharam Sigh**

Sikh Temple, Blackburn

Sikh Religion, Death, Dying and Grieving

*While unable to attend the conference, a paper was submitted and is included on the accompanying CD.*

Granpi Dharam Sigh explained that Sikhism is the youngest of the great world religions. There are over 20 million Sikhs in the world, tracing their origin to Punjab, located in present-day Pakistan and northern India and was founded in the 1400's by Guru Nanak.

The Sikh religion is strictly monotheistic, believing in one God, free of gender, absolute, all pervading eternal Creator. Sikhism proclaims that people of different races, religion or gender are equal. It is also a belief system that stands for peace harmony and social justice, and believes in reincarnation.

In Sikhism *Kaal* is a term frequently used for death. It has a dual meaning. It refers to death as well as Time. Theologically both connotations are linked. Time constantly gnaws at the fabric of life. Since it keeps nibbling at life, it brings home the point of our transitory existence. One has to make the most of life.

Some of the rites that need to be observed included;

### Palliative care

- The dying person should be able to live in dignity and comfort.
- There are no religious prohibitions affecting medication.
- Spiritual care of the person is important. Prayers provide the patient with a sense of peace and joy.
- Any Sikh, family, friends or pastoral care workers may read prayers to the patient. It may be appropriate to use an audiocassette.
- Meditation may also be used

### Rites of the body

- Non-Sikhs may attend to the body at death.
- It is essential to see that the five articles of faith of the deceased are respected. These should not be removed from the body.
- No hair should be cut or trimmed.
- Eyes are closed and limbs are straightened.
- The body may be covered or wrapped in a clean sheet.
- The body will be washed according to Sikh tradition by the next of kin or relatives and friends.
- Cremation takes place as soon as possible. If cremation is not possible then it is acceptable to place the body in water in a river or at sea.

### **Grieving**

- To a Sikh, death is reunion with the Beloved Creator; it is a time for joy, because the soul has longed for this moment since it was separated from Him.
- Death is therefore not an occasion for grief. Sikhs are forbidden to lament over death.
- The Sikh bereavement ceremony consists of reading Sri Guru Granth Sahib (Sikh holy Scripture) from beginning to the end praying for the departed soul.



**Dr Abdul Gazi**

Preston Mosque

Dr Gazi from the Preston Mosque explained that to Muslims Death is inevitable. The Soul lives on, and must prolong life for 'light'

**Dr Martand Joshi**

Honorary Consulate of India

Hinduism is one of the oldest religions in the world, yet the basic tenets have not changed for the past 4,500 years. However, rituals vary from area to area. The basic tenet of Hinduism is 'God is one' Yet Hindus worship many gods in the form of idols. All these idols of 'gods' are different manifestations of the same God. Unfortunately people from other religions such as Muslims and Christians, coming to India saw Hindus as primitive people for worshipping stones and wooden figures.

Individual persons including all forms of life are potentially divine. *Atman*, the soul, is part of the *Paramatman*, eternal soul, i.e. God. This Atman is never born and shall never die like the *Paramatan*. Anything that is born must die, anything that dies will be reborn. Body is born. Body will die, but not the Atman. Hinduism preaches the concept of reincarnation. The atman comes back in another body based on the *Karma* a person performed during his life on this earth. If you performed good deeds in this life, God will reward your atman with a better life in it's next life. This is a positive hope for people afraid of dying.

Generally Hindus cremate the dead though there are a few communities among Hindus who bury their dead. There are rituals associated with cremation. All the incantations are based on the edicts of the Vedas, Hindus pray for the departed atman to be permanently merge with the Paramatman – the God, thereby this atman shall be relieved of the cycle of birth and death. That is called *Mukti* – salvation.

The Mourning period is generally 13 days. Transmigration of the atman is taking place during this time. At the end of mourning period the family have a 'celebration' of the departed soul's oneness with the God. Friends and relatives are invited and prepare food liked by the person during his life on this earth. By now tears have dried up and a sense of normalcy returns to the family and life goes on.

