The Buddhist Tradition

Religious Beliefs and Healthcare Decisions

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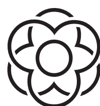


Part of the "Religious Traditions and Healthcare Decisions" handbook series published by the Park Ridge Center for the Study of Health, Faith, and Ethics

Buddhism originated as a movement of spiritual renunciants who followed Siddhartha Gautama, a prince of the Shakya people in northern India around 500 B.C.E. (before the common era, often designated B.C.). Legend recounts that after Siddhartha confronted the realities of old age, illness, and death, he renounced his privileged social position to seek spiritual salvation. Through years spent studying spiritual practices and practicing disciplined meditation he discovered a kind of transcendent clarity of perspective, which is referred to as enlightenment or nirvana. The prince Siddhartha thereafter became known as the Buddha (Enlightened One) and Shakyamuni (Sage of the Shakyas).

Buddhism spread throughout Asia and divided into three major branches, each with distinctive beliefs, practices, and cultural nuances: Theravada Buddhism in southern and Southeast Asia (the modern countries of Sri Lanka, Myanmar, Thailand, Laos, Cambodia, and Vietnam), Mahayana Buddhism in eastern Asia (China, Korea, and Japan), and Vajrayana Buddhism in central Asia (mainly Tibet). Each major branch includes various sub-branches and groups; for instance, Chan Buddhism in China (known as Zen Buddhism in Japan) and the Dalai Lama's Gelugpa lineage in Tibetan Vajrayana Buddhism. A voluminous body of scriptures developed among these Buddhist traditions, including texts of the Buddha's teachings, known as *dharma*, as well as monastic disciplinary rules and commentaries by later religious authorities.[1]

In recent times Buddhism has spread outside of Asia through population migration and conversions, today constituting more than 350 million people worldwide. Perhaps as many as three million Americans now consider themselves Buddhists, the majority being ethnic-Asian immigrants and their descendants. Ethnic-Asian Buddhists are a double minority in American society, differing both racially and religiously from the majority population. Over Buddhism's 150-year history in America, reception has been a mixture of hostility, primarily linked to anti-Asian sentiment, and fascination, as seen in Buddhism's attractiveness to some segments of the larger population.[2]

BELIEFS RELATING TO HEALTH CARE

Buddhism adheres to the basic Indian view, one shared with Hinduism and Jainism, that human existence is part of an ongoing cycle of multiple lifetimes (*samsara*) the circumstances of which are governed by one's deeds or actions (*karma)*. Death is an inevitable part of existence and subsequent rebirth reflects the outcome of one's karmic dispositions, which may occur at the human or another level, such as that of animals or disembodied beings. Liberation from the cycle of samsara occurs through enlightenment, which is also known as nirvana or the Buddha nature inherent in all living beings. It is, however, accessible only from the human realm of existence.

Nirvana is impossible to explain in ordinary terms "because human language is too poor to express the real nature of the Absolute Truth or Ultimate Reality which is Nirvana."[3] Buddhists believe that upon death, an enlightened person does not experience rebirth within samsara. What occurs in such cases cannot be fathomed by the unenlightened mind, other than to say that worldly existence comes to an end, along with all its unsatisfactory aspects. The belief in nirvana results in a somewhat dualistic view of reality for Buddhists, who distinguish between the conventional realm (the samsaric world) and the ultimate realm (the nirvanic perspective). However, Mahayana philosophy pursued the conclusion that, actually, "there is not the slightest bit of difference between the two," since the samsaric world can have only apparent reality in the face of an ultimate nirvana.[4]

The Buddha's most fundamental insights concerned the predicament of human existence and the way of salvation from it, insights he gained from personal experience. In his first sermon following enlightenment, called "Setting in Motion the Wheel of the Dharma," the Buddha laid out the Four Noble Truths: that life is unsatisfactory,[5] that our own desires cause life's unsatisfactoriness, that there can be cessation or liberation from life's unsatisfactoriness (i.e., nirvana), and that there is an Eightfold Path leading to this liberation. The Buddha has been likened to a great physician who diagnoses the underlying human dissatisfaction or "dis-ease" with life—which includes physical illnesses as well as mental discomforts—isolates the cause, then prescribes the cure. In ways not available to medicine, but compatible with medicine's concern for alleviating suffering, Buddhism offers the ultimate remedy for human affliction.[6]

All existing things have three characteristics or "marks." The first is impermanence—change is the only constant, nothing remains unchanged. Second, and deriving from the first, nothing contains an unchanging essence or core. Therefore, human beings have no unchanging, essential identity or soul, and there is no God in the Western sense of an almighty and unchanging creator who made living souls in the divine image. The Buddha did recognize the existence of "gods" or spiritual beings above the human realm, but they too exhibit the three marks of existence. Human beings consist of five aggregates, mental and physical strands, factors, or

aspects that include the body and consciousness. The third mark of existence, unsatisfactoriness, derives from the other two marks: as we attempt to grasp onto that which changes continuously, ever seeking permanence in a sea of impermanency, we create dissatisfaction in ourselves. As noted above, the Four Noble Truths explain how to overcome this dilemma.

