The Hindu Tradition

Religious Beliefs and Healthcare Decisions

By Arvind Sharma

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The Hindu tradition is one of the oldest living religious traditions of the world. Identifiably Hindu practices and objects have been traced to what used to be called the Indus Valley culture but is now referred to increasingly as Harappan culture, after its best-known archeological site. This culture was contemporaneous with the earliest indications of civilization in Egypt, Mesopotamia, and China.

The relationship of this culture to the Vedas, the foundational texts of Hinduism, remains obscure. The earliest of these Vedic texts, called the *Ṛg Veda*, had been compiled by 1200 B.C.E., according to most scholars. Its appearance commences the age of Vedic culture, which lasted until around the fourth century B.C.E. By the sixth century B.C.E., religious life in India was already in ferment as a result of the gradual dissolution of the Vedic sacrificial worldview, and out of this ferment emerged the other two great religious traditions of ancient India: Buddhism and Jainism. The interaction of the Vedic tradition with these traditions gave rise to what is usually referred to as classical Hinduism.

The classical Hindu tradition, while it underwent numerous transformations and remained in continuous interaction with both Buddhism and Jainism, was the main religion of the Indian sub-continent until the arrival of Islam in a decisive way around 1200 C.E.

The succeeding six hundred years saw the progres-

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sive establishment of Muslim rule over virtually the whole of the Indian sub-continent and is therefore referred to as the Muslim period of Indian history. This period is characterized by various modes of interaction between Hinduism and Islam.

By 1800 the British were well on their way to achieving political control of the subcontinent. When they relinquished control in 1947, India and Pakistan emerged as independent states. For the most part, Pakistan was carved out of those parts of India that had Muslim majorities.

Hinduism continues as the primary religion of India, over 80% of whose citizens count as Hindus. There are over a million Hindus in the U.S.A., primarily as a result of Indian immigration. The Indian diaspora, as the spread of people of Indian origin through different parts of the world is called, includes about 20 million Hindus.

Beliefs relating to health care

An important point to consider at the very outset, before specific beliefs of Hinduism which may relate to health care are taken into account, is the nature of Hinduism itself as a belief system. Hinduism is a broad-based and doctrinally tolerant religion with hardly any single and exclusive test of orthodoxy, with the result that diverse and even contradictory beliefs can be found co-existing within it. This diversity also encompasses the reality that "folk religion" and the "religion of women folk" flourish freely within Hinduism, without the doctrinal constraints that these expressions of religion might face in the Abrahamic religions, which attempt to "rationalize"[1] these dimensions of religion. By the same token, one must not presume to know what the beliefs and practices of a patient might be from the mere fact of his or her being a Hindu. Because Hinduism lacks a standard definition, and practice tends to take precedence over theory, it is best to elicit the specific "Hindu" religious life-pattern of the patient by

engaging in a dialogue with him or her on this point.

Most Hindus believe in reincarnation (*punarjanma*). From this belief follows a corollary belief in multiple lifetimes of existence in the past and the future (*saṁsāra*), lifetimes in which the quality of one's present life is determined by the quality of one's past life (especially moral life) as led in previous lifetimes (*karma*). It is thus possible to improve the quality of one's life over several lives and attain a better rebirth, but the ultimate Hindu religious ideal aims at transcending the process of the cycle of rebirths itself. The successful attainment of this goal is called *mokṣa* or *mukti* (liberation).

Several ways of attaining *mokṣa* are identified within the tradition. These methods are collectively called *yoga*. The word is formed from a root which means "to join"; hence any system of belief and practice which unites the seeker with the ultimate reality (*brahman*) can be called *yoga*. Such a union, when successfully effected, involves liberation from *saṁsāra* and thus leads to *mokṣa*.

The importance of health in the context of the practice of *yoga* is widely recognized, and a famous maxim attributed to one of classical India's most famous poets states that the body should be viewed as the primary instrument for attaining *mokṣa*. This maxim is put into practice in Haṭha Yoga, which takes the physical body as the starting point of *yoga* (as distinguished from the more usual practice of using the mind as the point of such departure, as in Rāja Yoga). In the West the term *yoga* has been almost exclusively identified with the physical form of *yoga*, because of its popular appeal as a way of securing and maintaining physical and even mental health. The Hindu religious tradition, however, associates the word *yoga* with the control of the body as well as the mind, and Rāja Yoga arguably associates it more with the mind than the body.

Some of these yogic techniques go back to the Vedic period and may even have been part of Harappan culture. In due course, however, a

distinct branch of knowledge devoted to the cultivation of health and the treatment of diseases emerged. It was even accorded the status of a subsidiary Veda and is called *Āyur-Veda* or the "science" of longevity. The main textbooks of such medical lore in India are the Compendia attributed to Caraka (c. 1st and 2nd century C.E.) and Suśruta (c. 4th century C.E.), the former focusing more on surgery and the latter on physiology. Late Compendia, such as the *Aṣṭāngahṛdaya* of Vāgbhaṭa (c. 8th century) emphasize diagnosis and the use of pulse to this end. Mādhava (c.1370), an authority on diagnosis, lived during the period of the Vijayanagar empire (14th-17th century).

Central to Hindu views of health and morbidity is the concept of humors or *doṣa*. These are three, as with the Greeks: *vāta* (wind); *pitta* (bile); and *kapha* (phlegm). Physical well-being consists in maintaining a balance between the three.