**Father Emilio Vaccaro**

Executive Director

San Carlo Homes, St Francis of Assisi

Father Emilio chose to speak on his System for improving the lives of the 234 Italian residents of the two nursing homes that he represents as Executive Director and Pastoral Carer, rather than dealing specifically with the Christian rituals of dying, death and grieving. Most of the residents migrated to Australia in the 1950s from small country villages, where the priest and the nuns were not only the spiritual leaders in their community, but many times were councillors, advocates, providers of health care and mediators.

In 1993, when I was appointed Executive Director and Pastoral Carer, after 30 years of caring for the Italian migrants in Australia, I asked myself two questions, as a way of a program:



He believes that we are witness to a spiritual desert, where people are eager and in hurry to live and ignore the mystery of death, not realising that by doing so they neglect an essential element of the pleasure/taste of living. Therefore he asks the questions;

How can the Residents re-acquire the pleasure of living?

How can I help them to look at suffering, sickness and death with a serene and peaceful attitude?

The structure of the two institutions he oversees, promotes an environment which is familiar to the residents and which encourages them to live life fully, even within the restrictions of the process of ageing. This is achieved through a policy of very personal relationships between the staff, residents and family and the fulfilment of religious needs within this structure.

The success of this system was demonstrated by;

1. Presence at religious functions: 60 %. Another 30 % cannot attend due to their health conditions, but the Sacraments are taken to their rooms.
2. The Priests and Nuns are extremely well received by the families and Residents, who see them as their friends and essential in the care provided.
3. Holy Communion and the anointing of the sick, given once a month, is without any doubt the source of their courage in accepting their lack of mobility, loss of independence, pains and suffering.

Father Emilio also emphasised that the real success is shown in the gratitude of the residents and their families, and their courage and peace of mind in the presence of death. He used two lovely examples to demonstrate this at the end of his talk.

### **Father Chris Dimolianis**

Greek Orthodox Archdiocese of Australian Multicultural Foundation Aged Care Training Institute (MACTI)

Father Chris explained the Greek Orthodox interpretation of Christian beliefs;

#### **In Life**

- He spoke of the Restoration of goodness of death by Jesus, and need to live a good life.

#### **Prior to death**

- No last rites are used, but they do administer Holy Communion or Eunction

#### **Rites of the Body**

- No cremation because the body is sacred
- After death there is a short service (10 mins)
- The Body is Washed in oil and wine
- The body is dressed and a burial shroud is used
- Last farewell procession

### **Ms Lisa Thorpe**

Aboriginal Spirituality

- Ms Thorpe spoke on the difficulty of speaking on the rites used by Aboriginal

- Some customs have not been passed down through the generations, as they have not been allowed to be practiced

## **Thematic Presentations**

### **Group A: Cultural Diversity – Best Practice at Le Pine Funeral Services**

**Mr Damien West,**

Training Development and Community Education Manager

Mr Damien West of Le Pine Funerals mentioned how in Australian planning for wedding can take over 365 days, yet we organise funerals in 3 days, making it a stressful process during grieving. Funeral Directors therefore have a duty of care to assist the family in this process.

He emphasised the need for professionalism, as well as being able to draw on personal experience, to delivery quality services for all faiths.

The Funeral Director needs to be flexible. Most faiths value life and the need to lead a good life. However, some put more emphasis on pre death preparations, while others on post death rites. He also emphasised the need for staff training in working with multicultural families, as they work with many different faiths and cultural traditions, as well as many different Christian denominations.

## **Group B: Aspects of Law and Culture in Deceased Estates**

**Ms Carolyn Sparke,**  
Barrister

Ms Sparke began by explaining that it is the executor (or administrator of the estate) who has control of the body and makes decisions with respect to burial rights. The executor is not obliged to consult with the family or beneficiaries of the Will and is not obliged to follow the directions of the deceased. Where family members have a different desire for burial than the executor, it is the executor who makes that decision (although they should take into account the family's wishes and those of the deceased). The executor is also obliged to meet reasonable expenses for burial from the deceased's estate.

Where a person is left nothing or an inadequate amount under a Will it is possible for a challenge to be mounted. In our society Will-makers are completely free to leave their property as they wish, but are obliged to make "proper provision" for those to whom they have "responsibility" (eg spouse and children). In some cultures the widow can be left out of a will because there may be a presumption that they will be cared for according to tradition. This can cause problems within a modern Australian context, where younger generations are changing their attitude towards their cultural obligations (e.g. the oldest son may not want to care for the widow in the home). The Courts will generally apply Anglo-saxon expectations when deciding whether a person has received 'proper provision' under a Will, and try to protect the persons' home and property. Ms Sparke advised that in such cases the person should seek independent advice as to whether they may have a claim upon the estate.