Ancient Buddhist texts portray the Buddha and other enlightened notables as exhibiting great mental composure under circumstances of physical pain, even suppressing bodily illnesses in some cases. Such notables offer an ideal even though the vast majority of Buddhists in all periods would not consider themselves capable of reaching such a state of enlightenment in their present lifetime. For any patient, regardless of the level of spiritual attainment, the textual tradition encourages cultivation of a wholesome mindset through contemplation of the dharma and consideration of one's own spiritual virtues. These activities are portrayed as having healing efficacy. The texts also distinguish two types of pain, physical and mental, explaining that when a person suffering from the former adds the latter, it is as if that person were shot with two arrows instead of just one.[7] Thus the Buddha taught his monastic followers to distinguish between the two: "You should train yourself: Even though I may be sick in body, my mind will be free of sickness. . . . [A Buddhist disciple] is not obsessed with the idea that 'I am the body' or 'The body is mine.' As he is not obsessed with these ideas, his body changes and alters, but he does not fall into sorrow, lamentation, pain, distress, or despair over its change and alteration."[8]

Buddhist tradition and iconography include celestial Buddhas, which are not to be confused with the historical Gautama Buddha, and *bodhisattvas*, beings that postpone their own final enlightenment in order to facilitate enlightenment in others. These beings carry implications for health, healing, and general well-being. Faith in Bhaishajya-guru (Master of Healing) Buddha, for instance, is considered efficacious in times of illness and in overcoming negative effects of karma at death. The bodhisattva Avalokiteshvara's very name invokes notions of celestial care: the Lord Who Looks Down (with Compassion), known in China in female form as Kuan-yin, which translates to the One Who Regards Cries or the One Who Hears Prayers.

Many Buddhists seek the services of Buddhist monks trained in ancient Indian medical practices known as *Ayurveda*. According to some scholars, Buddhist monastic practitioners played a key role in the historical development of Ayurvedic medicine, although it is usually associated with Hinduism.[9] Buddhist monks also receive training in the ritual use of special verses that carry protective and healing properties.[10]

OVERVIEW OF RELIGIOUS MORALITY AND ETHICS

The Fourth Noble Truth taught by the Buddha delineates the Eightfold Path to liberation. This path is often symbolized as a wheel with eight spokes. By cultivating each spoke, a person approaches the enlightened hub of the wheel, that is, nirvana. Three spokes comprise the ethical aspect of the path: right speech, right action, and right livelihood. Under right action we find the five precepts, the basic moral commitments incumbent upon all Buddhists: not to destroy life, not to steal, not to engage in sexual misconduct, not to tell falsehoods, and not to take intoxicants that cause careless behavior.[11] Some consider the principle of non-harm to living beings, encapsulated in the first precept, to be the heart of Buddhist ethics.[12] The behavior of Buddhist monks and nuns is governed by numerous additional precepts and monastic disciplinary rules. The renunciant lifestyle of the Buddha and his monastic community continues to provide a powerful ethical ideal for many Buddhist individuals, groups, and cultures.

Other Buddhist virtues and ethical insights impinge upon healthcare issues. Following the example of Gautama Buddha himself, Buddhists seek to embody wisdom and compassion in their own lives. A traditional subject for meditation with clear ethical connotations is the four "sublime states": loving-kindness, compassion, sympathetic joy, and equanimity. Cultivation of these sublime states will root out the fundamental causes of evil actions in human beings, namely, ignorance and delusion.

In Buddhist ethical discourse, great emphasis is placed upon intent. In many circumstances, a person may not be held culpable for the tragic consequences of an act performed with pure motivations.

THE INDIVIDUAL AND THE PATIENT-CAREGIVER RELATIONSHIP

Although classical Buddhism did not develop the modern concept of individual human rights, the notion that all persons possess the potential for enlightenment nevertheless offers Buddhist grounding for respect of the individual's inherent worth and dignity. Buddhist teachings about ethical duties imply individual rights for the beneficiaries of one's dutiful actions.[13]

The Buddha's compassionate behavior as attested in the ancient texts offers a model for Buddhist caregivers, both healthcare professionals and others. One day the Buddha and his beloved disciple, Ananda, happened upon a monk suffering from acute dysentery. The two attended to the ill monk's physical needs, bathing him in warm water, after which the Buddha taught other monks that "He who attends on the sick attends on me." Another time the Buddha showed similar compassionate care to a monk with a repulsive affliction that had turned other monks away.

The Buddha also taught that a good nurse should be knowledgeable of both medical procedures and the needs of the patient, and should perform tasks out of a sense of service rather than for the sake of salary alone. Loving-kindness and compassion should be guiding virtues. Moreover, the Buddha expected nurses to attend to a patient's mental state by imparting spiritual guidance through the truths of the dharma. On the patient's part, the Buddha expected honest disclosure of the nature of the illness, cooperation with the treatment plan, and forbearance of pain.[14]

Clinical Issues

Self-determination and informed consent

The ancient Buddhist monastic codes offer ethical principles relevant to issues of patient choice and consent. A person lacking knowledge of what is occurring, whether through mental disruption or extreme physical pain, is not considered morally culpable for their actions. Also, the intention underlying an action can sometimes absolve a person of wrongdoing, as in cases of accidental death.[15] Applying these standards, patients must have the capacity for full knowledge of the situation to be considered capable of giving consent, and the intentions of all parties involved—patient, relatives, medical staff, researchers, healthcare administrators, and others—must be weighed in the decision-making process.

Truth-telling and confidentiality

The notion of right speech and the precept prohibiting falsehoods pertain here. Lying and certain forms of speech can harm others; breaking the trust of confidentiality can lead to harmful gossiping or idle chatter, expressly forbidden by Buddhist tradition.

Withholding the truth in certain cases may be acceptable, for instance, when dealing with Buddhists from cultures that subsume an individual's right to the truth about their condition to the impact of disclosure on the general well-being of the family.

