Special issue article

What nurses need to know about Buddhist perspectives of end-of-life care and dying

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Palliative care professionals, particularly nurses, understand that it is crucial to deliver culturally and religiously appropriate care to the dying while attending to their physical needs. This article provides a brief overview of the different types of Buddhism and the major beliefs of Buddhists, particularly around suffering and death. It explores the impact of some of the current practices of end-of-life care from the Buddhist perspective, with an emphasis on Buddhist goals, beliefs, and practices at the time of death. It outlines the importance of advanced care planning, particularly with respect to the use of analgesia, palliative sedation, and any special dietary requirements. It notes that regardless of advanced care planning, nurses should continue to assess the needs of the patient, and in discussion with family, titrate medication and provide an environment that helps the Buddhist reach his/her spiritual goals. It outlines the importance of the environment in achieving this goal, particularly as the Buddhist practitioner will wish to use non-medication practices, such as meditation and chanting, to finish the last meditation before death. The paper provides guidance on how nurses can ensure a good death for the dying Buddhist, and their family or loved ones, especially in the area of choice in terminal pain management and palliative sedation therapy.

Keywords: Buddhism, Meditation, Palliative care, Terminal pain management, Palliative sedation therapy

Introduction

Palliative care entails looking after the whole person, physically, emotionally, and spiritually.[1] Understanding and learning another person's spiritual needs and culture enables nurses to expand their worldview and enriches them both professionally and personally.[2] Religion plays a part in culture and by having a better understanding of a person's religion, nurses are able to deliver religiously appropriate palliative care. When care is culturally and religiously appropriate, the patient is more likely to feel at ease with the nurses providing the care.[3] The need for nurses and other healthcare providers to attend to the patient's spirituality, especially at the end of life, was recently reinforced by a poll carried out in the USA, which indicated that spiritual care is a fundamental component of quality palliative care.[4]

Accepting that many nurses outside of Asia would have little knowledge of Buddhism, this article discusses some of the Buddhist's goals, beliefs, and practices at the end of life. It provides guidance to nurses to enable them to adapt the care they provide to end-of-life Buddhist patients to ensure that they allow dying Buddhists to meet their religious goals. The paper does not cover the care of the Buddhist after death, as this would be a separate paper on its own. Emphasis will be placed on the Buddhist's unique perspective on death and how this would, in particular, affect pain control and sedation choices at the end of life. By respecting and integrating the spiritual needs into the overall plan of care of dying Buddhists, nurses are able to provide personalized care, to respect the wishes of the family, and to assist these patients achieve 'a good death' (The authors of the final report on *The Future of Health and Care of Older People* have identified 12 principles of a good death.[5]).

Buddhism is based on the teachings of Siddhartha Gautama, the Buddha, who lived in India in the sixth-century BCE. The sight of a baby (birth), an old man (aging), an ill person (sickness), and a dead body (death) led this former Hindu prince on a

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spiritual search to explain the cause of suffering and to find means to its cessation. Because of this journey, death is a prominent theme in Buddhist scriptures (or *sutra* (Sutra is a scripture of Buddha's teachings documented by his students after his death. The word Sutra is translated from Sanskrit.)) and an important part of the Buddhist practice.

Buddhism focuses on personal spiritual development. Buddhists strive for a deep insight, through meditation and self-reflection, into the true nature of this life and aim to achieve a state of perfect peace and cessation of suffering through a mental and physical state known as 'Enlightenment' (or *Nirvana*). Enlightenment is the highest attainment level in the Buddhist practice and the end of all sufferings. Through self-reflection and meditation, Buddhists understand that all sentient beings suffer and all compounded phenomena are impermanent, and whoever is born is bound to die. Death falls within the larger categories of suffering that are experienced by all sentient beings, humans and nonhumans alike.

As Buddhism spread from India to Sri Lanka, Thailand, China, Japan, Tibet, and other countries, variances in beliefs and practices were developed and different schools of Buddhism emerged. (Buddhism is divided into two major schools, namely Hinayana (or Theravada) and Mahayana. From these 2 major schools, sub-schools are formed depending on the cultures of the countries.)

The different forms of Buddhism can be understood by becoming familiar with the two major schools, i.e. the Hinayana (Theravada) and the Mahayana schools that arose out of the Buddha's basic teachings.