Another interesting issue raised by Ms Sparke was that children may be left out of a parent's Will because their parents disapprove of their behaviour (for example, by marrying outside the culture or religion). In these circumstances a court says that a "wise and just" testator is tolerant of generational differences and ought not punish children for adopting normal (albeit disapproved) social behaviours.

There can also be problems about the level of understanding of an older person whose first language is not English. As people age, they sometimes revert to their birth language (which could be a sign of dementia or simply be easier for the person). When older people rely upon family members to act as "translator" for them in drafting a Will, it can give rise to potential conflict. Ms Sparke advised that carers or community workers could be an option in providing independent translation. The presence of an independent translator can also help to verify that a person was of sound mind and acting independently.

**Group C: Importance of Rituals Attached to Funerals and Grieving from and Arabic Community Perspective**

**Ms Dalal Elhage-Smiley,**

Chairperson, Victorian Arabic Social Services.

Ms Elhage-Smiley's presentation addressed the importance of the rituals attached to funerals and grieving from an Arabic community perspective. It examined how, in a cross cultural setting, both the process of grief and the rituals associated with grieving can be aggravated through misunderstandings and lack of awareness in care givers and other professionals. She spoke from a personal perspective on issues around the death of her brother and the cross cultural relationship with her brother's Anglo background wife.

## **Group D: Rural Perspective: The Uniqueness of Rural Setting in Providing Culturally Sensitive Support**

**Mrs Nancy Cutlack,**

Lodden Mallee Palliative Care

This presentation highlighted the uniqueness of the rural setting in providing culturally sensitive support. To illustrate the issues involved in the delivery of Palliative Health Care in the Lodden Mallee Region, Mrs Cutlack used a case study. The service was delivered by Bendigo Community Palliative Care in conjunction with Swan Hill Palliative Care, Rural Allied Health Services, Koori Liaison services and the Jehovah's Witness community. She used a map, pictures and demographic data on the region to demonstrate the variety of cultures (including indigenous Australians), and vast distances unique to rural settings in Australia, both of which needed to be taken into account in program delivery.

The Case Study illustrated that culturally sensitive Palliative care is about listening to the stated and unstated needs of people in care. Professionals need to be aware of the cultural history and have an understanding of the differences in peoples various cultural and spiritual needs. It is important to individualise care and to develop a partnership with patients, so that best outcomes can be achieved for people in the last stages of their lives, along with their bereaved relatives and friends. Using a multi-disciplinary approach of sharing responsibility with other care professionals and voluntary providers in the region the case study family received care that enabled them to achieve comfortable goals for their physical, emotional and spiritual wellbeing.

## **Summary of Day**

**Ms Julie Eisenbise,**

International Coordinator, Faculty of Life Sciences, RMIT University

Ms Eisenbise highlighted from Hon Gary Hardgraves presentation that he spoke of how in recent decades, successive Australian governments have adopted policies that encourage respect for cultural differences and the benefits it can bring. Mr Hardgraves was keen to encourage people to consider citizenship as a means of finding acceptance, commitment and standing in the Australian context, while still being able to maintain a personal cultural heritage.

Ms Eisenbise acknowledged the religious speakers by commenting 'the Rabbi makes seven'. The religious leaders spoke of different practices and rituals for the dying and deceased person. They spoke of how death is dealt with by the family.

Ms Eisenbise spoke of Ms Thorpe's presentation about aboriginal spirituality, of how customs are not passed down through the generations as they are not allowed to be practiced.

She said that Mr Johnstone, state coroner stated that the coroner must investigate sudden and unnatural death. Many deaths are preventable. The coroners office

must try to balance investigative versus cultural requirements and whether or not it can be accommodated.

Ms Eisenbise then summarised the thematic presentations which included Ms Cutlack who spoke about culturally sensitive palliative care in the Loddon Mallee region. Ms Eisenbise said that she presented a case study, which illustrated that culturally sensitive palliative care is about listening to the stated and unstated needs of people in our care.