Proxy decision-making

Casey Frank, a Zen Buddhist attorney in the bioethics field, advises Buddhists to prepare advance directives and to appoint a healthcare agent. These can insure follow-through on specifically Buddhist wishes, as in treatment of the body following death (see below under Death and Dying).[16]

FAMILY, SEXUALITY, AND PROCREATION

The Buddha established a community of full time renunciant followers, thus valorizing a celibate lifestyle for the unencumbered pursuit of spiritual progress. Although most Buddhists marry and raise a family, they typically value renunciant ideals even in Asian cultures where monasticism no longer prevails. Buddhism's emphasis on the ultimate goal of liberation from samsara renders family issues secular, or "worldly" by definition, bound by desire to the ongoing cycle of existence. Since Buddhism has no analogy to the biblical injunction to be fruitful and multiply, marriage and divorce are typically considered cultural or civic rather than religious affairs. Monogamous marriages and extended families are normative in Asian Buddhist cultures. The Buddha taught that children should respect their parents, that parents should raise their children properly, and that husband and wife have mutual duties and responsibilities.[17]

For Buddhist monks and nuns, the third precept regarding sexual misconduct is interpreted as prohibiting all sexual activity, whether heterosexual, homosexual, or autosexual. Some observers have remarked about Buddhism's relatively benign attitude toward homosexuality. Peter Harvey summarizes the views in Buddhism's Asian homelands: "Homosexual activity among lay people has been sporadically condemned as immoral in Southern [Theravada] and Northern [Mahayana and Vajrayana] Buddhism, but there is no evidence of persecution of people for homosexual activities. An attitude of unenthusiastic toleration has existed. In China, there has been more tolerance, and in Japan positive advocacy."[18] Attitudes toward homosexuality among American-convert Buddhists appear generally liberal.

Clinical Issues

Contraception

Buddhism has permitted natural contraceptive methods like rhythm and withdrawal since ancient times. By extension, some modern methods may be considered permissible as long as they do not function as abortifacients. The lack of clear guidance from textual sources has created disagreement over the normative Buddhist stance on contraception. Buddhism views contraception with some ambivalence. On the one hand, since conception represents a life seeking rebirth, many Buddhists would be reticent to block it; on the other hand, the lack of an imperative to procreate leads other Buddhists to approve of contraception in certain circumstances.[19]

Sterilization

The same ethical considerations apply here as in the case of contraception, if sterilization voluntarily serves that purpose. Involuntary sterilization would have to follow egalitarian protocols and not target one group, such as the poor or minorities, over others.

New reproductive technologies

Not surprisingly, given ancient Buddhism's valorization of renunciant celibacy, Buddhist texts offer little direct guidance in such modern issues as artificial insemination and in vitro fertilization (IVF). As Buddhist ethicist Damien Keown observes, the feeling may have been "that the proper purpose of medicine in the monastery was not the satisfaction of lay desires, such as that of women to bear children." Keown concludes his discussion as follows: "We might

sum up the Buddhist attitude to reproductive technology by saying that the use of donor gametes would not be acceptable, and IVF using the couple's gametes could only be countenanced in the simplest cases where the embryos were immediately implanted." Such practical restrictions would probably preclude IVF for Buddhists, according to Keown.[20]

Abortion

Traditionally, abortion has been considered a violation of the first precept against destroying life. Ancient monastic texts, for instance, expressly forbid monks from causing an abortion, specifying some of the common methods of the day as "scorching, crushing, or the use of medicine."[21] However, debate has arisen in recent years regarding such issues as when human consciousness enters the embryo or fetus and the demands of Buddhist compassion in certain circumstances, such as unwanted or unsafe pregnancies. Abortions are performed in Asian countries where Buddhism has been culturally influential. The Japanese have developed a ritual for addressing the loss of fetal life as well as the associated mental anguish of the parents. Most Buddhists would place responsibility for the final decision about abortion with the pregnant woman.[22]

Care of severely handicapped newborns

Handicapped human persons deserve the same ethical considerations as others. Buddhists may consider handicap conditions to be the result of karmic predispositions, but compassionate care would be provided nonetheless.

GENETICS

Ancient Buddhist texts and commentaries define human life as the interval between the moment that consciousness arises in the embryo, generally understood as conception, and the moment of death, a period of up to 120 years.[23] This constitutes the temporal span of human personhood, though Buddhists see it as bracketed both before and after by other existences, not all of which are human. Michael G. Barnhart points out that, in the Buddhist view, genes impinge on only one of the constituent aspects of the human being—the body. Thus Buddhism does not support a "hard" genetic determinism: "The body and its associated genetic endowments do not ... determine the rest of our nature in any interestingly lawlike manner."[24]

In discussing genetics and biotechnology generally, the Dalai Lama counsels compassion and the non-harming of sentient beings. He also rejects profit, personal preferences, and mere utility as legitimate motivations for genetic manipulation.[25] Genetic experimentation involving the destruction of human embryos or other living organisms would fall under basic Buddhist proscriptions against harming life. Compassion for the suffering of one living being does not justify inflicting suffering upon another sentient being, including animals (see below under Medical Experimentation and Research).[26]

Barnhart suggests that Buddhism does not condemn genetic engineering, gene therapy, cloning, and other new biotechnical procedures per se. Buddhist moral judgment would evaluate both motivations and consequences of particular actions. Egocentric motives would be disapproved and procedures that distract or deter a person in their path toward enlightenment would be rejected.[27]

Clinical Issues

Sex selection and selective abortion

According to the Dalai Lama, gender and other preferences for offspring arise from parental prejudices that should not be exploited for profit.[28] Ethical considerations about selective abortion would follow the reasoning on abortion generally.

Gene therapy and genetic screening

Assuming proper motivation and concern for consequences, Buddhism could approve such procedures. For instance, parents may wish to protect their offspring from heritable diseases out of compassion and the hope that their children might pursue their own "life of enlightenment and compassion."[29]

Cloning

The Dalai Lama precludes the cloning of semi-human creatures as human "spare parts" factories on the principles of compassion and non-harming.[30] Should a human clone ever emerge, Damien Keown suggests that Buddhism would not deny the status of human individuality to such a case.[31]

ORGAN AND TISSUE TRANSPLANTATION

Buddhism's emphasis on compassion and the alleviation of suffering has led some Buddhist spokespersons to encourage organ and tissue donation upon the donor's death. However, the belief in some Buddhist traditions that consciousness remains with the body for a period after physical death complicates the matter. Many Buddhists will not allow any tampering with the body for three days so as not to disturb the release of consciousness as it moves toward its new mode of existence. Of course, this delay compromises organ and tissue harvesting. In China and Japan, where indigenous traditions have influenced Buddhism historically, taboos against desecrating the body hamper this process.[32] Generally, however, the Buddhist understanding of human existence as an aggregation of mental and physical strands allows individuals to disassociate personal identity from the physical parts of the body, thus opening the possibility of transplantation.

