

**STUDIES ON
HUMANISTIC BUDDHISM Ⅳ**

**HUMAN LIFE
人間佛教研究論文選**

Fo Guang Shan Institute of Humanistic Buddhism, Taiwan
and
Nan Tien Institute, Australia

BUDDHISM AND HOSPICE CARE

Zheng Xiaojiang

*Director, the Institute of Ethics and Life,
Nanchang University¹*

Source

鄭曉江：〈佛教與臨終關懷〉，《普門學報》第21期，高雄：佛光山文教基金會，2004年5月，頁71-96，<http://fgsihb.org>。

Zheng Xiaojiang, “Buddhism and Hospice Care,” *Studies on Humanistic Buddhism*, no. 4 (September 2021): 65-95, <https://journal.nantien.edu.au>.

Introduction

Buddhism examines how to end the cycle of birth and death. When Siddhārtha Gautama renounced worldly life and sought enlightenment, his goal was to address the problem of life and death. In the Ming dynasty, Master Hanshan stated, “Since ancient times renunciation has been concerned with the issue of birth and death. The Buddha came into this world in order to teach all sentient beings about this. There is no other Dharma than that concerning birth and death; there is no birth or death other than what the Dharma teaches us.”² People face different life circumstances and encounter different events. What they all share is the inevitable moment of death, the source of their greatest fear and deepest suffering. Modern medicine offers the practice of hospice care as a way to alleviate some of the suffering associated with dying. Hospice care requires medical equipment and facilities that address physical needs, but at its core is the attention and care for the dying person’s spiritual needs.

This dimension of spiritual care is the main difference between modern hospice care and traditional medical care. It provides an opportunity for Buddhist perspectives on life and death to make a unique contribution to the practice of hospice care. Some Buddhist practices are already being widely integrated into hospice care. The application of Buddhist teachings in hospice care is central to the engagement of Buddhists in social welfare, and an important way to implement the ideas of Humanistic Buddhism. This essay offers a preliminary investigation into the origin and development of hospice care, a discussion of its key characteristics, and some observations on how Buddhist ideas regarding life may be incorporated into the practice of hospice care.

Historical Context

Due to the impressive development of medical science in the last several centuries, humanity has come to assume a sense of blind optimism. Some even believe that all human diseases will eventually be cured with new medical

discoveries. However, there are also rational voices that remind us that humans are natural beings who follow the natural pattern of all living creatures: birth, aging, illness, and death. Doctors are not God, and any medical solutions they offer cannot circumvent this pattern. All people are mortal, as they have been since the beginning of humanity. Each one of us may fall ill, as has been the case throughout human history.

A look back at history tells a story of humanity overcoming major diseases with medical science, only to continuously face the emergence of new ones. A recent example is AIDS, a disease that spread throughout the whole world. Similarly, cancer has haunted patients all over the world and yet the medical profession has not had much success in its amelioration. In late 2002 and early 2003, SARS caused panic in many nations. These are all reminders that we must remain humble as we face the realities of nature. Any attempt to completely free oneself from the natural order of birth, aging, illness, and death is futile. This reminder is particularly needed when it comes to the treatment and care of terminal cancer patients, hospice patients, and aging patients in general.

According to Dr. Chantal Chao of the National Cheng Kung University in Taiwan, beginning in the 1960s medical professionals in western countries started to recognize that aggressive treatment of terminal cancer patients does more harm than good. These treatments are unable to prolong life and end up causing unbearable pain. As patients enter a stage of irreversible physical decline and death is imminent and inevitable, patients should not be prevented from dying in a peaceful and dignified manner. With this insight, more voices began calling for the right of terminal cancer patients to a peaceful and dignified death, and for healthcare professionals to play a role in assisting patients to achieve this goal. Accordingly, hospice care came into being.

The term hospice³ can be traced back to the twelfth century when Christians would travel long distances on pilgrimages. The pilgrims' journeys were long and physically demanding and many fell ill along the way. Out of compassion, people set up rest stops along the way where pilgrims could rest,

eat, and recuperate. These were the original hospices. By the 19th century, the means of transportation had improved and these rest stops were less needed. As a result, these hospices were transformed into medical facilities that specialized in caring for patients who had no prospect of improving. Starting from about 1879, Mother Mary Aikenhead's order of nuns established a hospice center for terminal patients in Dublin, Ireland with the goal of caring for them with Christian loving kindness. In 1905, St. Joseph's Hospice was established in London by another group of Catholic nuns for the care of terminal cancer patients. Their work during this period was similarly focused on caring for patients in the Christian tradition of loving care. It had not yet been integrated with medical care or technology.⁴

In the 1950s, a nurse named Cicely Saunders at St. Joseph's Hospice witnessed the painful death of a young cancer patient named David, and being unable to relieve his suffering pained her greatly. David left her five hundred British pounds and encouraged her to establish a more humane hospice care facility, one that cares for patients mentally, spiritually, but physically as well, especially through the alleviation of their pain. Encouraged by this, she became even more committed to the care of terminal cancer patients. She traveled widely and gave talks to raise funds for the establishment of a care facility to provide the medical care of a hospital but also felt like a home for cancer patients.

To gain more experience in the care of such patients, Ms. Saunders volunteered to care for patients at night. A doctor suggested that, instead of being a nurse, she train to become a medical doctor to more effectively help her patients, because those with cancer were often abandoned as hopeless cases by medical doctors. She was moved by these words and at the age of thirty-three enrolled in medical school. She graduated and became a medical doctor before she turned forty. Ms. Sanders had a nursing background, a history of volunteering, and was a medical doctor. More importantly, she was a Catholic nun. All these perspectives, experiences, and knowledge shaped her approach to hospice care, which centers around holistic care. Her philosophy of hospice care was, "You matter because you are you, and you matter to the end of your

life. We will do all we can, not only to help you die peacefully, but also to live until you die.”

In 1967, St. Christopher’s Hospice was established in the suburbs of London. It was the first of its kind in being both equipped with modern medical technology and taking a loving approach to care. Dr. Saunders, together with her team of researchers, undertook many medical trials testing pain relief for cancer patients and made significant breakthroughs. Patients admitted to this hospice had their pain optimally reduced, making dying with dignity a possibility for terminal cancer patients. In 1976, a team from St. Christopher’s Hospice went to the U.S. to help establish America’s first hospice care facility. Subsequently, hospices sprang up across the world. Their current popularity is due to the fact that the hospice movement’s ideals, as well as the services they provide to patients, strongly resonate with the desires and expectations of people today. At present, the U.K. has around two hundred hospices and the U.S. about one thousand seven hundred fifty.