Ms Eisenbise summarised the second thematic presentation from Ms Sparke a barrister who spoke about the cost of funerals which can lead to disputes. She continued by saying that Ms Sparke pointed out that wills can be challenged and that it is necessary when reading a will to have a culturally appropriate solicitor who speaks the language.

Ms Eisenbise continued by speaking about Ms Smiley's presentation about the issues surrounding the death of her brother who was married to an Anglo woman. Finally Ms Eisenbise concluded the thematic sessions with the presentation from Mr West from Le Pine funerals who made the statement that we bury someone in three days but plan a wedding over 365 days.

Ms Eisenbise concluded that the day had heard presentations both from professional and personal perspectives.

She spoke of the different faiths that highlighted the importance of life and leading a good life.

**Ms Eisenbise concluded by saying that the theme that constantly arose from the sessions was that communication is vital we must ask and listen.**

# **Dying Death and Grieving –**

## **A Cultural Perspective**

A National Conference on diversity in relation to beliefs and practises surrounding death and the dying the person.

## **DAY 2**

22<sup>nd</sup> – 23<sup>rd</sup> March 2002  
RMIT Story Hall  
349 Swanston Street  
Melbourne, Victoria

## **Introduction**

**Mr Hass Dellal OAM**

Executive Director

Australian Multicultural Foundation

## **Keynote Address**

**Dr. Odette Spruyt,**

Head of Palliative Care, Peter McCallum Cancer Institute

“Delivering Palliative Care in a Multicultural Society”

Dr Spruyt defined Palliative Care as the care of people with advanced illness for whom the goals of care are best symptom control, supportive management and achievement of best possible quality of life. In the words of Dame Cecily Saunders, the foundress of the modern day palliative care movement, ‘our goal is to put life into your days’. Such care is patient and family centred. What makes life worth living is highly variable and must be discovered anew for each person.

Given this appreciation of the importance of the individual experience, it is apparent that the delivery of such areas is challenging when communication is limited, common ground of understanding is absent and the population requiring care is highly diverse. Such is the case in a multicultural society such as Melbourne, Victoria and in many other parts of Australia and the international community.

Dr Spruyt highlighted the importance of converting the often negative perception of death, to a positive experience for culturally and linguistically diverse communities. Communication was an important factor especially when most patients of CALD were not only not fluent in English but also sometimes illiterate in their own birth language. Dr Spruyt pointed out how traditional practices were often in conflict with Western medical procedures (e.g. gender issues around a female Western doctor tending to an Islamic male). Dealing with members of the family who adopted the role of interpreters for the dying, was like “walking a tightrope” as respective cultural attitudes to disease and death filtered out the critical information to be passed on to the patient. Finally, a heartening comment to conclude her presentation - what an intimate, special and privileged time it was to be in the presence of someone dying.



## **Keynote Address**

### **Dr. Abe Ata, Senior Fellow**

Melbourne University

“Psychosomatic Reactions to Grief within Select Religions/Ethnic Groups in Victoria.”

Dr Ata’s presentation outlined research into the relationship between the cultural and religious diversity in Australia and a spectrum of psychological and physiological symptoms that are associated with bereavement and well being. Religious and cultural diversity in Australia have been overlooked by many of the religious, medical, legal and health care providers where perceptions, practises and considerations have been uniform for a very long time. One’s cultural background and religious affiliation have been found to be a strong indicator of individual health.

A sample of 300 households from the Melbourne metropolis formed the basis of the research analysis. The background of the interviewees covered eight community groups including Irish Catholics, Australian born Christians, Italian born, Arab Muslims, Vietnamese and Indian born.

Some of the significant findings from Dr Ata’s fascinating research included;

- Arab born Muslims rated highest in feeling shame in expressing grief in public. Buddhists rated the lowest in this group.
- Overall, males rated higher in being reluctant in expressing feelings of grief in public.
- Anglo Australians rated highest in seeking psychiatric help in dealing with grief, whereas Italians rated highest in seeking relief through pharmacological means. All other ethnic groups rated low in seeking psychiatric help.
- Weeping was rated the highest behavioural response at a funeral.
- Anger and disappointment were the most predominant feelings accompanying grief.
- Constantly thinking about a dear departed (especially a spouse) was a predominant symptom.
- Activities most disapproved of during grieving in Islamic, Jewish and most European groups were listening to music, watching television and engaging in sexual activity.