Clinical Issues

For recipients

Buddhism's ethical imperative of compassion has universal rather than selective scope; transplant recipients should therefore be chosen according to compassionate criteria fairly applied to all candidates. Two guidelines, right action and right livelihood, imply just and equitable treatment of others that they, too, might pursue happy and fulfilling lives. This has further implications for the allocation and cost of transplants, which should not arbitrarily favor some recipients over others. The notion that all persons possess the potential for enlightenment also argues for egalitarian transplant allocation procedures.

At the same time, Buddhists may evaluate recipients differently following transplantation depending on the use to which their lives are put. In some cases the recipient's extended human lifespan may make the most of one's potential for enlightenment or nirvana, whereas in other cases the recipient may squander that opportunity by living a life of negative deeds.[33] Some recipients may express concern about the karmic status of their transplanted organs/tissue, and may even attribute biological rejection as indication that the donor's karma was incompatible with their own.[34]

For donors

A contemporary Vajrayana teacher suggests that some Buddhists may not be mentally prepared to donate their organs. It is best to develop a mind that is strong, stable, and wise enough to understand all the implications of organ donation procedures and the relationship between mind and body.[35] Two contemporary teachers from the Chan/Zen tradition have stressed the importance of the compassionate act of donation over any potential disturbance of the release of the donor's consciousness during the three-day waiting period. Buddhists may sign advance directives or appoint a healthcare agent to address post-mortem donation.[36]

Decades ago psychoanalysts Carl Jung and Erich Fromm investigated the potential compatibility of Buddhist thought and Western psychology, the latter collaborating with noted Zen author D.T. Suzuki. The first comprehensive book on Buddhism in America, written by a psychologist in the 1970s, included a chapter entitled "Buddhism, Psychology, and Psychotherapy" which predicted increasing therapeutic use of meditation.[37] At the popular level this has indeed occurred; witness the recent profusion of self-help meditation books and the increase in meditation centers.[38] In Western mental health generally, the field of transpersonal psychology has gone furthest in integrating Buddhist insights into its approach. A few Buddhist psychotherapies have been imported from Asia.[39]

In a sense Buddhism has followed an interactive mind/body model of human personhood for 2,500 years. "In Buddhist psychology and in the medical texts of Buddhist culture, mind and body are not separate," explains Mark Epstein, Buddhist psychologist and author of the books *Thoughts without a Thinker* and *Going to Pieces without Falling Apart*. "Mind extends into body and body extends into mind."[40]

The human being is an aggregation of one physical and four mental strands, factors, or aspects. In Buddhist understanding, "mind" is included as one of the sense organs or faculties of the body—as other organs sense objects around us through sight, hearing, smell, taste, and touch, the mind senses mental objects such as thoughts, ideas, and imagination, and also interprets and assimilates input from the physical sense organs. Such input affects our thoughts. Buddhism places great emphasis on the mind's ability to control various states of health, both physical and mental. Clarity of mind is essential; meditation helps achieve it. This is underlined by the prohibition against intoxication in the fifth precept.

Ancient Buddhist beliefs and mythological views can be interpreted in modern psychological terms. For instance, the six defilements—greed, anger, ignorance, pride, doubt, and false views—can be seen as universal human neuroses beyond individual neurotic tendencies.[41] The six realms of existence—human, animal, hell, heaven, hungry ghosts, and jealous gods—can stand for various states of mind.[42]

Buddhists attribute much mental health and illness to a person's spiritual progress along the path to enlightenment. The Dalai Lama, for instance, advises his readers that by "being better grounded emotionally through the practice of patience, we find that not only do we become much stronger mentally and spiritually, but we tend also to be healthier physically." He goes on to explain, "I attribute the good health I enjoy to a generally calm and peaceful mind."[43]

A respected Theravada Buddhist scholar-monk writes, "He who has realized the Truth, Nirvana, is the happiest being in the world. He is free from all 'complexes' and obsessions, the worries and troubles that torment others. His mental health is perfect."[44]

Clinical Issue

Psychotherapy and behavior modification

Most Buddhist psychotherapists consider Western psychotherapy and Buddhism to be complementary rather than incompatible, although they would argue that Buddhism deepens the insights of conventional psychology. Ryo Imamura, a Japanese-American Buddhist priest-therapist, sees Buddhist psychotherapy as "an expansion of Western psychotherapy. It appends dimensions of compassion and nonduality to the rational clarity and precision of Western psychotherapy." Imamura gives the example of human suffering and happiness: both Western and Buddhist psychotherapies seek to relieve suffering and enhance happiness, but only the Buddhist approach reveals the true meaning of suffering and offers the "complete transformation" necessary to attain true happiness.[45]

Electroshock and stimulation

Considerations of compassion and non-harm would enter into decisions about use of any procedure that would cause pain to a patient.

Psychopharmacology

Buddhists would want clouding of the mind kept to a minimum in pharmacological therapy.

MEDICAL EXPERIMENTATION AND RESEARCH

The key ethical consideration here concerns whether a particular experiment or research procedure violates Buddhism's first precept against destroying life and the principle of non-harm to living beings. If so, even the purported benefits of alleviation of suffering would be outweighed by these fundamental Buddhist ethical imperatives.