This doctrine of the three humors is a part of tacit knowledge among Hindus and therefore bears elaboration, as a Hindu patient may use such phrases as "my *pitta* is acting up." The following table may be helpful in this respect:

Humor	Age of Dominance	Associated Personality Type
Vāta	Advanced age	Artistic type
Pitta	Middle age	Executive type
Kapha	Childhood	Mental type

The three *doṣas* are also linked to an even more popular and pervasive trichotomy of the three *guṇas* or qualities, called *sattva* (lightness, sublimity), *rajas* (energy), and *tamas* (darkness, inertia). In this scheme, *pitta* is related to *sattva*; *vāta* to *rajas*; and *kapha* to *tamas*.

Equally significant is a less pedantic and more popular classification of foods, diseases, and drugs into hot (*uṣṇa*) and cold (*śīta*). "Thus hot diseases need cold foods and cold drugs and cold diseases the reverse."[2]

As the proportion in which the three elements or humors are present in a bio-system varies from individual to individual and is affected by lifestyle and food, Hindu medicine has always been patient-oriented, with a strong interest in diet, in which even the popular classical scripture of Hinduism, the *Bhagavadgītā*, evinces some interest.

Some forms of Hinduism take the concept of pollution very seriously. Although this concern could easily represent a survival of early religious beliefs, scholars have proposed that the concept may also imply an anticipation of the germ theory of disease and the need for quarantine in an age given to pandemics, although the point has also been vigorously disputed.[3]

The important point to note here is that, because of such notions, the Hindu has a greater aversion in general to contact with blood, urine, dead bodies, fecal matter, and the like than the average Westerner. Similarly, since by its nature Hinduism allows for the persistence of beliefs, the idea that illnesses may be caused by extra-medical or even magical sources such as the evil eye, curses, etc. is often found among Hindus, along with a comparable confidence in *mantras*, *yogas*, or divine or saintly intervention to cure ailments that far exceeds their clinically demonstrable results.

OVERVIEW OF RELIGIOUS MORALITY AND ETHICS

The fabric of religious morality and ethics in Hinduism exhibits a particularistic as well as a universalistic strand. Hindu social thought emphasizes the first, Hindu spirituality the latter: Hinduism recognizes both.

Hindu social thought in general is heavily indebted to four overarching concepts: the ideas of the four classes (*cāturvarṇya*), the four stages of life (*caturāśrama*), the four ends of human endeavor (*puruṣārtha-catuṣṭaya*), and the four ages (*caturyuga*).[4] According to the first, society is vocationally divided into four classes, consisting of (1) priests, (2) warriors, (3) agriculturists and traders, and (4) laborers (*brāhmaṇa*,

kṣatriya, *vaiśya*, and *śūdra* respectively). According to the second, each individual is ideally visualized as passing through the stages of life. These are specified as those of (1) student, (2) householder, (3) hermit, and (4) renunciant (*brahmacārī*, *gṛhastha*, *vānaprastha*, *sannyāsī*). According to the third, such an individual, living in society, may pursue four valid goals of life. These involve the pursuit of (1) righteousness, (2) wealth and power, (3) sensual and aesthetic pleasures, and (4) liberation (referred to as *dharma*, *artha*, *kāma*, and *mokṣa*). All these are to be done or attended to while living in the present age, called the Kaliyuga, which is the last of the four ages that recur periodically at astronomical time intervals (the previous three being *kṛta*, *tretā*, and *dvāpara*).

The point of these four quadripartite classifications is that in one respect ethics is specific to one's vocation, age, gender, teleological disposition, and cosmo-temporal placement. Thus the conduct appropriate to a priest (who may not retaliate if attacked) is not appropriate for a warrior (who may). Similarly, what is not appropriate conduct for a student (having sex) is appropriate, even enjoined, for the householder, and so on. Hinduism pays more attention to these specific duties and responsibilities than do many religious traditions. The minutiae of Talmudic and Islamic law provide a useful parallel here.

The term *dharma* is an important one in this context, especially when used to designate one's duties as flowing from one's vocation, age bracket, gender, etc. Thus members of the priestly class may forgo certain treatments involving the use of meat as inconsistent with their *dharma*. Women often subordinate their own concerns to that of the family in the pursuit of their *dharma*. Since this attitude may have a direct bearing on a woman's physical and mental health, the practitioner needs to be aware of this dimension of Hindu ethical practice.

Along with the situated character of a human being, however, there is an equally clear recognition of the ethics and morality of a human being qua human being. Thus discussions of specific ethics conclude with considerations of universal ethics, which is specially emphasized in a spiritual context. A famous text on yoga, the *Yoga Sūtra* of Patañjali, lays down the following ten moral rules as the starting point of his Yogic system: non-violence, truthfulness, non-stealing, chastity, non-possession, purity, contentment, austerity, study, and faith in God. These have been compared to the Ten Commandments.

