

## Humanities: Art, Language, and Spirituality in Health Care

Series Editors: Christina M. Puchalski, MD, MS, and Charles G. Sasser, MD

# Life is Uncertain. Death is Certain. Buddhism and Palliative Care

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### Abstract

*It is part of a palliative care assessment to identify patients' spiritual needs. According to Buddhism, suffering is inherent to all human beings. Advice on how suffering can be reduced in the course of serious illness might be helpful to patients with incurable and progressive diseases. Palliative care could benefit from Buddhist insights in the form of compassionate care and relating death to life. Buddhist teachings may lead to a more profound understanding of incurable diseases and offer patients the means by which to focus their minds while dealing with physical symptoms and ailments. This might not only be beneficial to followers of Buddhism but to all patients. J Pain Symptom Manage 2012;44:307–312. © 2012 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.*

### Key Words

*Palliative care, end-of-life care, Buddhism, death, dying, incurable diseases, cancer*

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Death and Dying is a subject that evokes such deep and disturbing emotions that we usually try to live in denial of death. Yet we could die tomorrow, completely unprepared and helpless. The time of death is uncertain but the truth of death is not. All who are born will certainly die.

*Chagdud Tulku Rinpoche (1930–2002)*

### Introduction

The National Consensus Project recommends including spiritual, religious, and existential aspects of care to improve the quality of

palliative care.<sup>1</sup> The care of critically ill and dying patients is, of course, an individual process. All the more, it is important to note certain criteria while being in contact with these patients and also to take into account their needs and desires in the final stages of their lives. Palliative care is the care of terminally ill and dying patients. In addition to the relief of symptoms, this includes the psychosocial care of patients and their relatives. An interdisciplinary approach plays an important role in palliative care because physical, mental, social, and spiritual aspects need to be considered.<sup>2</sup> Spiritual beliefs might help patients to cope better with their suffering, consideration of which also may expand the relationship between doctors and patients through entering the domain of what gives the patient meaning and purpose.<sup>3,4</sup>

Buddhist teachings recommend that doctors should heal with love and compassion first and foremost. From a Buddhist perspective, they

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are expected to encourage their patients to focus on their minds rather than their physical complaints, even if they are suffering from incurable diseases. This is considered an important aspect of relief of physical and psychological complaints and also a means of helping patients to not become wholly preoccupied by their disease. By finding value in situations, in moral or biographical ethics, and in a person's religious beliefs, a spiritual approach may be achieved.<sup>4</sup>

### ***Buddhist Beliefs and the End of Life***

Buddhist teachings have enduring relevance because they consistently relate death to life. It is usual to start dealing with death once one is faced with it. Buddhists say one should begin a long time before, so that pain and anxiety do not interfere with one's ability to understand the situation.

In the Buddhist doctrine, body and mind are not considered to be separate because independently existing entities are not thought to exist. Everything is intertwined and causally linked and things are constantly changing and regrouping. This means that transitoriness and change are basic features of Buddhist teachings. We could say that the same applies to the human body: it is also constantly changing from birth to death and thus represents this thought. The body is perceived to be a teacher of impermanence.

The historic Buddha himself sought a condition that could not be shattered by death. Following the experience of his loved ones growing old, he realized that whatever is born must die. This made him search for the true nature of things. He died at the age of 80 years in a serene and mindful state.

Buddhism is considered to be a moderate religion without rigid formalities, in which compassion and respect for life are inherent and death is regarded as an integral part of life.<sup>5</sup> Because of its non-theistic approach, some call it more a philosophy than a religion. According to Buddhist teachings, it is a fundamental error to think of one's self as existing separate from others. In Buddhism, having a human body is considered a rare privilege, as the physical form is the basis for the path to enlightenment. A person is not regarded to be or have a body, but rather to inhabit it.

The confrontation with death goes hand in hand with rejection, refusal, denial, and defiance, not only in society, but also when looked at from a clinical perspective. In medical school, incurable diseases seem to be a temporary phenomenon, which repeatedly emphasizing that a cure has *not yet* been found for certain diseases clearly shows. By looking at incurable diseases, death and dying solely from a scientific perspective, the medical community risks losing sight of the individual.<sup>6</sup> According to Buddhism, truth is to be found in neither extreme.