CLINICAL ISSUES

Damien Keown's summary of the Buddhist position on human embryo experimentation can be generalized to similar kinds of research: "In Buddhist terms, destructive experimentation on embryos represents a direct assault on the basic good of life and a breach of the first precept. If the goal is theoretical knowledge, it would amount to the subordination of life to knowledge, and as with any instrumentalisation [sic] of a basic good would be impermissible." Keown notes that the Buddhist position makes no ethical distinction here between animated and unanimated embryos.[46] Likewise, Buddhist ethical prescriptions about human research apply equally to animal research since animals are sentient beings that suffer pain. "What about issues like vivisection," asks the Dalai Lama, "where animals are routinely caused terrible suffering before being killed as a means to furthering scientific knowledge?" To a Buddhist, he answers, such practices are "shocking."[47]

DEATH AND DYING

According to Buddhism, death for the vast majority of people falls within the cycle of samsara as a passage to rebirth into a new life form, another change amidst the impermanence of existence that is governed by one's own karmic dispositions. Although penultimate in this sense, human life is nevertheless highly valued as the only possible venue for the ultimate goal of enlightenment, the final liberation for those who attain it. Dying Buddhist patients may ponder their progress—or lack of it—along the path toward final liberation, and may experience anxiety about being reborn into less desirable human circumstances or even as a lower life form. Discussion of impending death is not typically avoided, though positive thoughts and encouragement are preferred over sadness or grief so as to encourage an auspicious mindset for the transition. Some Buddhist patients may attest to visions or intimations of the circumstances of their next rebirth. Buddhist clergy often chant bedside blessings or protective rituals, and dying patients may wish to meditate or to contemplate sermons on the dharma.[48]

Buddhism recognizes that the person is not the body—the body being only one of five aggregates comprising a human being—thus the body is not sacred in some sense at death. Neither is the person essentially a soul, since Buddhism does not recognize such an entity. At death a person's aggregated organism disassembles, to be reassembled in the next rebirth—or not, in the case of the enlightened few.

Clinical Issue

Determining death

Little scholarly or ethical attention has been paid to constructing a Buddhist definition of death in the light of modern biomedical issues.[49] Basing his view on the ancient Buddhist notion of death as the disaggregation of the human organism, Damien Keown suggests that Buddhism conceives of death as "the irreversible loss of integrated organic functioning." Thus Buddhism's criterion for individual death is irreversible brain stem death, since the brain stem controls integrated organic functioning.[50]

Pain control and palliative care

Buddhism's emphasis on clarity of mind—recall the fifth precept eschewing intoxicants—may lead some Buddhists to forego pharmacological palliation in order to maintain mindfulness in the midst of pain and the dying process. On the other hand, Buddhists may approve of pharmacological palliation as an expression of compassion for physical suffering.

Improvements in pain management that minimize mental impairment have been welcomed.[51] Buddhist patients may also attempt alleviation of physical and mental pain through concentrated mental efforts in meditation or through ceremonial acts.

Some Buddhist-influenced hospice and other programs for the dying have emerged in recent years, including the Zen Hospice Project in San Francisco (http://www.zenhospice.org) and the work of Buddhist teacher Joan Halifax in Santa Fe, New Mexico (http://www.peacemakercommunity.org). A small study of women in Thailand indicated that "meditation can be a useful intervention to support women with HIV/AIDS and to provide a measure of control, to enhance their immunological response to stress, to reduce the side effects of treatment, and to diminish anxiety and fear."[52] The Dalai Lama counsels that wisdom might dictate submitting to the karmic manifestations of physical suffering at the end of this life rather than face their prolongation into the next life.[53]

Foregoing life-sustaining treatment

In discussing the case of patients in a Persistent Vegetative State (PVS), Damien Keown notes that the Buddhist prohibition against destroying life does not imply an imperative to prolong life in all circumstances. "There is no obligation, for example," Keown writes, "to connect patients to life-support machines *simply to keep them alive*."[54] PVS patients should continue to receive nutrition and hydration, Keown explains, since such patients have not suffered brain stem death and are therefore still alive.[55] "There would, however, be no requirement to treat subsequent [medical] complications."[56]

Suicide, assisted suicide, and euthanasia

Despite examples of suicide and other types of voluntary death by religious notables in ancient texts, Buddhism generally condemns deliberate attempts to end one's own life. This prohibition extends to any agent, such as a physician, who assists another's suicide—the texts label such an agent a "knife-bringer"—or even encourages it out of compassion for tragic circumstances.[57] Based on this Phillip Lecso argues that Buddhism advocates hospice care over euthanasia.[58] As to the latter, Peter Harvey observes that "Euthanasia scenarios present a test for the implications of Buddhist compassion, but the central Buddhist response is one of aiding a person to continue to make the best of his or her 'precious human rebirth', even in very difficult circumstances."[59]

Autopsy and post-mortem care

Post-mortem care of the body should be kept to the barest minimum, and, if possible, an autopsy should be delayed for three days due to the Buddhist belief in the slow release of consciousness from the body (see above under Organ and Tissue Transplantation). Buddhist texts are often recited or chanted at death, though not necessarily in the presence of the body. Buddhist clergy usually officiate at these rituals. In fact, officiating at the occasion of death became the special province of monks in many parts of Asia.

Burial and mourning traditions

Decorum in the face of death is typical and does not necessarily indicate lack of either concern or grief. The Buddhist beliefs about impermanence and multiple lifetimes tend to create a stoic regard for the passing of a person from the present existence, though the belief in karma may raise concerns over the destination of certain individuals. Cremation is the traditional method of final disposition, following the three-day waiting period. Departed ancestors are periodically remembered and revered by family, especially in those Asian cultures influenced by Chinese traditions.

SPECIAL CONCERNS

The multiple expressions of Buddhism in America call for sensitivity to variations in beliefs, practices, and cultural nuances among Buddhist patients and others involved in health care. The major distinction between the so-called "two Buddhisms" of America deserves special attention. Due to immigration and conversion patterns in American history, we find, on the one hand, Buddhists whose faith is an expression of their cultural heritage as Asians and, on the other hand, non-Asian Buddhists who converted to Buddhism as adults. Buddhism fulfills a different sociological function for each group—affirming ethnic identity in Asian-American Buddhists and transforming perspective and self-identity in non-Asian converts.[60] Within each of these "two Buddhisms," of course, variations of expressions and understandings also exist.