As for medical ethics per se, the Hindu equivalent of the Hippocratic oath runs as follows:

> If you want success in your practice, wealth and fame, and heaven after your death, you must pray every day on rising and going to bed for the welfare of all beings, especially of cows and brahmans, and you must strive with all your soul for the health of the sick. You must not betray your patients, even at the cost of your own life . . . You must not get drunk, or commit evil, or have evil companions . . . You must be pleasant of speech . . . and thoughtful, always striving to improve your knowledge.[5]

It was noted earlier that Hindu medical thought is as much patient oriented as disease oriented. This orientation is in keeping with the general tendency within Hinduism towards recognizing the specificity of a situation. In this sense, the specific and hence individualistic nature of Hindu thought inclines it toward a recognition of what are now called individual rights. Moreover, although the reincarnatory process takes all forms of life in its maw, Hindu thought emphasizes human birth as especially precious, because it provides the cusp for moving towards *mokṣa*. Existence in sub-human forms of life is too burdensome to permit this movement, while existence in supra-human forms is too pleasant to provide the necessary motivation.

It might be useful to clarify an important philosophical point at this stage. The exhortation to give up one's ego in the search for the ultimate reality possesses a confusing moral symmetry with lack of self-assertion. This confusion results from not distinguishing between the empirical ego and the metaphysical ego, which in Hinduism is posited as a corollary to our individual existence. All moral choice assumes the existence of a well-defined empirical ego. The lack of development of an empirical ego should not be confused with the dissolution of the metaphysical ego.

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Self-determination and informed consent
Self-determination involves an unambiguous relation between the actor and his or her actions. When such a relationship is ambiguous on account of age (childhood, senility) or temporarily clouded by extreme physical or mental stress, or disrupted by accidental happenings, then the degree of self-determination required for informed consent cannot be assumed to be present.

Truth-telling and confidentiality
The following excerpts from the *Caraka Saṁhitā* (III.8.7), which are also part of the Hindu equivalent to the Hippocratic oath, bear directly on this point:

> You must not betray your patients, even at the cost of your life. . . .
>
> When you go to the home of a patient you should direct your words, mind, intellect and senses nowhere but to your patient and his treatment . . . Nothing that happens in the house of the sick man must be told outside, nor must the patient's condition be told to anyone who might do harm by that knowledge to the patient or to another.

Proxy decision-making
Because of the prevalence of the joint family system, the drawing up of a will as such is not a significant element in Hindu law, but expressions concerning posthumous arrangements for oneself and their proper respect are attested to. Hence proxy decision-making is eminently acceptable.[6]

Women and clinical care
The practitioner needs to know that Hindu women may be less than forthcoming regarding information about female biological and sexual matters, over and above the usual reluctance which characterizes such disclosures. This reticence is especially likely if the practitioner is a member of the opposite sex, since gender segregation is an important feature of traditional Hindu culture. Most Hindu women of course adjust to the modern situation with relative ease, but the fact is worth mentioning. Part of *strī-dharma* or conduct appropriate for women involves the observance of *vratas* or fasts, a practice which possesses an obvious relevance in the context of health care.[7]

The Hindu word for celibacy is *brahmacarya.* The word etymologically means a life-style led for the sake of realizing the ultimate reality (*brahman*). This semantic identification of such a life-style with celibacy serves well to indicate the high spiritual value attached to celibacy in Hindu culture, reinforced in recent times by the examples of such religious leaders as Rāmakṛṣṇa Paramahaṁsa (1836-1886) and Mahatma Gandhi (1869-1948).

Hinduism, however, also emphasizes family life, family values, and children,[8] even as it upholds renunciant ideals. It has been plausibly suggested that the Hindu scheme of *varṇāśrama dharma*—of the doctrine, alluded to earlier, of the four *varṇas* and the four *āśramas*—was its own version of a middle path between monastic and family life. While sex before or outside marriage is frowned upon, sex within marriage is approved and progeny encouraged. The ideal of monogamy is advocated through the figure of Rāma as a role-model. Rāma, although a king, remained loyal to his wife Sītā, despite long periods of separation from her.

Family is an important focus of Hindu value formation. Its two best-known epics, the *Rāmāyaṇa* and the *Mahābhārata,* serve as an example and a warning respectively in the context of family values. The family is also recognized as an important locus of value formation. The following valedictory address found in the *Taittirīya Upaniṣad* (1.11) is instructive in this respect:

> Speak the truth. Be righteous. Do not neglect scriptural study. After having made a valuable gift to the teacher, do not sever the family line.

> Do not neglect truth. Do not neglect duty. Do not neglect health. Do not neglect wealth. Do not neglect study and exposition. No do not neglect the rites to the elders and the ancestors.

> Treat your mother like a god. Treat your father like a god. Treat your teacher like a god. Treat your guest like a god.[9]

Hinduism accepts the insight that it is the fundamental telos of life to perpetuate itself. Since this is best ensured by heterosexuality as practiced within a marriage, Hinduism considers this expression of sexuality as normative and is averse to other forms of sexuality. It is not, however, overly judgmental in this regard.[10]

It is worth noting that the Hindu family has not become fully nuclear in the Western sense, although the social reality is gradually changing in that direction. Traditional Hindu families were and often are extended families where grandparents, uncles and aunts, and others may also constitute part of the household.

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Contraception

Hinduism does not take a doctrinaire stance against contraception. Indeed, scriptural evidence seems to support a positive attitude towards it;[11] to the extent, however, that contraception may encourage extramarital sex, and especially premarital sex, Hindus tend to be wary of it, as such behavior undermines family values.