The Four Noble Truths are considered as the core essence of Buddhism. They were taught by Buddha immediately after his enlightenment, and thus comprise the beginnings of his teaching. The Truths are called noble because they are revealed to someone who has experienced selflessness. Thus, they show the true nature of reality. The Four Noble Truths are as follows: 1) the noble truth of suffering; 2) the noble truth of the origin of suffering; 3) the noble truth of the cessation of suffering and the origin of suffering; and 4) the noble truth of the path that leads to the cessation of suffering and the origin of suffering.<sup>7</sup>

In contrast to other major world religions, Buddhism does not concentrate on the question of the origin of the world or the sense of existence. The origin of Buddhist teachings is the question of why all beings have to experience suffering. The first of the Four Noble Truths says that all existence is suffering. This includes birth, sickness, death, separation from what is pleasing, union with what is displeasing, not obtaining what is desired, and the five skandhas (skandha means aggregation), which can be described as sensations of the human body: physical form, sensation, perception, mental formations, and consciousness. The second truth is about the cause of suffering. The causes are thirst for life, lust, hatred, ignorance, and delusion. They bind a person to the life cycle. The third truth is that by eliminating the root of suffering, an end to suffering can be achieved. The fourth truth is about the means to end suffering, which is the Noble Eightfold Path. The path to achieving freedom from suffering comprises right understanding, right thought, right speech, right action, right livelihood,

right effort, right mindfulness, and right concentration.

Buddhists believe that existence is limited and regard ignorance, anger, and attachment as the root of suffering. Freedom from suffering and the origin thereof can consequently only be found beyond attachment to the body, name, and form. This is said to be achieved through meditation and the study of Buddhist teachings.

### ***Studies on Palliative Care and Buddhism***

We are not aware of any studies on the possible effects of Buddhism on patients with incurable diseases who receive palliative care or end-of-life care. However, the close relationship between spiritual concerns and the quality of life of patients with advanced cancer highlights the importance of spiritual care in palliative care.<sup>8,9</sup> Managing symptoms of disease at the end of life is one of the most important tasks. If life cannot be prolonged, patients frequently express spiritual concerns.<sup>10</sup> A majority of patients consider religion and/or spirituality to be important.<sup>11,12</sup> The goal of palliative care units is to improve care to such a degree so as to facilitate the patient's dismissal from hospital; however, this is accompanied by the circumstance that a high percentage of patients suffers from advanced stages of illness, cannot be discharged, and subsequently die in hospital.

A spiritual approach thus might help patients cope with the disease and ease distress at the end of life. In an empirical study by Kongsuwan et al.<sup>13</sup> from the Thai Buddhist Intensive Care Unit, four core qualities were defined to describe the concept of a peaceful death: having a peaceful mind, not to suffer, family's acceptance of the patient's death, and being with others and not alone. Advanced diseases can cause various symptoms, and the goal of palliative care is to support the patient's needs from the moment of diagnosis and during and after treatment. There has to be a differentiation between palliative care and end-of-life care, but both have in common that quality of life, symptom management, and coping with the disease should be improved.

### ***The Potential of Buddhist Teachings in Palliative Care***

Buddhism and palliative care both focus on the present. The admission to a palliative care unit is usually brought on by physical symptoms,<sup>14</sup> and the unit initially will concentrate on the symptoms with which the patient presents. As with the Buddhist understanding, the present is what we essentially are. Buddhism does not require belief. One of the basic Buddhist teachings is to prove everything and to not blindly believe what Buddha taught just because one finds others convincing. One should not give up autonomy or blindly follow the will of others. This would only lead to delusion. The aim is to find out oneself what truth is. This means Buddhism should not be put forward as a method to manipulate the mind from without. It should rather be regarded as a stimulus to deal with difficult topics.

Addressing death and the impermanence of life is very important in Buddhist philosophy. Death is considered to be ever present and a natural part of existence. "Rather than being born and dying, our true nature is that of no birth and no death."<sup>15</sup> The physical event of dying nevertheless presents one with the opportunity of preparing and training the mind. Regardless of whether someone is a Buddhist advanced in meditation techniques, there are Buddhist approaches and exercises that can offer protection and strength in the face of death. Buddhism has become quite popular in the West because it does not consider death to be the end point. Terminally ill patients can learn to use Buddhist teachings to understand their consciousness as a guest dwelling in their body. To a large degree, death brings forth the inherent human desire to achieve the impossible, namely, to control the body during the process of dying. Usually at the end of life, the body cannot be controlled, whereas it is possible for the mind to remain clear until the end. One way to control the mind's power is to meditate over Buddhist teachings on death:

Warned of a hurricane, we don't wait until the storm pounds the shore before we start to prepare. Similarly, knowing death is looming offshore, we shouldn't wait until it overpowers us before developing the meditative skills necessary to achieve the great potential of the mind at the moment of death.<sup>16</sup>

Medical staff may build intense relationships with patients being admitted to palliative care units. Buddhism may be used by staff as an inspiration for patients, although should not be suggested as a method. The feeling of not being able to offer something to a patient can lead to distant behavior on the part of the staff. In this regard, Buddhism can be helpful to medical staff, by emphasizing the importance of using all possible wisdom and compassion to relieve human suffering. In advanced illnesses that cannot be cured, compassionate care as a central element of Buddhism can help medical staff in trying to relieve patient suffering.