These two major schools of Buddhism are to be understood as different expressions of the same teaching of the historical Buddha, as they agree upon and practice the core teachings of the Buddha's Dharma. (Buddha Dharma is the way of the Buddha, which is the body of teachings exponded by the Buddha. Those who follow the Buddha's teachings and gather together for discussion and practice are the Sangha (monks). Together, the Buddha, Dharma, and Sangha are known as the Three Jewels of Buddhism.) The Mahayana school has eight subschools; four of which are practice-based (Zen, Pure Land, Vajrayana, and Vinaya); the other four are philosophy-based (Tendai, Avamtasaka, Yogacara, and Madhyamika). These are mainly adaptations to the cultural and existing practices of different societies. Sri Lanka, Cambodia, Laos, Burma, and Thailand have accepted the principles of the Theravada school, whereas Mahayana Buddhism is strongest in Tibet, China, Taiwan, Japan, Korea, and Mongolia.

Recognizing that there is no 'one' Buddhist religion, it is important that nurses respect, understand, and register, at the individual level, the basic spiritual preferences and practices of each individual dying Buddhist so that they can integrate these spiritual needs into the overall palliative care nursing plan. For example, even within the same Buddhist school, depending on the level of practice of the dying patient, the spiritual practice of a Buddhist monk or teacher may vary greatly from that of a Buddhist lay-person in terms of requirements and practices at the period of dying. Additionally, the patient may wish to consult his/her teacher about his/her practice at the point of death, when s/he is still alert and conscious, if s/he is unsure of their own level of practice. In contrast, the more experienced Buddhist practitioner (especially Buddhist monks/teachers) would continue their own practice until the end of life.

Another example would be dietary custom of the Buddhist. It is again dependent on the individual level as well as the Buddhist school to which s/he belongs. Theravade monks take only one meal a day and do not consume any solid food after lunch. This is a highly respected practice in Mahayan schools but it is left to the disposition of each individual. Vegetarianism is not a necessary aspect in Theravada Buddhist, but this is very well observed, though not compulsory, in all Mahayana schools (except the Tibetans due to their geographical circumstances). Thus, it is important for the palliative care professional to pay attention to the individual dietary needs on admission.

It is apparent therefore, that nurses should take into consideration the Buddhist perspective on death and dying, as soon as possible after initial contact with the patient, and incorporate their religious needs into an individualized care plan.

Buddhist perspective on death and dying

Buddhists believe that the human body is only a temporary composite of five aggregates (or *skandhas*), which include the physical body, sensations, perceptions, mental formation, and consciousness. All these aggregates will dissolve at the time of death, although some stream of consciousness undergoes rebirth. Through meditation and self-reflection, a person is freed from the illusion of a permanent self (known as the concept of no-self), with no attachments to any mental or material state of being and desire for pleasure. According to the Buddha, being born as human is extremely precious and should be used to its highest spiritual potential to reach 'Enlightenment', especially at the point of death.

Buddhism stresses the importance of death because the awareness of death prompted the Buddha to perceive the ultimate futility of worldly concerns and pleasures. Buddha taught that death was natural, undeniable, unavoidable, inescapable, and to see death not as an isolated event but one more change

in a never ending cycle of changes. To Buddhists, death is an important reminder to live life well. This is in line with palliative care philosophy, which supports this view somewhat by affirming life while also regarding death as a natural process.[6]

Preparation for death is a central feature in Buddhism. In explaining the perception of death to his disciples, the Buddha said,

> *Seeing with wisdom the end of life in others and*
> *Comparing this to a lamp kept in a windy place,*
> *One should meditate on death.*
> *Just as in this world beings,*
> *Who once enjoyed great prosperity will die,*
> *Even so one day will I die too.*
> *Death will indeed come to me (Marananussati Sutra, Meditation on Death, verse 1 and 2).*

According to Venerable Sogyal Rinpoche, in the introduction to the revised edition of *The Tibetan Book of Living and Dying*,[7] 'Death is the most crucial moment of our lives, and each and every one of us should be able to die in peace and fulfillment, knowing that we will be surrounded by the best in spiritual care.' Thus, preparation for death is an important part of Buddhism, not only to ensure that a person dies with an un-deluded peaceful mind, but also to use the act of dying to link this life with subsequent existences and as a transition point to the next life.[8]

Because of this important aspect of Buddhism, there are some special implications and considerations for the palliative care of Buddhists to facilitate a good death by fulfilling their spiritual needs, especially in the area of choice in terminal pain management and sedation. Although many Buddhists' requests may differ from the more common expectations at the end of life, it may be well within the nurse's abilities to fulfill them, even within resource-limited settings.

