

# Buddhists and Dying: How to Effectively Care for Buddhists at the End of Life

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Since Elisabeth Kübler-Ross has written ground-breaking text *On Death and Dying* (1969), numerous studies have documented effective strategies for helping the terminally-ill cope with dying. Yet, few studies have examined the role that religion plays in a person's coping with death and how healthcare providers can help facilitate positive religious coping. This paper addresses this lacuna in death studies. Drawing from textual analysis of primary and secondary literature and qualitative interviews with Buddhist masters, this paper examines what Chinese and Tibetan Buddhist religion does well with regard to helping its congregants cope with dying, and offers practical guidelines as to how healthcare providers can use this information to help their patients achieve what they define as a good death. Specifically, the Buddhist religious tradition helps Buddhists die well because it addresses what Charles Corr defines as the four dimensions of a person: the physical, social, psychological, and spiritual dimensions. This paper argues that sensitivity to this idea and successful coordination between religious practices and medical treatments shall result in better care for Buddhist patients.

*Keywords:* Buddhism, death, coping with dying, positive religious coping

For members of organized religion, there is little doubt that a major benefit of religion is that it provides a framework to cope with dying that allows them to die with peace. Over the past decade, a plethora of studies confirmed this intuition to be true to some extent. For instance, after a decade of research, Pargament and Raiya concluded that "religious coping", which is coping that uses one's religious tradition for psychological and spiritual support, yields positive effects that include less stress, depression, and anxiety about death (Pargament & Raiya, 2007). Furthermore, two independent studies by Bjork and Thurman (2007) and Kelly and Chan (2012) confirm that religious coping buffers against the negative effects associated with dying (Bjork & Thurman, 2007). Nevertheless, the latter studies provide the important qualification that religious coping can yield negative effects; this is evident when the afterlife is not welcoming and associated with fear. Kelly and Chan conclude that religious traditions that espouse a view of the afterlife that is comforting and available "(generate) resilience in the face of significant loss" (Kelly & Chan, 2012). Although much attention by scholars has been given to the fact that religious people with positive religious images cope with dying well, relatively little attention has been given to the role of religious communities and their theological and pastoral traditions in positive religious coping, as well as the practical implications that positive religious coping has for effective healthcare practices with religious people.

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This paper illustrates what the Buddhist religion does well with regard to coping with dying and then offers suggestions as to how caretakers of Buddhist patients can offer more effective care by maximizing opportunities for positive religious coping. Due to time constraints, it examines two religious traditions within the Upstate New York region, the Tibetan and Chinese Buddhist communities. The purpose of this paper is to demonstrate that in both traditions, Buddhists cope with dying well because their community and tradition address the physical, spiritual, psychological, and social dimensions of a person; moreover, healthcare for members of these communities that are at the end of life stages shall be more effective if caretakers allow room for the expression of their patient's religious tradition.

For the purpose of clarity, this paper is divided into three sections. While section one briefly introduces the tasks of coping with dying as evinced by Charles Corr, section two examines how Chinese and Tibetan Buddhists cope with dying. The final section offers suggestions as to how health care professionals can be more sensitive to the needs of dying Buddhist patients and maximize opportunities for effective care.

### **Section One: Coping With Dying**

On the subject of coping with dying, Elisabeth Kübler-Ross is a household name. The five psychological stages of dying that she propounds in *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families* (1969) have a ubiquitous influence on American culture and understanding of the death process. Nevertheless, scholarship in the last few decades has criticized her theory for a variety of reasons including that it places the patient in a passive role that subjugates them to a pre-established emotional model that fails to take into account the complexity of human individuality and experience. There are a variety of new models operative today in the field of death studies. Charles Corr's task-based method is a leading theory to date due to his academic accomplishments, influence on the hospice movement, and the simplicity of his model. The book he edited *Hospice Care: Principles and Practice* (1983) is a classic text on hospice philosophy and care. Therefore, many hospice organizations as well as bereavement organizations draw from Corr's insights and research.

Much of what Corr describes for effective care, which is care that actively involves the patient, is already integrated in hospice philosophy, which grants further credence to his theory, as the growth in hospice enrollment and facilities in the United States has been "nothing short of phenomenal" in recent years (C. Corr & D. Corr, 2013). For these reasons, Corr's theory is employed throughout this paper.