Dr. David Chang-Hung Chung of MacKay Memorial Hospital first introduced hospice and palliative care to Taiwan in 1982. In 1990, Taiwan’s first hospice care facility was formally established in the hospital. During the same period, other advocates for hospice care included Dr. Chantal Chao of the National Cheng Kung University, Dr. Yuen-Liang Lai of Mackay Memorial Hospital, and Dr. Tai-Yuan Chiu of National Taiwan University Hospital. Their collective work in promoting the philosophy and practice of hospice care led to the significant growth of hospice care in Taiwan.

The 1990s saw the establishment of the Hospice Foundation of Taiwan in 1990, the Catholic Sanipax Socio-Medical Service and Education Foundation in 1993, and the Buddhist Lotus Hospice Care Foundation in 1994, all of which built the groundwork for the founding of the Taiwan Hospice Organization in 1995. By December 2002, twenty-four hospitals in Taiwan had hospice care facilities, with about a dozen more approved by the Ministry of Health and Welfare to begin pilot programs in hospice care. These facilities offered a total of 362 beds. According to Mr. Chen Kezheng, between the time these

facilities started admitting patients and June of 1998, a total of 3,363 patients received care, with an average hospital stay of 15.2 days and a mortality rate of 50%.

At the time of writing,⁵ hospice care in Taiwan employs forty-six full-time physicians, one hundred thirty-six nursing professionals, fifteen full time and one half time social workers, and ten clergy. Cancer became Taiwan's number one cause of death in 1982, and 16,558 cancer deaths were reported in 1986. That number continued to increase to 19,628 in 1991, 22,323 in 1993, 23,240 in 1994, and 25,841 in 1995. The year of 1996 saw a total of 7,951⁶ cancer deaths, and the number rose to 29,011 in 1997. An estimated 10,500 to 18,900 terminal cancer patients need hospice care. Though impressive progress has been made by Taiwan's hospice care industry, the resources are insufficient to meet the needs of the patients. Less than one-tenth of cancer patients, about 2,000 to 3,000, receive relatively high-quality hospice care each year. A 1999 study by the Ministry of Health and Welfare indicated that in 2000, hospice care in Taiwan would require 100 clinical physicians, 666 nursing professionals, and 50 clergy, totaling 866 workers needed for patient care.⁷

In mainland China, the first seminar on hospice care took place in May 1988 in Tianjin. Since then, more than one hundred hospice care centers have been established, including the well-known Songtang Hospice in Beijing, the Chaoyangmen Hospital's Hospice Unit, the Hospice Ward affiliated with the Tianjin Medical University's Institute of Hospice Care, Nanhui Nursing Home in Shanghai, Nanjing Gulou Hospital, Yiwu Hospice in Zhejiang Province, and the hospice ward of Zhongxin Hospital affiliated with the China Medical School in Shenyang. Currently, thousands of people in China work in the field of hospice care. Given the 1.3 million cancer diagnoses each year, resources for end-of-life care are grossly inadequate. A study conducted in Shanghai indicated that 60% of tumor patients passed away without being admitted to a hospital or receiving any hospice care prior to death.⁸ The situation is presumably worse in other places in China where healthcare resources are even more limited.

Mr. Meng Xianwu of the Tianjin Medical University's Institute of Hospice Care offered this summary of the different aspects of hospice care:

A systematic approach to medical care with a focus on controlling and alleviating pain and other physiological or psychological symptoms for approaching the end of life, and on providing emotional support to family members before and after death.

An emergent field that takes an interdisciplinary approach to studying emotional and physical changes and patterns at the end of life; hospice is closely linked to nursing, medical science, psychology, ethics, sociology, and other fields, and is fully aligned with the philosophy of biopsychosocial medicine.

An institution staffed by a team of nurses, physicians, mental health professionals, social workers, clergy, and volunteers, all dedicated to serving the terminally-ill patients and their families in different circumstances.⁹

Organizational structure, facilities, and equipment are very important, but the essence of hospice care lies in its concept, purpose, and philosophy. As Dr. Chantal Chao points out:

The philosophy of hospice care is that of caring for a “whole person” who has needs at multiple levels—physiologically, mentally, socially, and spiritually. Therefore, if there is no cure for the disease, and when death is imminent and inevitable, we should provide the patient with “holistic care” to fulfill their needs at all levels. We should assist the patient in having a peaceful and dignified death. At the same time, when one is sick, the entire family also suffers terribly and are badly in need of assistance. As such, hospice care provides “family-centered care” that includes family consultation and assistance, and care to relieve the grief of surviving children and of the bereaved family after the patient's death.

For a long time, the philosophy of medicine has emphasized curing

illness and regaining health. Hospital facilities and services all focussed on this reasonable goal. However, no matter how developed the medical technology, people still die of old age and terminal illness. The current medical system does not account or provide for this. The philosophy of hospice care fully considers such realities of human existence. The aim is not to cure illness, but to improve the quality of life and death.

Thus, the hospice care delivery system consists of well-trained professionals who take a whole-person and family-centered approach to care for the terminally ill patient throughout the whole process. These professionals include physicians, nurses, social workers, clergy, as well as physical therapists, art therapists, nutritionists, volunteers, and so on. “By providing appropriate and necessary care, they encourage hope and faith in the minds of patients and their families, and prepare them mentally and spiritually for a tranquil and peaceful death.”¹⁰

Humanistic Medical Care

In view of its historical development, the most important problem faced by hospice care is not that of medical technology. Hospice care was originally inspired by the spiritual consolation religion can offer to patients, and founded upon the Christian concept of universal love. However, to focus only on the patient’s spiritual needs without addressing their physical pain would not be sufficient. Therefore, the middle-aged Ms. Saunders entered medical school in order to bring medical science into the care of terminal cancer patients. It is only when religious consolation is optimally combined with modern medical technology that the full ideal of hospice care can be properly realized. Such comprehensive care can then be received by patients, especially terminally-ill ones.

Hospice care is the most humanitarian way of caring for patients in modern society, developing in response to the declining quality of dying in modern times. On the one hand, the technological bias of medicine treats the human in terms of pathological lesions, anatomical bodies, and medical

taxonomies. On the other hand, hospice care restores the fragmented patient into a whole person with respect to all aspects of physiology, mind, spirit, and social connections. This embodies the spirit of “humanistic medicine” in contrast to “technological medicine.”