Management of terminal pain and sedation

Most Buddhists believe that the mind must be as alert as possible at the time of death. This alertness will allow the Buddhist to continue his/her mindful practices of perfect peace to reach 'Enlightenment'. Therefore, patients need alertness as well as a positive and calm attitude if they wish to perform religious practices such as quiet reflection, meditation, gentle chanting, and prayer.

Depending on the traditions of different Buddhist schools, meditation through quiet self-reflection is one of the more common and important practices for Buddhists that help them focus their energy and mind on a specific image or mental phenomenon (for example, the impermanence of all objects) in order to attain perfect peace of mind. In the Buddhist spiritual sense, it is not effective just to attempt to change the outside world and all external unfavorable phenomena in order to prevent their own suffering. Buddhists instead practice to transform their mind from within, by changing their perceptions and mental formations to attain inner peace.

Buddhists believe that suffering is part of life, to be expected, and that if a person experiences pain and suffering calmly and peacefully, without becoming emotionally distressed, s/he can attain greater states of existence or higher realms of rebirth. By accepting that life is suffering, Buddhists practice to change their perception of all life events and its impermanence phenomena through mindful living and meditation. This practice would be more intense at the point of death, as it is the last chance for the practitioner to attain perfect bliss and come to terms with impermanence, suffering, and no-self (Buddhism's three characteristics of existence are that life is suffering (Dukka), no-self (Anatta) is a reality for us and all things, and all things are impermanent (Anicca)),[9] if they have not done so earlier. For this reason, it is essential to prepare well in advance for the moment of death when the mind and the body will disintegrate and separate.

As Buddhists need a clear mind for their practice, certain pain management and palliative sedation regimes may impede the dying person's spiritual preference for full awareness. Many high-level Buddhist practitioners may decline pain medications or limit their uses, and some may be able to use meditation and mind training to help them manage their pain and suffering.[10] Meditation is one of the non-pharmacological measures that have been tested and thought to be able to facilitate patient comfort.[11]

Taking into consideration overall well-being (including the mental state of the patient), nurses must balance the level of pain relief needed against the need for alertness in the dying Buddhist.[12] Proper pain management can be achieved with minimal disruption of alertness by the use of the WHO analgesic ladder.[13] The choice of non-opioid analgesics (non-steroidal anti-inflammatory drugs) and weak opioids should be preferred over strong opioids and neurolytic block therapy whenever possible, with the aim of reducing adverse side effects (i.e. sedation and cognitive impairment), thus maintaining alertness of the individual so that effective spiritual practices may continue. However, if severe uncontrolled pain develops, cognitive impairment (e.g. delirium) may result that may require the use of strong opiods for effective relief to achieve the best cognitive function possible that would support meditative spiritual practices. In concordance with good practice and recognizing that the individual needs of each patient will differ, nurses should continue to monitor the need for pain relief, and should clearly document the preferences

of such patients with regard to pain relief, particularly during initial patient assessment regardless of the setting (patient's own home, hospice, hospital).

Similar to the level of pain relief, nurses should also ascertain patient wishes with regard to the use of any form of sedation. Palliative sedation therapy is normally used for the control of refractory symptoms in terminally ill patients with very advanced disease.[14] Delirium, agitation, dyspnea, pain, anxiety, terminal restlessness, and vomiting were the most cited reasons for the use of such therapy on dying patients. Drugs used for palliative sedation include neuroleptics and benzodiazepines. If deep sedation is anticipated, it must also be discussed early with the patient and/or the family members before the occurrence of such conditions or administration of this therapy. This is particularly important to allow the dying Buddhist to maintain a clear, calm state of mind to allow them to penetrate the true nature and reality of dying by finishing the last meditation. The patient and their family should be advised that constant monitoring for the need for palliative sedation will occur and that patients can change their mind about the level of sedation required as the pain of death intensifies. The documentation of such discussion is preferably done in front of the family members so that there is a witness to the patient's refusal and to prevent future conflicts in the event that the patient goes into a confused state. The use of the end-of-life carepath, standing order for drugs or advanced care planning documentation are all useful tools which nurses can use to guide the level of pain relief and sedation. Additionally, by documenting such preference in the case notes and medical record, nurses can ensure that patient's intentions are respected and maintained when the care of such patient is handed over to another team.

An example of the needs of the dying Buddhist could be those exhibited by the Venerable Bimal Tishya of Bodhi Carya Vihara Calcutta, India, who said, 'I want to die consciously, so I shall know that I am dying. I want to die mindfully, with awareness. I have no fear of dying'.