As opposed to providing a road map through the dying process, Corr proposes an individualized plan of action that is based on addressing what he defines as the four dimensions of a person: the physical, social, psychological, and spiritual dimensions. The physical dimension involves the biological needs as well as opinions on palliative drugs, do not resuscitate (DNR), and the end of life care. Human beings are social beings. The social dimension refers to this dimension of the person, in particular judgments regarding the evaluation of relationships to persons, things, or the broader society. The psychological dimension refers primarily to a person's ability to make decisions for himself/herself that help him/her to retain his/her sense of dignity and autonomy. With respect to this dimension, the most mundane actions such as shaving or going to the bathroom can be the most significant. The spiritual dimension refers to how that person views the meaning of their life.

Dying entails the breakdown of the above constituent dimensions. Nevertheless, Corr offers a means to be proactive as well as to provide health care professionals and the terminally-ill with a plan of action. These four

dimensions become tasks or a potential area of work, and thus they “may or may not be undertaken” and moreover, “some may be more or less necessary or desirable” (C. Corr & D. Corr, 2013). From the perspective of the health care professional, Corr’s tasks provide guidelines to more effectively use their time and energy to help the dying feel empowered and to an extent in control of their dying. This could mean simply clarifying the patient’s perspective on palliative care (physical dimension); what relationships the patient values and wants to continue (social dimension); what value is included for that person in vouchsafing their autonomy and how health care professionals can help with this (psychological dimension); and what is the meaning of his/her life and death (spiritual dimension). The spiritual dimension is the context for the other three dimensions. By this, Corr means that how you answer this question “What is the meaning of life” shall inform your decisions about pain management (physical aspect), relationships (social aspect), and how you define autonomy (psychological aspect).

### **Section Two: Buddhism and Doctrines Integral to Good Deaths**

Interestingly, Buddhists make a concerted effort for a peaceful death, and the process by which they do this incorporates all four dimensions of a person. For instance, in the Tibetan Buddhist tradition, dying is an important theme for meditation, and thus Buddhists contemplate the dying process: the breakdown of the elements of the body, and release of the subtle-conscious. Anyen Rinpoche and Tibetan Lama, explains that Tibetan Buddhists do not have an unhealthy concern about death, but rather are realists who want to prepare for their inevitable death: “(I)f we do not think about (death) now, it will be difficult to think about it when it is happening” (Rinpoche, 2010). In both the Tibetan and Chinese Buddhist traditions, the goal is to have a good death which is to die happy and at peace, to be able to let go of life as we have known it.

More specifically, a good death is to die with a clear mind without any attachment or desire for worldly goods or persons. This is indicative of a person’s spiritual cultivation. Following from the Dharma (teaching) of the Buddha, Buddhists are expected to cultivate the habit of acting and intending without egocentric desire. The goal is nirvana which is the cessation of all desire that is associated with wrong perceptions about the world around us and our existence. Nirvana is an ineffable experience that Buddhist masters associate with bliss and peace, but it is foremost the end of the cycle of rebirth and an “unconditional state of liberation from suffering” (Farrer-Halls, 2000). Nevertheless, it is a state not a place like heaven or pure void. Robert Thurman describes this as a melting of self (Thurman, 1994). For a fully enlightened person, they are able to attain a state whereby there is no desire from the super-subtle reality (quantum level of reality) to the coarse-reality (visible, material level of reality) for rebirth. They are able to remain in the blissful state of nirvana, where there is no resistance to reality that allows them to transcend the normal process of rebirth (Robert Thurman, personal communication, October 8, 2014). Person in this state is a Buddha and has miraculous abilities to rematerialize at will or remain in this state of bliss after death.