## **Keynote Address**

**Prof. Olga Kanitsaki AM,**

Head of Nursing and Midwifery, RMIT University

“Cultural Perceptions and Practices in Dying, Death and Grieving”

Dr Kanitsaki began her presentation with some statistics on the cultural break down of the Australian population, as well as a break down of the languages spoken. As the years pass and immigration continues, the Australian population will diversify culturally and linguistically even further. The implications of this for health professionals is enormous because it is extremely difficult for them to know the cultural perceptions and practices of all the different ethnic and linguistic groups in Australia. The cultural practices of immigrant and refugee groups - and of the individuals and families who comprise them - become more complex, intricate and difficult to discern as they develop and live their lives in Australia. Many people of diverse cultural and linguistic backgrounds often find that their cultural practices are not possible or appropriate in their new country.

Illness, dying, death and grieving are among the most sacred and significant experiences of all human societies. How people respond to these events depends on practices, customs and traditions that embody their specific philosophies, religion, beliefs, values, meaning and constructed relationship between the human person, life and the universe. Rituals associated with death and mourning help re-establish relationships between the social and supernatural world that are often disturbed. They facilitate therapeutic communication and encourage mutual family and community support and solidarity.

Dr Kanitsaki felt that it is possible for health care professionals to develop a ‘cultural awareness’ in order to;

1. to avoid practices that may be culturally inappropriate and hence harmful
2. to avoid imposing cultural values, beliefs and meanings upon people that are irrelevant and unhelpful
3. to help construct meanings that are helpful, supportive, empowering and constructive for people who are in need
4. to support caring practices during dying, death and grieving times, that reinforce beneficial cultural meanings, affirm self identity and integrity a sense of belonging and caring practices, and that support meaningful family and community connections.

Dr Kanitsaki then used various case studies to illustrate a framework for health care professionals to use in their care for dying and grieving people and their families from different cultural and linguistic backgrounds.

To establish a meaningful, effective, and therapeutic relationship with individuals and families of different cultural and linguistic backgrounds, health professionals must recognise and support the appropriate rituals associated with dying, death and grieving. The dying person and his /her family can be cared for in the most culturally appropriate way not only through the observance of important rituals but also through the use of culturally appropriate care practices, appropriate communication, body language, use of appropriate terms, and behaviours. To do this however, one needs to have some idea about general cultural practices and communication styles of the particular group. But most importantly what is essential is the assessment and respectful and full involvement of the patient and family in the care planning. Dr Kanitsaki then outlined a care assessment plan, and emphasised that care professionals should not only be culturally aware, but to also take into account the diversity of their clients and the diverse social conditions and cultural contexts they live in.

## **Plenary Session Two: Supporting Police and Emergency Workers to Understand Diversity and Death and Dying**

### **Conference Presenters**

#### **Mr Con Patralis**

Metropolitan Fire and Emergency Services Board, Police and Emergency Services

Mr Patralis summarised how Respect and Working Together were essential components when responding appropriately to CALD communities in emergency situations and that the community is seen as Australian rather than “multicultural”. This presented a perception of inclusiveness with no divisions in service provision – that when attending an emergency you could be dealing with anyone. Education and professional development was also identified as being essential for emergency staff.

The Metropolitan Fire and Emergency Services Board (MFESB) has 1550 professional firefighters, manning 47 strategically placed fire stations around metropolitan Melbourne. In February 2000 the MFESB expanded its traditional role to include delivery of Emergency Medical Response. With its introduction came many changes, the impact of which are still being felt. Firefighters are now responding on a regular basis to medical emergencies that may result in death. As our community is built from ethnicities and cultures that span the entire globe, the understanding of the role of firefighters when confronted with issues around dying, death and grieving specific with Emergency Medical Response can be challenging for both. The questions that remain are the understanding of the role of the Fire Brigade and the understanding of the boundaries when dealing with people from various cultural backgrounds. The challenge for all would be as a community – how do we address these issues?