Hinduism in general favors a case-study as opposed to an a priori approach to ethics. Thus the overall context in which contraception is encouraged becomes important. Considering the context minimizes polarization in such decision-making and encourages gradation of options. Thus the interests of the individual may be subordinated to those of the family; of the family to those of the county; of the county to those of the region; of the region to those of the nation; and of the nation[12] to those of the larger world. Therefore if overpopulation leads to overconsumption, which in turn poses a threat to the

ecosphere, then the case for contraception is strengthened.

Sterilization

Voluntary sterilization is permissible, but involuntary or forced sterilization is strongly opposed. Vigorous promotion of enforced sterilization in India by Mrs. Gandhi, the prime minister, during the Emergency of 1976 is widely believed to have been responsible for her subsequent electoral defeat

New reproductive technologies

The Hindu imagination has little difficulty in accepting new reproductive technologies. Figures in its sacred literature have been known to metamorphose themselves into various animal forms to enjoy the joys of sex. Hinduism retains a memory of the practice of *niyoga* (the levirate), which may be considered, at some stretch, as an ancient form of artificial insemination. Accounts in Hindu lore of babies born from jars anticipate modern procedures. Hindu practice may prove more resistant to new technologies, but given the value attached to progeny it might be possible to instill the acceptability of such procedures.

Abortion

The Hindu attitude to abortion is a study in contrast between theory and practice. Abortion is frowned upon in the Hindu scriptural texts.[13] Yet it is available virtually on demand in present-day India. The pregnancy termination act of 1971 does provide for restrictions, but they can be interpreted very liberally.

> In the late 1980s 3.9 million induced abortions were reported annually in India. Abortion has been legal in India since 1971, when the Medical Termination of Pregnancy Act was passed. It allows for abortions when "the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health" or when "there is substantial

risk that, if the child were born, it would suffer such physical or mental abnormalities as to be seriously handicapped." Two appendices state that when a pregnancy is caused by rape or the failure of a birth control device, "grave injury" will be assumed.[14]

It must be noted that, at the same time, "many Hindus are disturbed by the use of elective abortion as birth control."[15]

The negative side of the availability of abortion is represented by the phenomenon of gender bias: "Between 1978 [and] 1983, 78,000 female fetuses were aborted."[16] It is worth noting, however, that Hindu religious leaders "consider the use of abortion for sex selection, usually used to secure male children, to be immoral. It is considered infanticide,"[17] and has been strongly denounced.

The practitioner may wish to note the overwhelming tendency towards male fetal sex selection in India, which has been discussed at length in both medical and popular literature. Thus questions of abortion may possess not merely a medical but sometimes a cultural dimension as well.

Care of severely handicapped newborns

The Hindu attitude to severely handicapped newborns reflects the interface of several doctrines, such as that of nonviolence, or *ahiṁsā*, and those of *karma* and *dharma*. Since the alternative to caring for severely handicapped newborns is doing away with them and this course of action goes against the doctrine of nonviolence, it is not available as an option. The handicapped could be viewed as working out their bad *karma* through their present condition. This view could, however, easily lead one into blaming their bad *karma* for their condition.[18] If, however, we ask, "What is our *dharma* (duty), given that the other person's *karma* brought the person to his or her current state?" the question shifts the focus and is widely acknowledged to reflect the proper ethical response.

The central significance accorded the doctrine of reincarnation in Hinduism is crucial for assessing its position on genetics. Genetics essentially looks upon life as involving biological continuity; Hinduism looks upon life as involving spiritual continuity, when "spiritual" is used as an adjectival form of the word spirit or soul. Hinduism possesses a concept, *saṁskāras*, which corresponds in a spiritual sense to that of genes, but *saṁskāras* are not biological but psychic in nature. And since the nature of reincarnation is determined by one's *karma*, it might be permissible to argue that in Hinduism the genetic endowment one obtains could be viewed as the outcome of one's *karma*.

Several conclusions about genetics from the perspective of Hinduism may be drawn from these observations. Hinduism would strongly resist any form of genetic determinism as reductive, as an attempt to explain the "higher" in terms of the "lower." At most, it would admit genes as only one factor among a complex of factors, some of which are decidedly spiritual, that affect outcomes in life. At the same time, Hinduism's emphasis on *conscious* decision-making (an implication of its doctrine of the four ends of life) and its disposition favoring experimentation in general would encourage genetic engineering and experimentation. However, Hinduism's insistence that the moral compass never be abandoned implies that proper ethical protocols must always be observed in such endeavors. Chief among ethical considerations would be the question: To what extent do any experiments in genetics involve wanton destruction of human life, and to what extent do they involve cruelty to other forms of life?

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Sex selection and selective abortion

Prenatal sex selection has become a major issue in India: the ratio of women to men fell from 935:1000 in 1981 to 927:1000 in 1991.[19] Researchers are divided into two camps as to the cause. One group blames cultural factors such as preference for male children, need for dowry, fear of widowhood, and so on.[20] The other group blames socio-economic factors,[21] such as reliance on sons alone for old-age support in the absence of a social security net, a view of sons as economic assets, and the like. Asian countries where both sons and daughters have begun jointly supporting older parents have overcome gender imbalance. Education and economic opportunity seem to hold the key.[22]

Gene therapy and genetic screening

These practices belong to the realm of preventive medicine and would be acceptable.