Diet and drugs

Although the first precept against destroying life and the ethical imperative of non-harming imply an ideal of vegetarianism, most Buddhists do not practice this ideal. Some Buddhist clergy and laity may prefer vegetarian meals as a matter of piety, and a few Buddhist groups may expect their members to follow the ideal. Most Buddhist monks and nuns are restricted by monastic disciplinary rules to two meals per day, to be completed before noon. After noon they may consume liquids and soft foods that do not require chewing. Pious laity taking religious vows at certain times of the year may also adopt these dietary restrictions. Drugs that include intoxicants as ingredients are generally avoided unless overriding medical benefits are indicated.

Religious rituals and observances

Buddhism is primarily an individual and family oriented religion, although regular congregational gatherings have become more common in the United States as immigrants adopt the typical American style of religion. The concept of "worship" does not capture the religious experience of most Buddhists, who instead practice meditation or a ritual veneration of the historical Gautama Buddha and various celestial Buddhas and bodhisattvas. Candles, incense, flowers, gongs or bells, sacred statues and paintings, beads, meditation cushions, and other ritual accoutrements may be used. Chanting, dharma sermons, and reading/reciting of scriptural and liturgical texts are common practices. Each Asian culture celebrates its own set of religious festivals, most tied to the lunar calendar. Special importance is attached to the observation of the historical Buddha's birth (*Wesak*, observed in the Mahayana tradition, usually in March/April) or combined birth/enlightenment/death (*Visakha*, observed in the Theravada tradition, usually in May). An important cultural festival is New Year's, held at various times depending on the Asian culture. These occasions draw large numbers of Buddhists and others to temple activities across the United States.

NOTES

1. See, e.g., William Theodore de Bary, ed., *The Buddhist Tradition in India, China, and Japan* (New York: Vintage Books, 1972); Thanissaro Bhikkhu, *The Buddhist Monastic Code* (Valley Center, California: Metta Forest Monastery, 1994). For the sake of convenience I have deleted diacritical marks in foreign terms and have not distinguished the languages from which these terms come (usually Pali and Sanskrit).

2. Paul David Numrich, et al., "Buddhists in America: Following a Different Religious Path," *Buddhists, Hindus, and Sikhs in America*, Religion in American Life series (New York: Oxford University Press, forthcoming).

3. Walpola Rahula, *What the Buddha Taught*, 2d and enlarged ed. (New York: Grove Press, 1974), 35.

4. The quote is from the eminent second century Mahayana philosopher Nagarjuna, cited in Peter Harvey, *An Introduction to Buddhism: Teachings, History and Practices* (New York: Cambridge University Press, 1990), 103.

5. The common translation for the term *dukkha* in the First Noble Truth is "suffering," but that does not carry the full weight of meaning. Dukkha refers to life's fundamental unsatisfactoriness, which we readily acknowledge in times of suffering but also experience in the best times of life, which do not last forever and leave us wanting more.

6. Damien Keown, *Buddhism and Bioethics* (New York: St. Martin's Press, 1995), 1-2.

7. Lily de Silva, "Ministering to the Sick and the Terminally Ill," *Bodhi Leaves* series, BL 132 (Kandy, Sri Lanka: Buddhist Publication Society, 1994).

8. Quoted in *Tricycle: The Buddhist Review*, 7.1 (Fall 1997), 37.

9. Keown, *Buddhism and Bioethics*, 3.

10. Harvey, *Introduction to Buddhism*, 180-182.

11. Paul D. Numrich, "Posting Five Precepts: A Buddhist Perspective on Ethics in Health Care," *The Park Ridge Center Bulletin* (November/December 1999), 9-11.

12. Damien Keown, *Buddhism: A Very Short Introduction* (New York: Oxford University Press, 1996), 10.

13. Keown, *Buddhism: A Very Short Introduction*, 109-112.

14. de Silva, "Ministering to the Sick and the Terminally Ill."

15. Peter Harvey, "Vinaya Principles for Assigning Degrees of Culpability," *Journal of Buddhist Ethics*, 6 (1999), 271-291.

16. Casey Frank, "Living Organs and Dying Bodies," *Tricycle: The Buddhist Review*, 7.1 (Fall 1997), 76-77.

17. Paul D. Numrich, Health, Marriage, and Family in Selected World Religions: Different Perspectives in a Pluralist America, *Marriage, Health, and the Professions: The Implications of New Research into the Health Benefits of Marriage for Law, Medicine, Ministry, Therapy, and Business*, Don Browning, William Doherty, Steven Post, and John Wall, eds. (Grand Rapids, Michicagan: Eerdmans, 2001). Also, see *World Religions on Sexuality* (Chicago: The Park Ridge Center for the Study of Health, Faith, and Ethics, forthcoming).

18. Peter Harvey, *An Introduction to Buddhist Ethics: Foundations, Values and Issues* (Cambridge, : Cambridge University Press, 2000), 434.

19. Keown, *Buddhism and Bioethics*, 128-132.

20. Keown, *Buddhism and Bioethics*, 126, 136.

21. Keown, *Buddhism and Bioethics*, 93-94.

22. Phillip A. Lecso, "A Buddhist View of Abortion," *Journal of Religion and Health*, 26.3 (Fall 1987), 214-218; Michael G. Barnhart, "Buddhism and the Morality of Abortion," *Journal of Buddhist Ethics*, 5 (1998), 276-297; Damien Keown, ed., *Buddhism and Abortion* (Honolulu: University of Hawaii Press, 1999); William R. LaFleur, *Liquid Life: Abortion and Buddhism in Japan* (Princeton, N.J.: Princeton University Press, 1992); Harvey, *Introduction to Buddhist Ethics*, 328-341.