In the past, medical professionals only considered the disease but not the person. They failed to recognize that the patient is a unified person composed of a complex of physiological, mental, social, and spiritual aspects. Only when we restore the view of disease that considers the entire person who is composed of these complex layers, can hospice care emerge in its complete sense. This is because what is most important to a terminally-ill patient might not be just medical treatment (since it has become ineffective, other than for pain control), but also include mental, spiritual, and psychological counseling as well. Thus, wisdom concerning how to live and die, and views on death and the afterlife offered by religion (such as those in Buddhism, Protestantism, Catholicism, and so on), and certainly by philosophy are invaluable resources for the counseling of terminally-ill patients.

According to a non-exhaustive survey, there are approximately nine million cancer patients annually, of which seven million are terminal. In China, the corresponding numbers are 1,500,000 cancer patients and 1,200,000 terminally-ill patients, and in Taiwan 30,000 and 25,000 respectively, making cancer one of the top ten causes of death for the latter country. If we assume that each of those patients had about ten relatives and friends, 90,000,000 globally, 15,000,000 in China, and 300,000 in Taiwan would experience bereavement annually. This does not take into consideration terminally-ill patients of other diseases such as AIDs. What an immense group of people that might need religious and spiritual consolation! Buddhism has been humanistic since its inception, and the Dharma provides a great wealth of wisdom regarding life and death. Should not Buddhists do their utmost to provide such spiritual support?

As the world’s pioneering and leading hospice care organization, what has St. Christopher’s Hospice done to meet the standards and ideals of hospice

care? It has a dedicated review committee, composed of a head nurse, a social worker, a home care department representative, and a secretary that reviews the many applications for admission. Their task is to select five to six hundred patients for admission from more than one thousand five hundred applications received annually. The main criteria for selection include patient history, prognostic estimates, the potential for family members to benefit from the support of hospice care, and lastly, the extent to which hospice and palliative care can help address any specific problem or unmet needs.

After a patient is admitted, a nurse will greet them and arrange a comfortable bed. A doctor will promptly speak with the family and relatives to understand their circumstances, before engaging the patient in-depth to learn about their pain, needs, and symptoms. The hospice has state-of-the-art technology in pain control, which seeks to prevent and minimize pain rather than to suppress it once it arises. In terms of medical intervention, chemotherapy, radiation therapy, and drug injections are generally not used. Dying is considered a natural process to be accepted peacefully, which does not entail deliberate intervention to prolong life. The purpose of the institution is to make the patient feel comfortable. For example, the patients will be turned over regularly, have their back stroked and wiped, given baths, and their oral hygiene maintained.

The environment is specially designed for terminally-ill patients, with large windows for every ward providing views of bustling streets and residences outside. Paintings can be seen throughout the wards, and an assortment of plants and flowers. Each patient has their own television and headphones, to avoid disturbing one another. Privacy is maintained by separating each bed with curtains. Apart from this, each floor is equipped with a public reception room, a kitchen where breakfast and lunch can be prepared, and a small private reception room. There is a church, which is surrounded by a variety of trees, flowers and plants, and a goldfish pond full of lilies. There is also a large square where patients can visit each other, even if they are in wheelchairs.¹¹ We can thus discern that the entire facility is centered around patient well-being and deliberately provides the atmosphere of a

family setting. While it seems like a hospital because it admits terminally-ill patients, it is really not. It does not take curing patients as its goal, but focuses instead on pain control, and satisfying the various physiological, mental, and spiritual needs of patients.

Located in Taiwan's Tamsui District, the MacKay Hospice and Palliative Care Center is a five-floor multifunctional building, with one of its floors underground. The structure has ample open space where each patient is received warmly. The open-air environment is filled with trees, flowers and plants, and there is a fish pond in the garden, where patients can move about in a wheelchair. Indoors, there are a variety of paintings and photos, some of which are patients' favorites, and glass sliding doors allow in sunlight and provide a view of the green lawns outside. Each patient has his own headphones to listen in to television, and can access facilities such as a telephone, refrigerator, and camcorder. There are also family-styled wards where a double bed and separate bedroom cater for visits by friends and relatives at all times. Patients and their families can also decorate the wards, and prepare a special dinner as a way to encourage patients to participate in regular family life. In addition, there are also family kitchens, family meeting rooms, multifunctional activity areas, churches, dining areas, shower rooms, music therapy rooms, passing away (rest in peace) rooms, children's playrooms, hairdressing rooms, laundry rooms, and so on.¹²

Spending their last days in such a place allows patients a rather high quality of dying.

A Peaceful, Dignified Death

From the above introduction, we observe that the required material standards for a hospice facility is very high, but its spirit lies in the participation of the clergy. As a matter of fact, hospitals such as the National Taiwan University College of Medicine, Cardinal Tien Hospital, Taipei Veterans General Hospital, Taichung Veterans General Hospital, and Tzu Chi Hospital all have pastoral care units, where many Buddhist monastics have been

assiduously delivering hospice care. Their efforts have achieved considerable results in bringing a high quality of dying to many terminally-ill patients.

Fundamentally speaking, there are two important conditions required for patients under hospice care to experience death.

First, death must be dignified. This includes the following three aspects. One, a dignified death refers to patients suffering relatively less of the torment due to physiological pain. In modern society, death often brings unbearable pain for terminally-ill patients. If patients die suffering from excruciating pain, they cannot be at peace and lose pride and confidence, not to mention dignity. Two, a dignified death entails the dying to have thoroughly communicated with family and friends. They cannot be at peace if they approach death with remorse, hatred, and other worries. Three, a dignified death is also a personalized experience, i.e. the individual personality and basic rights of the dying patient are respected by allowing them to welcome death according to their own wishes and inclination. Those who are approaching death are often in their weakest condition and have lost the ability to express their will and intent. It is at this time that others are most likely to neglect and even ignore the needs and wishes of the dying. It is impossible to die with dignity if medical procedures that cause severe suffering are performed against the wishes of the dying.

Second, death must be peaceful. Research shows that those about to die often suffer negative emotional and psychological states, such as denial, anger, conflict, sadness, loneliness, disappointment, regret, fear, unwillingness to part, and despair. To help them die in peace, measures must be taken to assist them in letting go both psychologically and spiritually, so that they have no fear or worries. The psychiatrist E. Mansell Pattison points out that people who are dying will have the following fears:

1. Fear of the unknown: After all, death is an event that no one has experienced before. People do not know what it feels like to die, nor do they know what would take place after death. This is “the deep

seated fear imprinted in us of the strange and unforeseeable.”