Cloning

The Abrahamic traditions tend to resist cloning; the Hindu approach is more accommodating. Hindu religious imagination is familiar with analogues to cloning in its mythic lore.[23] It would, however, be opposed on moral principle to egoistic or spare-part cloning of other creatures.

Cloning creates interesting issues for the doctrine of *karma* and the concept of a "soul," but although these ideas may complicate the discussion they do not negate the basic position.

One of the favorite myths of Hindu theological folklore—of how the god Gaṇeśa came to possess an elephantine head—has to do with an organ transplant. Thus at one level there would be minimal subliminal resistance to the procedure.

At another level, however, problems could arise. As the transplant usually involves organs or tissue recovered from a recently deceased person, considerations of ritual purity and practice could come in the way of organ removal. Certain Hindu practices, such as those of *śrāddha* (a commemoration of the dead), involve a concept of a person migrating to another world, a mental picture best imagined with all limbs intact. However, although the practice continues, this vision has paled and has been replaced by a more spiritual concept.[24]

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For recipients

One issue in transplantation would be that of egalitarian transplant allocation procedures. Every society, left to itself, tends to deviate in the direction of its structural orientation, whether based on class, caste, wealth and so on. Resource allocation could then become biased in these directions as well. Hence the need for egalitarian protocols, since life, as such, is of equal value for all.[25]

Hinduism would favor procedures that lengthen life span on two counts: its general preference for longevity,[26] and a general sense that, the longer a person lives, the greater the likelihood that the person will become spiritually disposed.[27]

The karmic implications of a transplant are significant, especially in light of stories that the transplantees develop a craving for the food preference or other aspects of the life-style of the deceased owner of the transplanted organ.

For donors

The donation is made either by the person or by the family. There is real tension here between a sense of possession and compassion. There are precedents for offering one's body parts while in a state of moral elevation, as in the story of King Śivi, who willingly chopped off his limbs and gave them to a falcon as ransom for the life of a dove.[28] In the absence of such compelling circumstances, the permission of the donor may be secured in advance, as well as permission from the family members, for family members could claim a legal right over the body of the departed. Given Hindu social structures, it is best to obtain permission in advance when the donor may be able to take care of these objections.

MENTAL HEALTH

Mental health in this section will be under-stood in a broad sense. With this under-standing in mind, the fields of transpersonal psychology, humanistic psychology, parapsychol-ogy and object relations can be examined in the context of Hinduism. Transpersonal psychology extends conventional psychology beyond west-ern concepts of the mind. Here the most signifi-cant Hindu contribution comes from the realm of meditation, in which the best documented effects have come from transcendental medita-tion (TM).[29] Humanistic psychology extends psy-chology beyond the limited western concept of the self-centered self into one more fully human and incorporates psychological insights from Hinduism. An attempt in this direction is already evident in the work of Heinrich Zimmer and Joseph Campbell.[30] Parapsychology is more concerned with the realm of extrasensory per-ception, and Hindu exploration of the *siddhis* and extra-cerebral memory is relevant here.[31] The object relations approach focuses more on mental health in the context of interpersonal relationships, and here the role of the Guru in the Hindu tradition becomes important.[32]

The basic Hindu position, namely, that the self is more than merely a complex of body-mind, is crucial to the discussion of mental health in Hinduism. This understanding enables its position to be distinguished from the Buddhist, which views the person as a purely psycho-physical organism, and also underscores the fact that, in order to know the mind, one must know more than the mind. Thus mental health becomes part of spiritual health.

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Psychotherapy and behavior modification
If the goal of psychotherapy is behavior modifi-cation, then such a change can also result from a "spiritual" or existential insight. This recognition seems to be a basic contribution that Hinduism can make to mental health care, and it may be immediately illustrated with a Buddhist example. When Kisā Gotamī[33] lost her child, in the famous parable of the mustard seed, she was so dis-traught with grief that "people said she had gone mad." It was through the existential realization that death is an inevitable condition of human existence that she regained her mental health. This technique is often employed by Hindu gurus, as when they tell a person who has just been involved in an accident: "Adversity some-times saves us from calamity."

Electroshock and stimulation
Apart from the fact that these techniques might cause pain to the patient, using only the mind to deal with and cure the mind would be deemed somewhat limiting in Hinduism. The shock of a superior insight will be preferred to electric shock and spiritual stimulation will be preferred to other forms.

One must also differentiate here between yogic techniques, which carry one *over* one's traumas to the other shore, and modern proce-dures that involve wading through the "muck," as it were, to reach the other shore.

Psychopharmacology
Although Hinduism at its most receptive admits even of chemical means of attaining *mokṣa*,[34] mainline Hinduism views pharmacological manipulation with an aversion bordering on hostility.[35]

MEDICAL EXPERIMENTATION AND RESEARCH

The key considerations in the Hindu approach to experimentation would be the welfare of humanity and whether benefits outweigh the costs. Hinduism generally favors experimentation,[36] and it has even been described as a spiritual laboratory. The evolution of Haṭha Yoga and the various *āsanas* (physical postures) within it presupposes extensive experimentation.

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In actual cases, however, the facts of the case must be considered carefully. Willing participation in experimentation and research would be emphasized. Hinduism could, according to certain interpretations, be opposed to vivisection, as for instance in the interpretation of Mahatma Gandhi.[37] However, its pluralism allows for other approaches, while moral aversion has sometimes been accommodated by ingenious ways to teach the practice of surgery.