Majority of Buddhists recognize that nirvana is not probable in this life and therefore attempt to achieve the best rebirth possible. For those that die with attachments, they will most likely be reborn in one of the many realms of existence from hell to a meditative pure land state. Within the Chinese Buddhist religion, piety and devotion toward various Bodhisattvas and Buddhas play an important role, as acts of devotion, gain the dying merit to provide a better rebirth. In the Sutra of the Past Vows of Earth Store Bodhisattva, a popular religious text given to dying and bereaved Chinese Buddhists affiliated with the Temple of the Ten Thousand Buddhas, it teaches that anyone who hears or recites the name of a Bodhisattva or Buddha while they are dying may be

liberated to the pure land, for this reason, there is a popular tradition of chanting the name of a central Buddha “Amitabha Buddha” in the ear of the dying (Sutra of the Past Vows of Earth Store Bodhisattva).

For devout Buddhists, the spiritual task orients all other tasks. What results is an intricate preparation for death. This is evident in how Master Shan Kuang, the religious leader of the Temple of the Ten Thousand Buddhas in Niagara Falls, Ontario that services the Chinese Buddhist communities in Southern Ontario and Western New York, crafts individualized plans of spiritual care for a terminally-ill member of his community (Rev. Shan Kuang, personal communication, February 28, 2014). When death is imminent and if the congregant values his/her relationship with the Temple, the temple is contacted and either the master, resident monks, or temple volunteers come to visit and live with the dying member. These members comfort the family and the dying family member; their main goal is to help the dying become detached and overcome fear and anxiety about death. The content of this interaction includes various chants and prayers such as the Triple Gem: “I take refuge in the Buddha, I take refuge in the Dharma, and I take refuge in the Sangha”, and the name of Amitabha Buddha, but also teaches the Dharma of the Buddha. In so doing, a concerted effort is made to strengthen the dying congregant’s spirituality or peace about what will happen to him/her as he/she dies (spiritual dimension) and the relationships that the she/he finds important (social dimension). Nevertheless, the time and effort needed to prepare for death, when there is time to do so, also entails that the patient make decisions about which relationships are most important. This can be traumatic to families of Buddhist converts, especially converts to Tibetan Buddhism that contain some of the most intricate preparations that include eliminating all distractions, such as loved ones and persons unable to refrain from displays of grief (Rinpoche, 2010). With respect to the psychological dimension, Master Shan Kuang or his lay volunteers from the temple acquaint themselves with the dying member to determine their wishes as well as their level of spiritual cultivation indicated by the visibility of their anxiety and fear about death. How prepared the person is to die determines their plan of action. For example, if anxiety and fear about death are visible, and the dying person is willing, great effort is made to facilitate a good rebirth by intensive training in Buddha Dharma, meditating, and fasting from certain foods and times for eating (Rev. Shan Kuang, personal communication, February 28, 2014). Contrast this method to the methods used for a dying Buddhist that exhibits peace and acceptance about their impending death: The rituals used are simply to support that Buddhist’s current practice and to recite the Buddha’s name daily.

Nevertheless, in order to best prepare the Buddhist for the best possible rebirth, addressing the spiritual, social, and psychological dimension require careful coordination with healthcare professionals regarding the physical dimension of a person. This requires scheduling so that healthcare visits do not conflict with prayer/meditative sessions. Coordination of spiritual care with palliative care can pose a significant obstacle to religious Buddhists. Although there is no prohibition in the Buddhist tradition against any medication that is administered to relieve suffering, suffering is a result of bad karma that normally needs to be experienced in order to be expiated. Palliative care can frustrate this principle. Moreover, dying with a clear mind is important, and thus the use of sedatives to the point that it affects the ability of the patient to think clearly is problematic. Aware of these principles and the sedative nature of palliative drugs, Master Shan Kuang’s temple encourages terminally-ill patients in pain to use palliative medications to control pain symptoms so as to prepare for death. However, he stresses that palliative medications only address the symptoms of suffering but not the cause of suffering which is karma. Master Shan Kuang encourages those taking these medications to gradually decrease their usage and increase practices that are conducive to a good rebirth such as, a vegetarian diet and mental

preparations for death. Whether or not this is realistic given the narcotic nature of many palliative medications is unclear, but Master Kuang and his community take a holistic approach to body spirit care. Vegetarian diet is also stressed in Tibetan Buddhism; however, it is not uncommon for lamas or personal spiritual masters of the dying, to provide “blessed pills” and herbal remedies that strengthen the body and spirit. Moreover, Tibetan Buddhists stress the importance of life-sustaining treatments because they recognize that there is a subtle-conscious present even in comatose or “brain dead” states.