2. Fear of loneliness: A scientific experiment on the loss of perception shows that if a person is deprived of contact with others, they will break down and subsequently lose the integrity of the coherent self. Death puts people in total isolation, and the dying are genuinely alarmed by such a prospect.
3. Fear of the loss of family and friends: Death is an eternal separation, and parting, especially from close relatives and friends, will certainly bring about tremendous fear.
4. Fear of the loss of the body.
5. Fear of the loss of self-control.
6. Fear of the loss of identity.
7. Fear of regression: Pattison writes, “The loss of human contact, the loss of family and friends, the loss of body structure and function, the loss of self-contact, and total consciousness all threaten the sense of one’s identity. Human contact affirms who we are, family contact affirms who we have been, and contact with our own body and mind affirms our own being-self.”¹³

It can be noted from the above that if one goes without support and preparation into the end-of-life phase, it can create a strong sense of mental unease. In assuming the indefinite length of life, people hardly expect to soon be leaving this world. However, unforeseen circumstances can suddenly find a person on the brink of death. At such a moment, how can people feel at ease and be willing to let go? Psychological states such as denial, rejection, anger, disappointment, the reproach of self and others are, therefore, reasonable and to be expected. Hospice care must counter these states to enable the dying to pass away in peace without falling into negative mental states such as

loneliness, depression, despair, suffering, fear, and worry.

To have a dignified death, we must rely on highly developed medical technology; and in order to achieve a peaceful death, we must make full use of religious and philosophical wisdom. Only the correct balance of the two can help the dying to experience the ideal state of peace or acceptance in both living and dying. In this regard, the Buddhist wisdom of living and dying offers unique and irreplaceable meaning and value.

Therefore, the participation of clergy in hospices is key to providing gentle care for the spirit of the dying patient. Concern for the psychological and spiritual condition of patients is the core practice of hospice care. This focus on the spirit is also the major difference between hospices and traditional hospitals. This is where Buddhist wisdom on living and dying has an opportunity to contribute to end-of-life care, in both theory and practice.

Spirit refers to the non-corporeal and intangible aspects, as well as the values, of the human being. It is the highest level of the spiritual autonomy of the self. In other words, human spirituality refers to a non-corporeal existence with multiple levels, such as thought and contemplation, and the awareness of mental processes. The highest level of consciousness seeks answers to ultimate questions, such as: “Where do we come from when we are born, and where do we go when we die?”; “What do we live for, and how should we live?”; “What is the meaning of life?”; “What does death mean and where do we go after death?” These kinds of questions can only come from the depths of the human soul. In the history of civilization, these are the questions that shaped the development of philosophy and religion. Even in contemporary Chinese society, people will sometimes still exclaim, “Don’t you have a conscience?”; “Where has your soul gone?”; “My pain goes deep into my heart!” and “The agony in the depth of my soul.” The persistence of such expressions shows that “the soul” exists in people’s minds, whether or not they consciously acknowledge it.

It can be said that the soul is the more refined, essential, and transcendent

part of human spirituality. Each of us possess spiritual consciousness, much of which is closely related to daily life and connected with secular affairs. However, we must also see that in the depth of mental consciousness and at the core of our sense of spirituality there is a genuine spiritual pursuit that seeks to transcend bodily constraints and the limits of secular life. We can call this the soul. Ancient Greek philosophers pointed out that the happiest experience in the world is not the sensual enjoyment of a physical body, but a soul without suffering. Therefore, in order to ensure a more satisfactory quality of living and dying, it is necessary to resolve the problem of how to let the soul be at peace and free from suffering.

This is the question that ancient (and medieval) religions and philosophies attempted to solve, and it is the key issue for modern hospice care also, serving as one of the primary indicators of whether hospice care is successful. Research has shown that “Spiritual health means that individuals feel a sense of purpose and meaning in their lives, both at present and in future. It is an important asset of mental health. Spirituality is the essence which integrates the body and psychology of an individual into the greater whole known as society, and is also the principle of humanity’s pursuit of survival. Spirituality is also the aspect that transcends all of these aspects. When this principle is challenged, it interferes with the individual’s value and belief system, leading to spiritual distress.”¹⁴

Therefore, the application of Buddhist teachings in hospice care is in the practice of spiritual care for the dying. Buddhist teaching can help to alleviate or eliminate the deep unease that dying patients and their families feel, brought about by the sense of life being without value or purpose. Furthermore, it soothes the anxiety, worry, agony, and depression caused by imminent death and questions of how the lives of family members will be going forward.

In the practice of hospice care, there is already abundant evidence that people have spiritual needs. Dr. Yang Keping from the Taichung Veterans General Hospital in Taiwan said, “A study of the spiritual needs of twenty-one patients suffering from terminal cancer found that they sought things like

support from “the divine or religious belief,” a source of hope and strength, receiving love and care from others, and finding meaning for their lives. A study of the spiritual needs of patients with terminal cancer staying at home found that they had needs such as realizing their aspirations, mutual expressions of love and gratitude between family members, and religious belief.”¹⁵

Based on her investigation into the spiritual needs of dying patients, Dr. Chantal Chao from the National Cheng Kung University in Taiwan found that, in terms of spirituality, typical needs are those of having purpose, forgiveness and being forgiven, love, hope, and faith.¹⁶ The urgent spiritual needs of the dying are an area for the broad application of Buddhist wisdom of living and dying and the promotion of the spirit of Humanistic Buddhism.

In the past, people used to think that Buddhism was a transcendental religion, and were not so aware that the Dharma can be used to benefit the mundane world through its transcendent causes and conditions. At the very core of the Buddhist spirit are loving kindness, compassion, joy, and equanimity, which are all strongly humanistic and social in nature. Loving kindness and compassion are central to the bodhisattva spirit. Bodhisattvas themselves can attain buddhahood, but do not do so because they have aspired to liberate all sentient beings prior to achieving buddhahood. They have even vowed that they will “not attain *bodhi* wisdom until all living beings are liberated.”