Apprentice surgeons were taught by practicing incision on gourds; the puncturing and opening of tumours on the bladders of animals filled with blood and water; the piercing of hollow organs on thick lotus stalks; probing on dried cucumbers and worm-eaten wood; the application of caustics on pieces of meat; the giving of enemas on the ends of water-melons; bandaging as practiced on a doll or clay figure. The stitching of wounds was perfected on soft leather.[38]

The surgical limits of sentimental benevolence are also recognized. The *Suśruta Saṁhitā* recommends that if the "fetus is irreparably damaged or defective and the chances of normal birth are nil . . . the surgeon should not wait for nature to take its course but should intervene by performing a craniotomic operation for the surgical removal of the fetus."[39]

DEATH AND DYING

Death represents a major point of transition.[40] This widely shared understanding is reinforced in the Hindu tradition for the tradition's own reasons. In the Hindu scheme of things, the thoughts at the time of death are considered determinative of posthumous destiny,[41] just as where one goes after leaving a room is often determined by the thought one has while leaving it. Thus the moment of death is pivotal for one's destiny—either in terms of one's next life in *saṁsāra*, or for freedom from *saṁsāra*. One very well-known account records the rebirth of a sage as a deer, because he had become inordinately fond of an orphan pet deer and his dying thoughts centered on this deer.[42] It is also said that a liberative mind-frame, acquired even at the point of death, leads to liberation. Hence dying in as spiritual a situation as possible is emphasized. In Hindu theism, the remembrance of the name of God at the moment of death ensures liberation.[43]

The social dimension of the event, as distinguished from the spiritual, may also be considered. Hindus do not look on death solely as a personal event. The mourning family participates both before (when death is expected) and after the end of mortal life with great sorrow and grief. The children lose the protection of the father or the elder, or the love of the mother, and when a young person (especially a son) dies, there is no end to the parents' misery. When a husband dies, the widow suffers serious consequences. It is best to die after the debts to gods, sages, and ancestors have been paid.

Death is not the opposite of life; it is the opposite of birth, the two events marking continuing passage through the cycle of *saṁsāra*.

Hindus are generally cremated, both because fire purifies that which is impure and because fire most effectively returns the composite elements of the bodies to their original form. The ashes are then consigned to the holy waters; performance of this rite is a major obligation of survivors. Children who die before dentition, or before the *upanayana* rite, are considered to die pure; they, along with the renouncers (see "Overview of religious morality," above), are accorded burial.[44]

It is worth noting that Hinduism does not have as elaborate a scheme portraying passage to the other world as is found in the Egyptian and the Tibetan Book of the Dead.

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Determining death
Modern biomedical questions about determining death have rarely been engaged in Hinduism, wherein death is believed to consist of that complex of diagnostic features which are debated independently as signifiers of death in the West: (1) cessation of breathing; (2) absence of cardiac activity; (3) brain stem death. However, as the first two phenomena can also be induced through Yoga, the third would be the most acceptable criterion.

A case could be made for cessation of body heat as the final indicator of death according to the Hindu Yogic tradition.[45]

Pain control and palliative care
Given the importance of the moment of death, and the need for clarity to make the most of it, the application of pain control and palliative care must be judged in this light. Clearly it is inadvisable to be drugged at death. At the same time, intense physical pain can also distract the mind. Thus amelioration of pain in a way that does not adversely affect mental clarity would

seem desirable. To the extent that such clarity is assisted by meditation, or by prayer or hymn singing, these could be encouraged.

Although heroic death is admired in Hinduism, alleviation of pain as such is rarely opposed in normal circumstances. *Yogasūtra* II.16 clearly states that suffering may be averted. Neither the time nor the form (physical, mental) of suffering is specified in the statement.[46]

Karma is an important consideration in this context. Some Hindus have been known to refuse pain-alleviation out of concern for working out their *karma* by suffering. Another interpretation of the doctrine would, however, suggest that pain brought about by *past karma* could be countered by ameliorative *present karma*.

Hospice programs have not been as active in the Hindu community as in the Buddhist community.

Forgoing life-sustaining treatment
Although life should be preserved and prolonged, the condition of life should also be factored into the decision at the level of both human and animal life. Mahatma Gandhi generated a huge controversy once by having a calf done away because the calf was suffering in terrible agony.[47]

The tradition of self-willed death in Hinduism has a bearing on the matters dealt with in both this section and the next.[48]

Suicide, assisted suicide, and euthanasia
Alongside its aversion to suicide, Hinduism has a long tradition of heroic self-willed death. In Late Antiquity, contempt of death was part of the prevailing image of India.[49] Even Satī, the practice in which the widow burned herself on the pyre of the husband (and which was banned in 1829 as equivalent to homicide/suicide),[50] was viewed in this light.

Thus, according to the Hindu view, it is the "state of mind" which is crucial in such contexts. Even in the case of assisted suicide, much would depend on whether the assister looked upon himself as abetting a crime or being party to a courageous act.

Autopsy and post-mortem care
As a rule Hindus would like to see the body preserved for the last rites of cremation. However, in the case of crime or medical research, considerations of justice or benevolence would be allowed to prevail.