#### **Superintendent Rod Norman**

Statewide Strategic Support Division Victoria Police , Police and Emergency Services

Superintendent Rod Norman followed on to talk about “mercy management” – of the important role of Police and Emergency services as support for the Coroner. Maintaining cultural sensitivity was a challenge for the Police force, especially when time is of the essence when responding to an emergency situation. Rod emphasised the importance of education and cooperation, in order to live and work with dignity. He gave a brief overview of Police and Multicultural relations, the issues that arise with cultural clashes and the attempts that are made to overcome misunderstandings, including the publishing of the National Booklet on Religious Diversity.

# **Reproductive Loss – Rituals and Rites and Cultural Issues**

## **Conference Presenters**

### **Ms Catherine Poussard**

Royal Women's Hospital Pastoral Care and Spirituality Service

Ms Catherine Poussard, in her engaging treatment of Reproductive Loss and Grief, introduced for us the broader definition of "loss", as did Trish Waters of Carers Victoria, following this. Death of an unborn or young child meant also the loss of parental roles, dreams, meaning and faith. It was mentioned earlier of the difficulty of maintaining traditional practices in Australia. Ms Poussard's work admirably involves the development of new rites and rituals - a necessity in times of change and where outmoded practices are lost, or no longer relevant. Some of the main challenges faced by Poussard's work involved the complexity of grappling with ethical definitions such as "when does the soul enter the body?" or "when is a baby a baby"? Other challenges were concerned with appropriate and congruent protocols and procedures when dealing with young grieving parents – finding ways to be inclusive and providing personal meaning amongst the various cultures and so beautifully illustrated in the contrast of the burial by the Samoans and Anglo Australians.

The Royal Women's Hospital in Melbourne offers a number of services as a part of a bereavement support network for women and their families who experience the death of a baby. A bereavement care plan is followed for every woman who has a miscarriage (from 15 weeks onwards), stillbirth, neonatal death of a termination for foetal abnormalities. The fabric of patients' cultural, religious and individual needs for support in decision making and grieving, weave the style in which their care is facilitated. Some of the issues arising particularly from the paternal care perspective relate to custodianship of cultural rites and difficulties where individual beliefs and needs conflict with the cultural norms and religious expectations and/or responsibilities.

## **Culture and Grief**

### **Conference Presenters**

#### **Ms Trish Water**

Community Education and Development (Loss and Grief), Carers Association of Victoria.

Trish Waters' presentation 'The Hidden Nature of Caring – Culture of Grief' reminds us that loss can happen before death and that there are different kinds of loss. With carers of dying loved ones, income, independence, health, wealth and happiness are just a few of the things lost in the duty of caring. Ms Waters pointed out the constant clashing of caring values that exists when comparing Anglo with other cultures. Expectations of Anglo Australian caring

values are of independence and self-sufficiency whereas with CALD communities there is the concept of the extended family. And the blending of Anglo culture with CALD cultures through the generations has created a myth – that CALD communities are okay due to this extended family care. This stereotype can disadvantage CALD communities in terms of access to services or to culturally appropriate services. It also means the stresses and strains such families experiences are not acknowledged.

Caring for ageing parents is seen in most cultures as an honour, as an opportunity to repay parents for the sacrifices made in the rearing and educating of their children. In this situation, it may be regarded as inappropriate to grieve the loss of one's way of life, one's job or friendships. Values about caring for people with disabilities or mental illness differ between communities. While many positive changes in attitudes towards disability and mental illness have occurred in the last decade or more in Australia, in many CALD communities it may still be seen as a shame, something to be hidden, something, which may reflect negatively on the family. However, it is again risky to stereotype, because we all know, culture is dynamic and people are making adjustments all the time.

The predicted trends for the next several decades is it's potential to challenge the area of loss and grief where the focus of 'death and dying' could lean more towards 'care and extended living'. Essentially the journey to bereavement is likely to take longer and be more protracted as we live to an older age, with a strong chance of having a serious illness and/or disability before we die. This has a direct implication for carers as the number of individuals requiring help, support and home based care from family and, friends (who may also be ageing) will also increase.

As workers and professionals there is a need to recognise and validate the carer's experience of loss and grief by acknowledging and naming their precarious situation as such. Without such recognition or acknowledgment by naming loss and grief as part of the care-giving journey, the carer could find themselves embarking on a lonely and isolating voyage.