23. Keown, *Buddhism and Bioethics*, 93-94.

24. Michael G. Barnhart, "Nature, Nurture, and No-Self: Bioengineering and Buddhist Values," *Journal of Buddhist Ethics*, 7 (2000), 131.

25. His Holiness The Dalai Lama, *Ethics for the New Millennium* (New York: Riverhead, 1999), 155-157.

26. Dalai Lama, *Ethics for the New Millennium*, 157; Keown, *Buddhism and Bioethics*, 120.

NOTES

27. Barnhart,"Nature, Nurture, and No-Self," 138.

28. Dalai Lama, *Ethics for the New Millennium*, 156.

29. Barnhart, "Nature, Nurture, and No-Self," 141.

30. Dalai Lama, *Ethics for the New Millennium*, 156-157.

31. Keown, *Buddhism and Bioethics*, 90.

32. Keown, *Buddhism and Bioethics*, 158; Karma Lekshe Tsomo, "Opportunity or Obstacle? Buddhist Views on Organ Donation," *Tricycle: The Buddhist Review*, 2.4 (Summer 1993), 34-35.

33. Tsomo, "Opportunity or Obstacle?"

34. See S. H. J. Sugunasiri, "The Buddhist View Concerning the Dead Body," *Transplantation Proceedings*, 22.3 (June 1990), 948.

35. Tsomo, "Opportunity or Obstacle?" 34.

36. Frank, "Living Organs and Dying Bodies."

37. Emma McCloy Layman, *Buddhism in America* (Chicago: Nelson-Hall, 1976), chapter 10.

38. Don Morreale, ed., *The Complete Guide to Buddhist America* (Boston: Shambhala Publications, Inc., 1998).

39. Ryo Imamura, "Buddhist and Western Psychotherapies: An Asian American Perspective," *The Faces of Buddhism in America*, Charles S. Prebish and Kenneth K. Tanaka, eds. (Berkeley: University of California Press, 1998), 230-231.

40. Cited in Kate Prendergast, "Opening the Doors of Perception: Buddhism and the Mind: An Interview with Mark Epstein," *Science and Spirit Magazine*, 11.1 (March/April 2000), 33.

41. Imamura, "Buddhist and Western Psychotherapies," 234.

42. Prendergast, "Opening the Doors of Perception," 32.

43. Dalai Lama, *Ethics for the New Millennium*, 106.

44. Rahula, *What the Buddha Taught*, 43. Venerable Rahula's gender-exclusive writing style should not be taken literally. The Buddha recognized women's ability to reach enlightenment.

45. Imamura, "Buddhist and Western Psychotherapies," 231.

46. In the Buddhist view, an embryo is "animated" when human consciousness arises in it, usually understood to occur at conception. An "unanimated" embryo has not been infused with human consciousness or has lost it in some way. Keown, *Buddhism and Bioethics*, 120-122.

47. Dalai Lama, *Ethics for the New Millennium*, 157.

48. de Silva, "Ministering to the Sick and the Terminally Ill."

49. James J. Hughes and Damien Keown, "Buddhism and Medical Ethics: A Bibliographic Introduction,." *Journal of Buddhist Ethics*, 2 (1995), 105-124.

50. Keown, *Buddhism and Bioethics*, 158.

51. Patricia Anderson, "Good Death: Mercy, Deliverance, and the Nature of Suffering," *Tricycle: The Buddhist Review*, 2.2 (Winter 1992), 36-41.

52. Barbara Dane, "Thai Women: Meditation as a Way to Cope with AIDS," *Journal of Religion and Health*, 39.1 (Spring 2000), 19.

53. Dalai Lama, *Ethics for the New Millennium*, 155.

54. Keown, *Buddhism and Bioethics*, 167; emphasis in original.

55. Keown, personal communication.

56. Keown, *Buddhism and Bioethics*, 167.

57. Keown, *Buddhism and Bioethics*, 58-60, 168-187; Damien Keown, "Attitudes to Euthanasia in the Vinaya and Commentary," *Journal of Buddhist Ethics*, 6 (1999), 260-270.

58. Phillip A. Lecso, "Euthanasia: A Buddhist Perspective," *Journal of Religion and Health*, 25.1 (Spring 1986), 51-57.

59. Harvey, *Introduction to Buddhist Ethics*, 309.

60. Paul David Numrich, "How the Swans Came to Lake Michigan: The Social Organization of Buddhist Chicago," *Journal for the Scientific Study of Religion*, 39.2 (June 2000), 189-203.

REFERENCES

Patricia Anderson. "Good Death: Mercy, Deliverance, and the Nature of Suffering." *Tricycle: The Buddhist Review*, 2.2 (Winter 1992), 39-42.

Michael G. Barnhart. "Buddhism and the Morality of Abortion." *Journal of Buddhist Ethics*, 5 (1998), 276-297.

——— "Nature, Nurture, and No-Self: Bioengineering and Buddhist Values." *Journal of Buddhist Ethics*, 7 (2000), 126-144.

William Theodore de Bary, ed. *The Buddhist Tradition in India, China, and Japan*. New York: Vintage Books, 1972.

Thanissaro Bhikkhu. *The Buddhist Monastic Code*. Valley Center, Calif.: Metta Forest Monastery, 1994.

Barbara Dane. "Thai Women: Meditation as a Way to Cope with AIDS." *Journal of Religion and Health*, 39.1 (Spring 2000), 5-21.

Casey Frank, "Living Organs and Dying Bodies," *Tricycle: The Buddhist Review*, 7.1 (Fall 1997), 76-77.

His Holiness The Dalai Lama. *Ethics for the New Millennium*. New York: Riverhead Books, 1999.