Burial and mourning traditions
In Hinduism, renunciants (*sannyāsīs*) are buried; others (except children) are cremated.

Renunciants are buried because they perform the rite of cremation for themselves (via an effigy) at the time of their initiation into formal renunciation (*sannyāsa*).

The ceremonies for the departed ancestors, called *śrāddha*, are particularly important in Hinduism. A full account of this rite is found in the *Manusmṛti* (III.122-286),[51] and it is also alluded to in the *Bhagavadgītā* (I.42-44).

SPECIAL CONCERNS

In another booklet in this series, a distinction was drawn between "two Buddhisms" in America.[52] The first Buddhism is that of Asian-Americans, for whom asserting their Buddhist identity as a part of their cultural heritage is an important marker of continuity. The second Buddhism is that of non-Asian Buddhists, who have converted to Buddhism and for whom the acquisition of a Buddhist identity is a marker of change rather than continuity.

One could similarly speak of "two Hinduisms" in the U.S.A. The first Hinduism is that of Indian-Americans, for whom Hinduism constitutes an affirmation of their unbroken identity with the country of their origin. The second Hinduism, then, is that of non-Indian Hindus—those who do not belong to India but have adopted Hinduism as a religion.

DIET AND DRUGS

Abstention from non-vegetarianism and alcohol is part of the value system of Hinduism, although this position should not be taken to mean that eating meat and drinking alcohol are considered sinful.[53]

Diet has been closely associated with spirituality in Hinduism. Change to a non-stimulating and preferably vegetarian diet was the only change in life-style required of his followers by a famous modern mystic, Ramana Maharshi (d. 1950).[54] The Hindu religious classic, the *Bhagavadgītā*, also contains a reference to diet.[55]

RELIGIOUS RITUALS AND OBSERVANCES

Hinduism as a religion is characterized by the celebration of numerous festivals; prominent among these are the festivals of Holi and Diwali. At the same time, Hinduism also provides for many solemn, voluntary ascetic observances. Its religious rituals and observances thus involve both "feasting" and "fasting," with all the implications that both might have for health care.

NOTES

1. Bryan R. Wilson, "Secularization," in *The Encyclopedia of Religion*, ed. Mircea Eliade (New York: The Macmillan Press, 1987), vol. 13, 164.

2. Benjamin Walker, *The Hindu World* (New York: Frederick A Praeger, 1968), vol. 1, 460.

3. V.S. Agrawala, *India as Described by Pāṇini* (Varanasi: Prithivi Prakashan, 1970), 29; Huston Smith, *The World's Religions* (San Francisco: HarperSanFrancisco, 1991), 57.

4. Ainslie T. Embree, ed., *The Hindu Tradition* (New York: Random House, 1972), 74, 221.

5. A. L. Basham, *The Wonder That Was India* (New Delhi: Rupa & Co., 1999: 3rd rev. ed., 1967), 500.

6. P. V. Kane, *History of Dharmaśāstra*, 2nd ed. (Poona: Bhandarkar Oriental Research Institute, 1973), vol. 3, 816-817.

7. A. S. Altekar, *The Position of Women in Hindu Civilization* (Delhi: Motilal Banarsidass, 1995), 206-207.

8. R. Hassan, *Ethnicity, Culture, and Fertility* (Singapore: Chopmen, 1980), 123.

9. Patrick Olivelle, *The Early Upaniṣads* (New York: Oxford University Press, 1998), 297-298.

10. See also Arvind Sharma, "Homosexuality and Hinduism," in *Homosexuality and World Religions*, ed. Arlene Swidler (Valley Forge: Trinity Press International, 1993), 47-80.

11. Olivelle, *Early Upaniṣads*, 157.

12. S. Radhakrishnan, *The Hindu View of Life* (New Delhi: Indus, 1993; first published 1927), 64.

13. Julius J. Lipner, "The Classical Hindu View on Abortion and the Moral Status of the Unborn," in Harold G. Coward et al., *Hindu Ethics: Purity, Abortion, and Euthanasia* (Albany: State University of New York Press, 1989), 41-69.

14. William A. Young, *The World's Religions and Contemporary Issues* (Englewood Cliffs, N.J.: Prentice Hall, 1995), 127. M. A. Warren, *Gendercide: The Implications of Sex Selection* (Totowa, N.J.: Rowman & Allanheld, 1985), 16, curiously attributes abortions in India to Hinduism's silence in the matter; but see Lipner, "Classical Hindu View."

15. William A. Young, *World's Religions*, 128.

16. S. Cromwell Crawford, *Dilemmas of Life and Death* (Albany: State University of New York Press, 1995), 34.

17. William A. Young, *World's Religions*, 128.

18. Arvind Sharma, "Karma Was Fouled: How Hoddle Did No Wrong to the Disabled," *Hinduism Today*, September 1999, 13.

19. By contrast, in Nepal, another Hindu-majority country, women outnumber men.

20. See R. Mutharayappa, M. K. Choe, F. Arnold, and T. K. Roy, *Son Preference and Its Effect on Fertility in India* (Honolulu: East-West Center, 1997); E. Bumiller, *May You Be the Mother of a Thousand Sons: A Journey Among the Women of India* (New York: Fawcett Columbine, 1990), 104.