Other end-of-life care considerations for the dying Buddhist

Buddhist's understanding of death and the difficulties it involves is an incentive to the preparation of dying in advance of their actual death. An understanding of the physical, perceptual, and mental phenomena of the dying process may be helpful as death approaches. Buddhists reflect upon their own death by gaining insights into the experiences of others who are dying, and with empathy, compassion, and loving kindness when helping the dying. These practices contrast with other religions or cultures where death is seldom discussed or where knowledge of the dying process may be taboo.

During the initial patient assessment at palliative care admission meeting, nurses and the palliative care team should communicate to the dying Buddhist about their life-threatening illness and the remaining life expectancy, so as to allow the patient and the family to make mental and spiritual preparations. Although diagnosing death is a complex process, it is better to discuss this difficult diagnosis with a dying Buddhist than to give false hopes to him/her and the family.[15] The various phases or expected stages of dying can be discussed so that dying Buddhists can plan for their spiritual practice and decide whether they want to continue their practice even in severe pain or whether they would prefer some form of light sedation or pain control. Such decisions can also be made by the patient with the consultation of the family and the religious teacher or advisor, depending on the level of spiritual practice and the patient's special religious and dietary needs at the point of death. Such conversations provide respect for autonomy of the patient and the family by offering decision-making opportunities on future pain management and sedation regimes and the need for alertness to carry out their religious practices.

The state of consciousness and the level of mindfulness are of crucial importance at the point of death.[16] Depending on the level of practice of the Buddhist, this state of a person's mind as death approaches or at the time of death is of critical importance. Asking these patients about their ability to meditate and pray will increase the effectiveness of care planning. If the patient prefers to meditate peacefully, nurses can help, within the limitations of the available resources, to eliminate distractions and noises thus making the environment more conducive for meditation. Nurses caring for such patients, as well as the family members accompanying the dying person, should refrain from any excessive display of emotions or unruly behavior that will disturb the patient's state of mind. The patient should be allowed to stay in a quiet room, if available, so that s/he can concentrate on his/her religious practice.

Buddhist spiritual practices may be more easily accommodated when palliative care is provided as home-based care in the patient's house, particularly if a quiet and peaceful environment can be maintained. The patient or his/her family may invite their Buddhist teacher or monk to offer prayers and chanting. Some Buddhists prefer to put up an image of the Buddha near the bed so that they can be mindful of their constant practice.

However, this may not be always possible. A recent study in the UK noted that, only 19% of patients die in their home (2000).[12] If the patient is in the hospital or

hospice setting, every possible effort should be made to respect the spiritual practices of meditation, gentle chanting and prayers, and the need for a calm, undisturbed mental state in the last few days and hours. In accommodating the Buddhist's requests, nurses must also consider the needs of other patients in the same room who may be from different religions, and ensure that the needs of the Buddhist patient does not cause undue disturbances or inconveniences to other patients. If other patients are disturbed by the Buddhist's practice, it would be preferable to transfer the dying Buddhist to another room, if available.

The only other exceptional requirement would be if the dying patient is a Buddhist monk or a nun who takes a religious vow of celibacy. It would not be appropriate for them to be placed in a mixed ward, and if possible it is preferable for them to be treated by nurses of the same gender. Recognizing that attitudes in this respect vary with the age and religious background of these patients, nowadays there is increasing acceptance of treatment by physicians and nurses of the opposite sex, especially when medical and palliative resources are limited.[17] Normally, a close student or assistant (or *kapiya*) of such monk would request to stay with the monk to take care of his daily needs until he dies. Simple accommodations for such assistant to be together with the monk should be considered, if possible.

At the time of death, some Buddhists believe that the body should be left undisturbed and with minimal direct physical contact for 8 hours. If at all possible, therefore, before the nurses perform the last offices for the patient, it is preferable that the deceased be left undisturbed. If this is not possible, then moving the deceased to an individual room would also help the deceased and the family believe that the dying Buddhist has achieved a 'good death'.

Conclusion

Birth and death, sickness, and aging are part of human existence. The Buddhist's attitude toward dying and death makes a great deal of difference to the way in which they experience them. Most nurses seek to provide individualized care relevant to the culture and religious needs of the patient within the limited time and resources that they have for each patient. Understanding the beliefs of others can assist nurses to ensure that the patient's cultural and religious needs are met. From a Buddhist's perspective, enabling in this way is the true expression of loving kindness and compassion in helping to relieve the sufferings of others. Nurses, therefore, have important roles to play in offering this gift of affection and love, companionship, emotional and spiritual support to those individuals and their families who are facing life-threatening illness as well as to those who have died and to those who are left grieving.

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