This is the bodhisattva practice of giving others confidence, joy, hope, and convenience. Joyful giving means that the poor receive generous giving, the sick and frail are given medical care, the unprotected are given protection, the homeless are given shelter, and the helpless are given help. Generosity even to the extent of emulating the Buddha’s spirit of sacrificing his body to feed the tigers, as told in the Jātaka tales. It is these qualities that constitute the spirit of Humanistic Buddhism. Therefore, Mahāyāna Buddhism in essence asks of people to not only practice or attain buddhahood only for themselves, but to embrace heartfelt compassion and to be concerned for worldly sentient beings by saving all who are drowning in the agonizing sea of birth, aging, sickness, and death. This is where the true spirit of Humanistic Buddhism lies.

In the history of Chinese Buddhism, the sixth Chan Patriarch Huineng once said, “Dharma can only be found in the world, and enlightenment cannot be attained away from it; to seek *bodhi* apart from the world is like searching for a rabbit’s horn.” This explains that the Dharma is to be realized by people living in this world. If we were to withdraw from human affairs, where would we seek *bodhi*? In campaigning to renew Buddhism in the spirit of Humanistic Buddhism, Master Taixu (C.E. 1889-1947), a well-known monk in contemporary China, said, “Renjian Buddhism [or Humanistic Buddhism] is neither the Buddhism that teaches people to be divorced from humankind to become deities or ghosts, nor the Buddhism that teaches everyone to leave his family to become a monk in the monastery, or withdraw to the mountains and forests. It is the Buddhism that, based on Buddhist principles, tries to reform society, so as to bring progress to humankind and advance the world.”¹⁷ This position emphasizes that Buddhism should serve society and promote human progress, and highlights that Buddhism is social in nature.

A strong advocate of Humanistic Buddhism, Venerable Master Hsing Yun has said, “Tracing back to its roots, Humanistic Buddhism is what the Buddha taught; it is the religion expounded by the Buddha specifically for human beings, and Humanistic Buddhism emphasizes the teaching and transformation of the entire world.”¹⁸ In his speech “How to Build Humanistic Buddhism,” he proposed six key tenets:

1. Building a Humanistic Buddhism that brings out the joy of living.
2. Building a Humanistic Buddhism of wealth and abundance.
3. Building a compassionate and ethical Humanistic Buddhism.
4. Building Humanistic Buddhist families full of harmony and respect.¹⁹
5. Building a Humanistic Buddhism that enlightens all beings.
6. Building a Humanistic Buddhism that brings about the Pure Land on Earth.

These summarize the full application of the humanistic aspect of Buddhism toward society, public welfare, and humanity. The application of Buddhism to hospice care is one of the best manifestations of its humanistic characteristics.

Buddhist Conception of Death

In its long development, Buddhism has not only gathered abundant spiritual resources related to hospice care, but is also an inspiration for its practice.

Research has revealed that the saddest question asked by terminally-ill patients is, “Why do I have to die now?” Buddhism tackles this by removing self-attachment. The Dharma tells us that all phenomena arise from causes and conditions. Life is impermanent as it is formed by the convergence of the Four Elements (earth, water, fire, and wind) and the Five Aggregates (form, feeling, perception, mental formations, and consciousness). Therefore, the cycle of birth, aging, sickness, and death is a natural process of life and there is no need to be fearful of it. Nothing in this world remains stagnant, just as the Four Elements of a human body are constantly changing. When the Four Elements are not in balance, the bodily functions are not in harmony, which will invariably lead to sickness and eventually death. Life exists when the Five Aggregates come together and death occurs when they break up. The Five Aggregates themselves are unstable and changing all the time, and the human life they sustain is impermanent. The *Madhyama Āgama*, describes how living beings are “subject to the ending of life, the impermanence, death, dissolution, extinction, and breaking up of their life, the stopping of their vital force. This is reckoned to be death.”²⁰ Teaching such fundamental Buddhist wisdom of living and dying will help dying patients better understand these processes. The patient will be able to view death as a natural process, and ideally attain peace both physically and mentally, without fear and resentment.

Another major concern of the terminally-ill patients is the question of where they will go after death. Buddhism teaches that life is a boundless sea of suffering, and that every sentient being faces life, aging, sickness, and death. In life we are in the *pūrvakālabhava*, at the moment of death in the *maranabhava*, after death in the *antarābhava*, before returning to the *upapattibhava* at the initial moment of birth. All beings go through these four states of the *catvārobhavāh* endlessly, such that death is not a destruction of

ourselves entirely, but rather preliminary to rebirth.

The concept of rebirth has significance in Buddhism. What worries human beings most prior to dying is the fear of losing everything, or going to hell. Buddhist teachings bring spiritual comfort to terminally-ill patients so that they are at peace. For people living in the secular world, the Buddhist wisdom of living and dying offers the concept of the Six Realms of Existence. This concept can be transformed into the wisdom of understanding, and then transforming life, from the perspective of understanding death. That is, every living human being striving to survive must understand that life and death are interconnected, and must hold in their minds the understanding of how to live after death. Does one simply take a trip to the underworld and later be reborn into the human realm, or to heavenly ones, or the *asura* realms to enjoy life? Or does one undergo suffering by falling into hell, becoming a hungry ghost, or an animal? When we contemplate this while alive, we derive an understanding of death in the pursuit of life, and can then work diligently to realize it. This is what is meant by transforming life from the perspective of death.

This understanding of the nature of death then guides us in our actions during life. Therefore, the concept of the Six Realms of Existence in Buddhism can help people overcome fear and disgust of death. Death is not the end like the snuffing out of a candle, but instead the threshold of a rebirth. With this concept in mind, people might consider if their future life will be better, or if perhaps, their suffering in this life will be fully redeemed in their coming rebirth. In general, most people go through much suffering in their current lives, and look forward to a more fortunate rebirth—a possibility aptly provided for in the Buddhist teaching of the Six Realms of Existence. This offers psychological consolation for the terminally-ill, not just in terms of relieving their fears and anxieties about death, but perhaps in some limited situations to even urge them to embrace death. This is because they sorely wish to be rid of their present suffering, and very much look forward to more fortunate future lives. This is where the Dharma is greatly efficacious, in teaching the essence of Buddhist wisdom on how to end the cycle of birth and

death. It also forms, in this and other ways, the basis for the application of Buddhism in modern hospice care. Nevertheless, true liberation from life and death comes from having the right understanding of Buddhism and attaining the state of *nirvāṇa*.