## **Thematic Presentations**

### **Group A: Culture and Grief: The Hidden nature of Caring**

**Ms Joyce Rebeiro**

Community, Education and Development, Carers Victoria

Culture and grief are intimate travelling partners in the journey of caring. This presentation explored the impact of caring for a friend, partner or family member with a chronic or acute condition, mental illness or who is frail aged, in the context of cultural values and beliefs. Major life changes and losses experienced by carers such as the death of the person they have been caring for and less visible or acknowledged losses such as income, career, status, identity, freedom, lifestyle, unfulfilled expectations or dreams.

Carers Victoria is:

- The only statewide organisation that has care and carers as its primary focus;
- Is the central organisation and voice for carers in Victoria;
- Works with other organisations and government agencies on carer issues;
- Committed to access and equity for people from all cultural, language and socio-economic backgrounds.

### **Group B Reproductive Loss: Rituals and Rites**

**Ms Catherine Poussard**

Royal women's Pastoral Care and Spirituality Service

### **Group C: Culture and Grief: The Hidden nature of Caring**

**Mr Con Patralis**

Metropolitan Fire and Emergency Services Board,  
Police and Emergency Services

### **Group D: Community Perspective**

**Ms Mary Predabon**

National Association for Loss and Grief

## **Summary and Close of Conference**

**Mr Joe Spano**

CO AS IT

Mr Spano closed the conference with a story by Sogyal Rinpoche, "The Tibetan Book of Living and Dying". It illustrated of how complacent we may become when perceiving our own environment, the people around us, our understanding of cultures as well as our concept of the universe.

He explained how, as case managers in aged care services, COASIT concentrate on the Italian community. To avoid becoming monocultural they work in the context of the presence other cultures. For example, the primary criterion is to offer assistance to Italian speaking people, but they might originate from Croatia, or Albania or even Egypt. Not all the carers are Italian either. Some might be of Spanish background, French, Polish or Anglo Australian, of course.

Mr Spano outlined how the two day conference provided a variety of engaging speakers discussing a variety of traditions and cultural practices to do with dying, death and the grieving process. He felt that the last day held some particularly stimulating presentations. There were common themes running through these, namely, the steady evolution and changes in traditional practices after the migration experience, the importance of communication, and the complexity of balancing cultural sensitivities when dealing with medical and legal procedures.



Major Issues Arising From the Conference

**Attachment  
Conference Participants**

Aysin Akdeniz	Stonnington City Council
Hellen Askey	Dandenong Hospital
Dr Abe Ata	Melbourne University
Philip Bachelor	Fawkner Memorial Park
Sheridan Bajada	Southern Cross
Jannette Bossink	Royal District Nursing Service
Adrianna Bucciatti	CO AS IT
Lois Bunn	Centrecare
Alex Burns	MRC Newcastle
Lynn Cain	AMF, Aged Care Training Insitiute
Jackie Carey	Villa Franca Private Nursing Hospital
Ann Carroll	Caritas Christi
Diana Cerini	Strathdown Community
Maryanne Chapman	Colac Community Health
Velma Clarke	Tattersalls Palliative Care
Emma Contessa	CO AS IT
Joan Corfee	Dandenong Hospital
Maxine Coughlan	Royal District Nursing Service
Anne Craig	Hospice Care Association of Southern Tasmania
Judy Curry	Melbourne City Mission
Nancy Cutlack	Lodden Mallee Palliative Care
Gerard Daniells	Metropolitan Fire and Emergency Services Board
Joanne Debrincat	WIN Support
Has Dellal	Australian Multicultural Foundation
Father Chris Dimoliania	Greek Orthodox Archdiocese of Australia
Rosemarie Draper	Royal District Nursing Service
Rhonda Dunham	Glanville Village
Professor Ruth Dunkin	RMIT University
Julie Eisenbise	RMIT University
Dalal Elhage-Smiley	Victorian Arabic Social Services
Valerie Evans	Mercy Western Palliative Care
Rosemary Feeley	Caritas Christi Hospice
Sneza Filiposki	Northern Hospital
Andrea Fitzgerald	Royal District Nursing Service
Lynn Fitzpatrick	Bundoora Extended Care
Maureen Flaherty	Cabrini
Tina Fratta	Macedon Ranges Shire Council
Gail Gaines	
The Hon. Sir James Gobbo	Australian Multicultural Foundation
Mandy Gregory	Very Special Kids
Lynn Grigsbey	The Salvation Army
Kevin Grigsbey	The Salvation Army
Christopher Hall	
Kay Hancock	East Wimmera Health Service
Anita Galtieri	Australian Multicultural Foundation