21. Warren, *Gendercide*, 85.

22. A. Sen, "Population and Gender Equity," *The Nation* 271, no. 4 (24-31 July 2000): 16-18.

23. See Arvind Sharma, "Hinduism and Cloning," *Ecumenism* 142 (June 2001): 27-29.

24. On the question of *karma* as it relates to this point see Murray Milner, Jr., "Hindu Eschatology and the Indian Caste System: An Example of Structural Reversal," *The Journal of Asian Studies* 52, no. 2 (May 1993): 298-319.

25. See *Manusmṛti* (VIII.104).

26. Longevity is valued so much that it even modifies intercaste status. "Even a Brāhmaṇa shall pay reverence to a Śūdra above ninety (*śūdro'pi daśamīm gataḥ*, II.137) . . ." (Agrawala, *India as Described*, 29). Moreover, "'long life was thought to be the boon of a prosperous government' (IX.246)" (ibid.).

27. See Patrick Olivelle, *The Āśrama System: The History and Hermeneutics of a Religious Institution* (New York: Oxford University Press, 1993).

28. The incident occurs in the *Āraṇyaparva* in the *Mahābhārata*. The context is as follows: Indra has assumed the form of a hawk, and Agni (Fire) has assumed the form of a dove. The hawk wants to devour the dove as its natural food, but the dove has sought refuge in the lap of King Śivi, whose virtue is being tested by the two gods. In the end, the king ends up first offering his own flesh in lieu of the dove, and, finally, his entire body, rather than abandon someone who has sought shelter with him.

29. Herbert Benson, *The Relaxation Response* (New York: Morrow, 1976).

30. Heinrich Zimmer, *Myths and Symbols in Indian Art and Civilization*, ed. Joseph Campbell (New York: Harper & Row, 1946); Heinrich Zimmer, *Philosophies of India*, ed. Joseph Campbell (Princeton, N.J.: Princeton University Press, 1969).

31. Ian Stevenson, *Cases of the Reincarnation Type* (Charlottesville: University Press of Virginia, 1975).

32. See Sudhir Kakar, *The Analyst and the Mystic: Psychoanalytic Reflections on Religion and Mysticism* (New Delhi: Viking, 1991).

33. G.P. Malalasekera, *Dictionary of Pali Proper Names* (London: Pali Text Society, 1960), vol. 1, 609-610.

34. Ainslie T. Embree, ed., *Alberuni's India Translated by Edward C. Sachau* (New York: W. W. Norton & Co., 1971), part 2, 189.

35. Ibid, part 1, 80.

36. David M. Knipe, *Hinduism: Experiments in the Sacred* (San Francisco: HarperSanFrancisco, 1991).

37. M. K. Gandhi, *My Religion* (Ahmedabad: Navajivan Publishing House, 1955), 81.

38. Benjamin Walker, *The Hindu World* (New York: Frederick A. Praeger, 1968), vol. 2, 455.

39. Crawford, *Dilemmas*, 32.

40. Sunil K. Pandya, "On Dying and Death: Lessons From the Indian Tradition," *Dilip* 28, no. 1 (2002): 23-28.

41. *Bhagavadgītā* VIII.5-10. See W. Douglas P. Hill, *The Bhagavadgītā*, 2nd ed. (Madras: Oxford University Press, 1973; 1st ed., 1928), 134-135.

42. See Arvind Sharma, *Classical Hindu Thought: An Introduction* (Delhi: Oxford University Press, 2000), chap. 11.

43. *Bhagavadgītā* VIII.5.

44. Prakash N. Desai, *Health and Medicine in the Hindu Tradition* (New York: Crossroad, 1989), 31-32.

45. So also in Buddhism; see Bimala Churn Law, *Concepts of Buddhism* (Leiden: Kern Institute, 1937), 93.

46. Barbara Stoler Miller, *Yoga: Discipline of Freedom* (Berkeley: University of California Press, 1995), 47-49.

47. M. K. Gandhi, *Hindu Dharma* (Ahmedabad: Navajivan Publishing House, 1958), 192-197.

48. Katherine K. Young, "Euthanasia: Traditional Hindu Views and the Contemporary Debate," in Coward et al, *Hindu Ethics*, 92ff.

49. Wilhelm Halbfass, *India and Europe: An Essay in Understanding* (Albany: State University of New York Press, 1988), 12-13.

50. Vincent A. Smith, *The Oxford History of India from the Earliest Times to the End of 1911* (Oxford: Clarendon Press, 1923), 664.

51. "Āpastamba attributes the first enunciation of the Śrādha Rites to Manu" (Agrawala, *India as Described*, 3).

52. Paul David Numrich, *The Buddhist Tradition: Religious Beliefs and Healthcare Decisions* (Chicago: Park Ridge Center for the Study of Health, Faith, and Ethics, 2001), 11.

53. *Manusmṛti* X.126; but see also Agrawala, *India as Described*, 28.

54. David Godman, ed., *The Teachings of Sri Ramana Maharshi* (New York: Arkana, 1985), 139.

55. *Bhagavadgītā* XVII.7-9; see W. Douglas P. Hill, *The Bhagavadgītā*, 196-197.

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Introduction to the series

Religious beliefs provide meaning for people confronting illness and seeking health, particularly during times of crisis. Increasingly, healthcare 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 booklet is one of a series that aims to provide 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 booklet 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 booklet 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 booklets 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 booklets 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.