The *Nirvāṇaparīkṣā* chapter of the *Mūlamadhyamakakārikā* states, “There is not the slightest difference between cyclic existence and *nirvāṇa*. There is not the slightest difference between *nirvāṇa* and cyclic existence. Whatever is the limit of *nirvāṇa*, that is the limit of cyclic existence. There is not even the slightest difference between them or even the subtlest thing.”²¹ This is to say that *nirvāṇa* and the mundane world are not a duality, and people should not seek *nirvāṇa* outside of the mundane world. In fact, *nirvāṇa* is within the minds of sentient beings, and so, “All living beings are possessed of the Matrix of the Tathāgata,”²² “a Tathāgata is in their bodies,”²³ and “in *nirvāṇa* [the Buddha] is not obliterated. In Buddha there is true self. All beings have buddha-nature.”²⁴ When a human being is able to extirpate ignorance, dispel defilements, extinguish worries, and discard afflictions, his or her true nature will be revealed and *nirvāṇa* will be ultimately attained.

In Mahāyāna Buddhism, *nirvāṇa* primally exist beyond life, death, and Dependent Origination. It has the characteristics of the four virtues: permanence, joy, self, and purity. The first virtue of *nirvāṇa* is permanence as it is unchanging, and without formation and cessation. The second virtue is joy, because when one enters *nirvāṇa*, life is free from all sufferings and forever joyful. The third virtue is self, which means *nirvāṇa* is true and not superficial. The fourth virtue is purity, as *nirvāṇa* is beyond all impurities. In Mahāyāna Buddhism, the concept of *nirvāṇa* is essentially united with the mundane world, so it greatly reduces the gap between the human beings of the world and the Buddha. Therefore, determined Buddhist practitioners are rescued from the fear and anxiety of an unknown destiny after death, because for them the transitions of life and death are part of the same process. Living is not necessarily living, and dying is not necessarily dying, as life and death are non-dual. When there is nothing particularly joyful about birth, what concern is there for death? Therefore, eminent monks are able to face death calmly

and happily, and with faith, because they have practiced to be fearless up to the last breath.

The thought that “I am going to lose everything” is heartbreaking for terminally-ill patients. The patient is anxious that death is going to cause them to lose all worldly possessions—wealth, relationships, power, money, beauty, and their human body. Here the Dharma offers the perspective of “The truth (sic) reality of the dependent origination of all phenomena is emptiness”²⁵ as expressed in the sixth fascicle of the *Mahāprajñāpāramitāśāstra*. This explains that all worldly experiences and belongings, such as wealth, status, love, relationships, and the body exist as a result of causes and conditions. They are ephemeral, like floating smoke or drifting clouds, and so we should not be attached to them. Moreover, attempting to hold onto objects of attachment causes mental afflictions. It is not worth clinging to the possessions we have in our lives, including our bodies. The existence of this life, and the wealth and prosperity we enjoy, arise from causes and conditions, and are therefore impermanent. Hence, why be attached to it? What is there to be attached to? Why then be fearful of death and the loss of worldly possessions? When terminally-ill patients are able to face the loss of worldly attachments, as well as their lives inspired by such Buddhist wisdom, they will have no anxiety even at the moment of death.

According to the *Dharmapāda*, Śākyamuni Buddha was propagating the Dharma at the city of Śrāvastī, capital of Kośala, where four *bhikkhus* sat to discuss what was the greatest suffering.

One *bhikkhu* said: “Desire is the greatest suffering.”

One *bhikkhu* said: “Thirst is the greatest suffering.”

One *bhikkhu* said: “Hatred is the greatest suffering.”

One *bhikkhu* said: “Fear is the greatest suffering.”

The four *bhikkhus* insisted on their own view and kept arguing. The Buddha said, “Your views towards suffering are not ultimate. The greatest suffering comes from the existence of the human body. Hunger, thirst, cold,

hot, hatred, fear, desire, and enmity all arise from the body. Your body is the root of all sufferings and troubles. It troubles and tires the mind, filling it with endless grief and fear, [causing one to] move constantly throughout the three realms and [beings to] mutually harm and plunder. This attachment to the self does not cease through lives and deaths, all because of this body. If one wishes to end suffering, one should seek *nirvāṇa*.²⁶

When terminally-ill patients truly understand the Dharma truth that the body is the root of all sufferings, and its absence is liberation from the world, they will not be attached to the worldly things, nor cling to this mortal flesh. They will thus not feel distraught and distressed when faced with the loss brought about by death.

Dr. Chang Shu-Mei of the National Kaohsiung Normal University applied a Buddhist perspective to wisely point out:

Whether it be the people, matters, or things that have disappeared or been lost, or the discontinuation or abrupt ending of the intangible or emotional, I believe the sense of loss is ultimately caused by my attachment to what originally is, or and should have been mine whether it is in regard to my possessions, some object of my selfish love (e.g., pets or loved ones), or even a young and healthy body. Therefore, once these possessions come to naught or die, the sense of loss will cause unbearable suffering to the point of tremendous grief. Once intense love, eager hope, or determined anticipation subsides, and when hopes return empty without reward, they leave you desperately heartbroken and hopelessly discouraged. Looking deeply into the nature of loss and sadness, everything becomes crystal clear—everything, including your own body and life, as well as your relationships with others, exist due to dependent

origination, and will eventually disappear with changes in causes and conditions. What should be gone will be lost, and likewise what should come will appear when the causes and conditions are right. Likewise, causes and conditions bring hope and new life. Viewing it with an ordinary mind [the Zen natural mind], we should not be too disappointed with our losses and go overboard with our grief.²⁷

In the eyes of most people, life is made up of gains and losses. There is life and there is death. Sentient beings become attached to possessions and try to avoid losing them. We become overjoyed when we gain something that we desire, and feel deep grief when we face a loss of something we are attached to. The same attitude is held toward life and death, but certainly the degree of grief is much deeper. However, from the perspective of the Dharma, all that exists in the world is dependently originated and has no intrinsic nature. Therefore, the losses and gains experienced by us are only due to the combinations of causes and conditions. Likewise, gaining or losing life is just as natural, and life cannot be held onto. If one really understands this from the bottom of one's heart, why would one be pleased with gain and saddened by loss? One equally will not grieve, suffer, be fearful or anxious when facing the inevitable death of oneself or others. Is this not the best spiritual consolation to a terminally-ill patient? At the same time, this is the best psychological solace for the patient's family.