Peter Harvey. *An Introduction to Buddhism: Teachings, History and Practices*. New York: Cambridge University Press, 1990.

——— *An Introduction to Buddhist Ethics: Foundations, Values and Issues*. Cambridge, UK: Cambridge University Press, 2000.

——— "Vinaya Principles for Assigning Degrees of Culpability." *Journal of Buddhist Ethics*, 6 (1999), 271-291.

James J. Hughes and Damien Keown. "Buddhism and Medical Ethics: A Bibliographic Introduction." *Journal of Buddhist Ethics*, 2 (1995), 105-124.

Ryo Imamura. "Buddhist and Western Psychotherapies: An Asian American Perspective." *The Faces of Buddhism in America*. Charles S. Prebish and Kenneth K. Tanaka. eds. (Berkeley: University of California Press, 1998), 228-237.

Damien Keown. "Attitudes to Euthanasia in the Vinaya and Commentary." *Journal of Buddhist Ethics*, 6 (1999), 260-270.

——— ed. *Buddhism and Abortion*. Honolulu: University of Hawaii Press, 1999.

——— *Buddhism and Bioethics*. New York: St. Martin's Press, 1995.

——— *Buddhism: A Very Short Introduction*. New York: Oxford University Press, 1996.

William R. LaFleur. *Liquid Life: Abortion and Buddhism in Japan*. Princeton, N.J.: Princeton University Press, 1992.

Emma McCloy Layman. *Buddhism in America*. Chicago: Nelson-Hall, 1976.

Phillip A. Lecso. "A Buddhist View of Abortion." *Journal of Religion and Health*, 26.3 (Fall 1987), 214-218.

——— "Euthanasia: A Buddhist Perspective." *Journal of Religion and Health*, 25.1 (Spring 1986), 51-57.

Don Morreale, ed. *The Complete Guide to Buddhist America*. Boston: Shambhala Publications, Inc., 1998.

Paul David Numrich. "Buddhists in America: Following a Different Religious Path." *Buddhists, Hindus, and Sikhs in America*. Religion in American Life series. New York: Oxford University Press, forthcoming.

——— "Health, Marriage, and Family in Selected World Religions: Different Perspectives in a Pluralist America." *Marriage, Health, and the Professions: The Implications of New Research into the Health Benefits of Marriage for Law, Medicine, Ministry, Therapy, and*

REFERENCES

Business. Don Browning, William Doherty, Steven Post, and John Wall, eds. Grand Rapids, Mich: Eerdmans, 2001.

——— "How the Swans Came to Lake Michigan: The Social Organization of Buddhist Chicago." *Journal for the Scientific Study of Religion*, 39.2 (June 2000), 189-203.

——— "Posting Five Precepts: A Buddhist Perspective on Ethics in Health Care." *The Park Ridge Center Bulletin* (November/December 1999), 9-11.

Kate Prendergast. "Opening the Doors of Perception: Buddhism and the Mind: An Interview with Mark Epstein." *Science and Spirit Magazine*, 11.1 (March/April 2000), 32-33.

Walpola Rahula. *What the Buddha Taught*. 2d and enlarged ed. New York: Grove Press, 1974.

John Renard, *Responses to 101 Questions on Buddhism* (New York: Paulist Press, 1999).

Lily de Silva, "Ministering to the Sick and the Terminally Ill." *Bodhi Leaves* series, BL 132. Kandy, Sri Lanka: Buddhist Publication Society, 1994.

S. H. J. Sugunasiri. "The Buddhist View Concerning the Dead Body." *Transplantation Proceedings*, 22.3 (June 1990), 947-949.

Karma Lekshe Tsomo. "Opportunity or Obstacle? Buddhist Views on Organ Donation." *Tricycle: The Buddhist Review*, 2.4 (Summer 1993), 30-35.

World Religions on Sexuality. Chicago: The Park Ridge Center for the Study of Health, Faith, and Ethics, forthcoming.

The author wishes to thank Damien Keown and Edwin DuBose
for their helpful comments on earlier drafts of this work.

Introduction to the series

Religious beliefs provide meaning for people confronting illness and seeking health, particularly during times of crisis. Increasingly health care workers face the challenge of providing appropriate care and services to people of different religious backgrounds. Unfortunately, many healthcare workers are unfamiliar with the religious beliefs and moral positions of traditions other than their own. This handbook is one of a series that provides accessible and practical information about the values and beliefs of different religious traditions. It should assist nurses, physicians, chaplains, social workers, and administrators in their decision making and care giving. It can also serve as a reference for believers who desire to learn more about their own traditions.

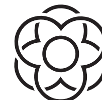
Each handbook gives an introduction to the history of the tradition, including its perspectives on health and illness. Each also covers the tradition's positions on a variety of clinical issues, with attention to the points at which moral dilemmas often arise in the clinical setting. Finally, each handbook offers information on special concerns relevant to the particular tradition.

The editors have tried to be succinct, objective, and informative. Wherever possible, we have included the tradition's positions as reflected in official statements by a governing or other formal body, or by reference to positions formulated by authorities within the tradition. Bear in mind that within any religious tradition, there may be more than one denomination or sect that holds views in opposition to mainstream positions, or groups that maintain different emphases.

The editors also recognize that the beliefs and values of individuals within a tradition may vary from the so-called official positions of their tradition. In fact, some traditions leave moral decisions about clinical issues to individual conscience. We would therefore caution the reader against generalizing too readily.

The guidelines in these handbooks should not substitute for discussion of patients' own religious views on clinical issues. Rather, they should be used to supplement information coming directly from patients and families, and used as a primary source only when such firsthand information is not available.

We hope that these handbooks will help practitioners see that religious backgrounds and beliefs play a part in the way patients deal with pain, illness, and the decisions that arise in the course of treatment. Greater understanding of religious traditions on the part of care providers, we believe, will increase the quality of care received by the patient.



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