Everyday medical practice in hospitals is marked by suffering; this represents a profession in which the finiteness of life is present every day. This presence, though, does not imply facing a situation. The question must be asked why a spiritual confrontation with death through medical staff is hindered rather than promoted in this professional reality, as it currently exists.

### ***Bringing Buddhism to the Bedside***

Mrs. B. was a 65-year-old patient with metastatic breast cancer admitted to our palliative care unit. She was of Protestant faith, but was regularly visited by a Buddhist Master. According to her, this was very helpful in dealing with her situation. The patient suffered from severe breakthrough pain, whereupon the master gave her this advice: "If you experience pain, do not think about how strong it is or when it will pass. Think: 'This is pain!'" This made it easier for the patient to deal with her pain.

For some patients, Buddhism may offer relief to openly face a situation rather than avoid it. Joshua et al. examined pain perception in a group of trained Zen meditators: Zen meditation was associated with lower pain sensitivity. A highly efficacious endogenous opioid system with  $\beta$ -endorphin production, as well as a reduction of cortisol, could offer a possible explanation.<sup>17</sup>

People suffer in different ways and it is a fact that each individual wants to avoid pain and suffering. In caring for patients with advanced diseases, there is no single way to help all. During our experience with Mrs. B., our team discussed its approach to Buddhist philosophy.

We noticed that the Buddhist philosophy is very helpful in teaching impermanence. A Buddhist Master visiting our unit was exceptional for us too. In the context of asking Mrs. B. about her medical history as part of the first interview, she also was asked about her desires; she expressed the wish to see the Buddhist Master. After consultation with the nursing staff, our team saw no reason not to integrate such a visit into our understanding of how patients could be cared for at the end of life.

Another time, the patient became overwhelmed by her progressive disease and grew desperate. So the Master put a drop of water on his hand and asked her: "What is this drop in my hand?" Angry about that simple question, she answered: "Just a drop, isn't it?" Then he blew the drop away and said: "You think it is a drop but within a second it has changed into another form. You cannot control any of this. It just happens." The patient gathered from this that there was no point in concentrating on what may happen next in the course of her disease. Such things are unpredictable, and worrying about the reasons causes little but sorrow.

While being in contact with patients who suffer life-threatening illnesses, one has to find a way of being sensitive without being dishonest. Rounds on a palliative care unit differ from usual rounds in that a medical consultation under such circumstances takes into consideration the personal feelings of patients to a greater degree. On our rounds, we found that certain elements of Buddhism, without necessarily mentioning that they were Buddhist, could give comfort to our patients. Examples include the instruction to focus on the here and now, the knowledge of the impermanence of all things (as well as unpleasant symptoms), or being present with compassion.

Contrary to general belief, experience from the palliative care unit tells us that patients feel unburdened after an end-of-life discussion. It seems that a patient's realistic perception of the situation supports him in the course of his disease. Data from a study by Steinhäuser et al. showed that the question "Are you at peace?" works well as a screening tool for spiritual needs and that feeling at peace strongly correlates with emotional and spiritual well-being.<sup>18,19</sup>

Medical practice without spiritual perspectives can result in a reductionist reliance on science without meeting the needs of patients.<sup>20</sup> The end of life is something so personal that science itself is confused about it. How does one deal with something that no one can experience without dying oneself?

### Conclusion

Dealing with suffering is the common element of Buddhism and palliative care. It is a target of Buddhist practice to free all sentient beings from suffering, just as it is a medical target to alleviate suffering in palliative care.

Buddhist practice in the form of meditation can help to avoid suffering. It also may reinforce the recognition that human existence is painful. This can offer mental support, especially to patients being admitted to a palliative care unit. Buddhist Dharma, meaning Buddhist teachings, can prove helpful during periods of suffering.

Especially in well-equipped hospitals, the requirements of everyday work and improvement in medical knowledge are usually given precedence over cultivating the mind. Establishing and offering Buddhist teachings or even meditation practices in hospitals may prove to be beneficial for both doctors and patients. This could help patients to generally become more independent from external influences. Having to face an incurable disease can make a person lose self-control as one has to place one's intimacy and trust into the hands of medical staff. Being admitted to a palliative care unit means giving up one's independence and being conditioned by factors outside of one's control. Keeping a strong and clear mind may become more difficult in a deteriorating state of health. From a Buddhist perspective, this means that one is trapped in a conditioned existence. Pain, anxiety, or insecurity can lead to overwhelming stress. Therefore, it is helpful to prepare one's mind in advance.

The importance of professional care is indisputable. Nevertheless, Buddhist philosophy might help one deal with the transience and finitude of the human body. Buddhism could function as an individual option to help patients gain a greater sense of autonomy.

A small temple in the dusty back streets of Kathmandu has the inscription: "Life is uncertain, be good. Death is certain, do good."

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