Finally and most importantly, Buddhist teachings not only provide sentient beings with the expedient means to transcend death, but also provide them with a simple path to happiness in their next lives. In this way, it gives terminally-ill patients a lasting hope, and helps them face death with some degree of peace and happiness. According to the Dharma, the human realm is one of the three fortunate rebirths, just below the heavenly realm. The Buddha held that everyone possesses buddha-nature. Even one who has committed heinous deeds in this world can be reborn in the Pure Land of Ultimate Bliss and not regress by virtue of their previous karma. This depends on their

perfecting an understanding of the Buddhist teachings, repenting previous transgressions, reciting the name of the Buddha, and making a vow to be reborn in the Pure Land; with their rebirth relying on the power of the vows of Amitābha Buddha. The scriptures say, “The karmic activity of the mind produces the Buddha’s image and is itself the Buddha.”²⁸ How often do we see people who recite the Buddha’s name with their hearts bearing negative intentions?

Pure Land Buddhism strongly emphasizes the sincere recitation of the Buddha’s name, and even if the terminally-ill patient is unable to do so due to severe illness, relatives, friends, or monastics can do so on the dying person’s behalf so that he or she can be reborn into a better realm. Buddhist chanting assistance provides enormous consolation for the patient and their relatives. On the one hand, the dying sees death not as the greatest human suffering, but instead as a release from the suffering of birth, aging, sickness, and death in the world, and as a medium and bridge towards rebirth in the Pure Land. This will help the patient to face death without fear and to rest in peace. On the other hand, the passing away of a close relative does not mean everything disappears and is lost. This death is, for the patient’s relatives, a release from the sea of suffering for their loved one, and what could be better than a happy rebirth? From this, they can gain the spiritual strength to accept the passing away of their loved one, and be free from the emotional pain arising from their bereavement.

Sometimes terminally-ill patients have other doubts and questions, such as where they will be reborn and how life will be after death. Pure Land Buddhism, with its beautiful conception and detailed description of the Pure Land of Ultimate Bliss, can provide these patients with important spiritual sustenance. The happiness of being in a Pure Land is beyond comparison to the human world. For example, the Pure Land of Ultimate Bliss is full of precious trees and nice ornate houses with jade tiles, where people live at ease and their lifespan is boundless.

The *Larger Sūtra on Amitāyus* indicates that, “All wishes and preferences of the sentient beings there are fulfilled. Therefore, I wish to be reborn in

Amitāyus Buddha’s land.”²⁹ Moreover, it is not difficult for people to be reborn in this Pure Land, but key to such rebirth is to firmly believe in its existence, make the vow to be reborn there, recite the name of Amitābha Buddha, and the Buddha will receive the dying person to his Pure Land of Ultimate Bliss. This can provide terminally-ill patients with enormous psychological and spiritual consolation, and the death that terrifies some among them is no longer so threatening. When the spirit of the terminally-ill patient has an ultimate refuge, this dispels the sense of loneliness and the unease felt from being helpless. The *Larger Sūtra on Amitāyus* speaks of three ways through which sentient beings may enter the Pure Land of Ultimate Bliss. One is obtaining such a rebirth through renouncing worldly life and becoming a *śramaṇa*, and being mindful of Amitāyus Buddha and reciting the name of Amitābha Buddha while performing various meritorious deeds. The second is to not renounce, but continue to be mindful of Amitāyus Buddha while regularly performing meritorious deeds, such as building pagodas and statues, and undertaking charitable and relief activities. The third way is neither to renounce nor perform meritorious deeds, but to concentrate on reciting the [name/sūtra of] Amitāyus Buddha.

In short, the Dharma’s wisdom regarding ending the cycle of birth and death has a significant and irreplaceable role in modern hospice care. Such wisdom is wide-ranging and profound, and above all requires that people pay serious attention to the issue of life and death, and not live wrongheaded in the belief that their lives will be long and enjoyable. The *The Sūtra of Forty-Two Sections* states:

The Buddha asked the *śramaṇas*, “How long is the lifespan of a human being?” “It is but a few days,” was the reply. “You still have not understood the Way,” the Buddha replied. He asked another, “How long is the lifespan of a human being?” “It is the time required for a single meal,” was the reply. The Buddha said, “You have not yet understood the Way.” Again, he asked another, “How long is the lifespan

of a human being?” “It is the time taken to inhale and exhale a single breath,” was the answer. The Buddha said, “Excellent! You are a follower of the Way.”³⁰

Therefore, “life” exists only between the inhalation and exhalation of a single breath, and can end in the blink of an eye. We must be mindful of and contemplate death while alive, and value realizing how it operates, and work proactively to resolve our doubts concerning it.

The core principle of the Buddhist wisdom of ending the cycle of birth and death is to resolve death by first resolving life. Everyone enjoys being alive, but on careful consideration, is it not true that our seeking to prolong life and enjoy happiness are rooted in the possession of “the body” and “the mind”? If we remain attached to such dualistic thinking, we will certainly fall into the suffering entailed in birth, aging, sickness, death, being apart from those we love, and being forced to associate with people and things we dislike. The process of living can be likened to drifting in a vast ocean of agony. Is there an end or limit to it? The four noble truths teach that everything in this world results from the mutual arising of causes and conditions; such arisings lack any permanent intrinsic nature, and are therefore illusory, empty, and cannot be grasped. If this is the case, why should people still cling to them? After relinquishing attachment to dharmas and the self, the problem of life’s suffering can be resolved, and one can enter the practice of Buddhism, taking the path of the threefold training of precepts, meditation, and wisdom. Ultimately one can attain the state of *nirvāṇa*, completely resolving the problem of death and rebirth.

Buddhist Hospice Care

According to the text *Suffering in the Five Realms*, “It is easy for worldly beings to commit unwholesome deeds and difficult for them to do good ones. It is easy for those learning the Buddhist path to do wholesome deeds, but it is hard to commit to undertake spiritual practices. Likewise, it is easier to undertake spiritual practices than explaining the path, and it is easier to explain

the path than to practice it.”³¹ It is not easy to do good things, to commit to undertake spiritual practice, or to explain the path, but the most difficult is practicing the path. The natural connection between Buddhist spirituality and hospice care provides a solid foundation for the concrete application of the Buddhist wisdom of living and dying. However, it is still quite challenging to put into practice in the hospice ward. Despite this, and based on the current application of Buddhist ideas and practices in hospice care in mainland China and Taiwan, there have been considerable achievements over more than twenty years of its development, as illustrated below.