Hon. Gary Hardgrave	Minister for Citizenship & Multicultural Affairs
Dr Gazi	Preston Mosque
Rabbi Philip Heilbrumm	St Kilda Hebrew Congregation
Louise Herft	
Marianne Holford	MRC Hobart
Sue Jamieson	MFB
Graeme Johnstone	State Coroner of Victoria
Dr Martand Joshi	Honorary Consulate of India
Helen Kane	Royal Women's Hospital
Professor Olga Kanitaski	RMIT University
Moira Kean	
Leon Keegel	Department of Health and Aging
Janet Kingsley	Caritas Christi Hospice
Kate Lancaster	RMIT Life Sciences Business Unit
Joan Leech	Melbourne City Mission
Samantha Lehance	Caritas Christie Hospice
Meg LeRiche	Moorfields Community
Anna Loizou	DoCare / Wesley Mission
Andrea Long	RDNS
Fay Lukie	Moorefield Community
Kathryn McKenzie	St. Bernadettes
Catherine McMahon	Alfred Hospital
Margaret McMillin	The Salvation Army
Jutta Melzer	Melbourne Health, MERCs
Alison Millar	Alfred Hospital
Josephine Milone	Towergrange (Bellview RACS)
Dorothy Mitchell	
Sharon Ness	Anglican Aged Care Services
Thi Hue Nguyen	North West MRC
Julian Northmore	MRC Hobart
Superintendent Rod Norman	Police and Emergency Services
Mary O'Shannessy	Villa Maria Society
Julie Ottrobe	Cabrini Hospital
Gillian Owen	Melbourne City Mission
George Paltidis	RMIT Life Sciences Business Unit
Con Patralis	Police and Emergency Services
Damien Peile	Fawkner Memorial Park
Ljubica Petrov	PICCVIC
Bounnou	Laos Australian Welfare Association
Phaosihavong	
Julie Poon	Goulburn Valley House
Catherine Poussard	Royal Women's Hospital Pastoral Care and Spiritually Service
Eve Powell	Centrelink
Mary Predabon	National Association for Loss and Grief
Mirella Rao	Dandenong Hospital
Joyce Rebeiro	Carers Association of Victoria
Robert Reid	Victorian Police
Mary Robertson	Melbourne Community Support Project
Jan Sapir	Jessie McPherson Pvt Hospital
Anna Shadbolt	Centre for Grief Education

Yu Ping Shih	Anglican Aged Care Services
Granphi Dharam Singh	Sikh Temple
Marlene Smith	Melbourne Health, MERCS
Joe Spano	CO AS IT
Caroline Sparke	
Jill Spencer	Eastern Palliative Care
Dr. Odette Spuryt	Peter McCallum Cancer Institute
Jo-Ann Stenton	Melbourne Health
Pam Storey	MS Society of Victoria
Jennie Stempel	Box Hill Hospital
Lisa Thorpe	Jarlo Visions
Venerable Thich Ngyen Tang	Vietnamese Buddhist Monestry
Joy Tedjosiswoyo	
Christi Tsafos	Vision Australia Foundation
Gloria Turner	
Father Emilio Vaccaro	San Carlo Homes, St Francis of Assisi
Daveen Valentine	AMF Aged Care Training Institute
Jane Vongsay	Laos Australian Welfare Association
Jennifer Voo	Caritas Christie Hospice
Jeanette Walker	Gippsland Migrant Resource Center
Violetta Walsh	MRC Newcastle
Trish Waters	Carers Association of Victoria
Simon Wein	Peter McCallum Cancer Institute
Damian West	Le Pine Funeral Services
Michelle Willison	St. Georges Health Service
Belinda Wythe	Linkages
Leanne Zappulla	Moorefield Community
Ann Zappulla	Loddon Mallee Palliative Care
Heidi Zerno	MS Society