### **Part Three: Effective Healthcare for a Buddhist**

Given the importance of the preparations for death and how these preparations entail the intimate coordination of the four tasks of care, healthcare professionals need to be aware of their patients’ religious needs and how these needs will dictate how Buddhists approach and value care relative to the other dimensions of their life.

Probably, the most important aspect of a Buddhist’s preparation for death is the amount of time needed for meditation. For this reason, a traditional hospital setting may be a cause of great anxiety for a Buddhist since the frequent disturbances from nurses, technicians, doctors, and announcements may make these final preparations problematic if not impossible. For this reason, healthcare providers can effectively communicate to their patient that their time for meditation will be respected to the best of their ability will greatly relieve the stress of the patient addressing his/her psychological and spiritual dimensions. Actions such as positing a schedule on the patients’ door, alerting other healthcare professionals of times when the patient does not want to be disturbed, communicating respect for the patient and his/her autonomy. Moreover, as mentioned, healthcare providers should be aware that their patient may begin with a fasting regiment that may entail a certain kind of diet (vegetarian) and eating their meals at certain times of day (Rev. Shan Kuang, personal communication, February 28, 2014). This can complicate medical treatment plans, as medications that require that they should be taken with food, could only be administered at certain times of the day. For Tibetan Buddhist patients, it is important for healthcare professionals to be aware that the patient may be taking “blessed pills” and herbal remedies that may affect the efficacy of Western medications. Conversations about these pills and herbal remedies especially between the patient and pharmacist are important. Note that it is becoming more common for Tibetan Buddhists due to their unique traditions and needs to create a dharma will that contains instructions about how they want to be treated when dying and a dharma box that will include the will and the pills as well as various religious items to help facilitate a good death (Rinpoche, 2010). In addition, Tibetan Buddhists may also have a dharma friend, who is a devotee of the same lama of the dying person and functions as the proxy and guide for the patient. In any event if this is not clear, asking the proxy or patient about these items is welcomed, as it demonstrates concern for autonomy, respect for their faith and relationships important to the patient.

As the patient dies, if family and/or religious leaders are present, it is best that the healthcare providers do not disturb their final rites. Both traditions teach that the soul remains in the body after visible signs of life are no longer present, and death occurs only after the soul leaves the body. While for Chinese Buddhist, this occurs eight hours after brain death, for Tibetan Buddhists, this occurs up to three days after brain death.

It is important for healthcare providers to be aware of this. In most facilities, it is not possible for a corpse to occupy a room for an extended period of time. For this reasons, Buddhist may opt to die at home and wait until the allotted time has passed to contact authorities. This period of time is solemn period that involves

various rituals and prayers. Many members of these communities believe that disturbing the body during this time can affect the soul's transition to its life. Therefore, communicating to the patient before death that these rituals and time period will be respected within reason, will also help the patient to be less anxious over what will happen to his/her body. In any event, it is important for caretakers to refrain from overly emotional displays of grief and, if no one is present, to take note of the time when the body is removed. Within a Tibetan context, this may be important information for the lama of the deceased to perform requisite post-mortem rituals.

If the Buddhist is alone when he/she dies, e.g., sudden death, before the religious leaders or family has time to arrive, anything that the healthcare provider can do with respect the patient's tradition will be appreciated by the patient and the family. For Chinese Buddhists, this could entail simply saying of the name "Amitabha Buddha" into the ear of the dying as they expire or preventing the corpse from being moved to the morgue before the family has an opportunity to see their loved one and perform their religious customs.

### Conclusions

Chinese and Tibetan Buddhism in the Upstate New York region views on end of life care are consistent with what all people want from their healthcare providers: respect and communication. Buddhists, in particular, want respect for their spirituality and how that spirituality informs their decisions regarding their various dimensions, but also to be communicative, which of course entails being treated as a person, not a corpse-in-waiting. Professionals in the healthcare industry who can offer care that is culturally and religiously sensitive to offer effective care. In so doing, they will be able to help their patients attain what is for their best death possible relative to their situation.

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