Mr Ben Lai of Tianjin Hetong Nursing Home for Elderly stated, “Compared to the weak physical body, the spirit of the patient facing death is much more frail. If there is support from religious faith, one can then pass away more peacefully than those without faith, and their relatives and friends will feel less sorrowful. Therefore, Buddhist devotees who have always extolled compassion should bravely bear the important responsibility of public social welfare in hospice care.”³²

Lai also explained in depth how to apply the Dharma to relieve terminally-ill patients’ psychological hindrances. First, when the condition of the patient grows critical, one needs to find out if there are any significant questions that preoccupy the patient. If so, they should be resolved while the patient is still able to speak. If patients cannot surrender attachment to their family or wealth, one can suggest, “These matters will be properly handled, so please do not worry about them.” Furthermore, one can explain, “People living in this world are full of afflictions, and will only be happy when reborn in the Pure Land of Ultimate Bliss. You are not going there alone, but can also liberate and bring your family there in the future. If you cannot let go of your family and wealth, they will hinder you from being reborn in the Pure Land. You must keep reciting the name of Amitābha Buddha, then Amitābha Buddha, Avalokiteśvara Bodhisattva, and Mahāsthāmaprāpta Bodhisattva will come to welcome you at your last breath.” Second, when the dying patient sees forms or hears sounds that induce fear, one can say that, “All these forms and sounds are your past enemies who are here to disturb you. Ignore them and

do not fear them. Let us recite the Buddha's name together and the Buddha and the bodhisattvas will protect you, and the evils will naturally disappear." Third, if the patient sees family members who have already passed away, they should be told, "These forms are sent by the beings from the three lower realms of hell beings, hungry ghosts, and animals. They are here to trick you into a rebirth into those realms where you would suffer. Ignore them and keep chanting the Amitābha Buddha's name single mindedly and they will disappear." Fourth, if the patient sees heavenly beings and gods coming to receive them, the dying can be told, "Be careful, and stay focused on chanting the name of Amitābha Buddha. Go only when you see Amitābha Buddha, Avalokiteśvara Bodhisattva, and Mahāsthāmaprāpta Bodhisattva coming to receive you. Remember at all costs not to be fooled to go anywhere else." Fifth, when the dying patient is anxious or cries for parents, and seeks protection from supernatural beings, one must say, "Death is abandoning suffering and approaching happiness, it is just like the prodigal son returning home or the prisoner being released from jail. It is the most joyous matter and nothing to be fearful and anxious about!" Lastly, when the dying doubts that they could be reborn in the Pure Land, he or she can be told, "It is never too late to aspire to be reborn in the Pure Land and chant the Buddha's name. Even if you only start chanting the name of the Buddha close to death, you can still be reborn in the Pure Land."

Lai also clarified the answers to questions relating to chanting assistance. First, the person or group must conduct the chanting assistance seriously. When going to the home of the dying person to do chanting assistance, the person should gather the family members to explain its importance, and ask them to follow the instructions of those coming to help with the practice. Second, those who do the chanting must treat the dying with a sincere attitude and speak gently, so that it engenders joy. Starting with praising the meritorious actions that the dying has done on a regular basis. The person then employs various skilful means to bring the patient peace and happiness, and to enhance faith in seeking to be reborn in the Pure Land of Ultimate Bliss. It is more effective if the person providing chanting assistance treats the patient like their own family. Third, other than teaching the Dharma, those doing chanting

assistance should not talk or allow anyone to chat in the ward, to prevent the dying from being distracted, and losing the right attitude of faith. It would be best if family members could help with chanting assistance. Otherwise, they should leave the ward, to prevent the patient from growing attached to the loved one and thereby impede the strengthening of right thought. Fourth, when chanting the Buddha's name, one can either chant the six characters *Namo Amitābha Buddha* (南無阿彌陀佛), or the four characters *Amitābha Buddha* (阿彌陀佛). One should learn the patient's preference for the chanting pitch and speed. If the dying person is unable to speak, the chanting should not be too fast, or too slow, but every phrase and word should be distinct and clear. Fifth, when the dying person is showing signs of the last lucid state just prior to death, one should continue with the chanting assistance so that prior efforts would not be in vain. If the people doing the chanting arrive as the dying person takes the final breath, or has already passed away for some time, they should speak to the deceased loudly: "So-and-so, you should not recall or dwell upon your past deeds and matters, be they positive or negative. Put aside all concern for your descendants and wealth, chant *Amitābha* single mindedly, and make the vow to be reborn in the Pure Land of Ultimate Bliss. We will help you to chant the Buddha's name and you must listen attentively." This should be repeated two more times, and after the teaching, again commence further chanting assistance.³³

Mr. Lai's explanation reveals that Buddhism offers a wide range of resources for the care of terminally-ill patients, including a variety of concepts and tangible actions that address all the aspects of hospice care and offer a number of useful practices. For patients and family members who are devout Buddhists, their faith would offer tangible benefits and a great sense of consolation.

Ms. Jian Xiuya, the owner of Taiwan's well known isart Gallery, described the journey of her mother-in-law, who was initially not a Buddhist, but later took refuge and found solace in the Dharma towards the end of her life. Her mother-in-law was diagnosed with lung cancer in 1997. One night she realized that she could not move her legs and started to have hallucinations;

she could not recognize her own limbs, and her fear and anxiety caused her intense suffering. By the time day broke, she had suffered greatly and the attentive care of the medical team did not alleviate her anxiety and suffering. As noon approached, a fellow patient in her ward, who was a Buddhist, began to chat with Xiuya and asked whether her mother-in-law had taken refuge in the Triple Gem. She answered that her mother-in-law would occasionally recite the Buddha's name and had interacted with monastics, but had not taken refuge yet. She advised Xiuya that in order to take refuge, she must seek a monastic. Xiuya then went to the Hong Fa Temple to invite a monastic to visit her mother-in-law in the hospital and to conduct a refuge-taking ceremony and to give a dharma teaching. Though it was his midday break time, the compassionate Venerable Kaizheng decided to go right away, saying, "Let's go! Time is of the essence for her now and we must go immediately!"³⁴

Upon seeing the Venerable, her mother-in-law was overwhelmed with emotion and reached out her right hand with a plea for help, saying, "Venerable, please quickly help me invite Amitābha Buddha to receive me." Venerable Kaizheng calmly presided over her refuge-taking ceremony and spoke to her about living and dying; he stated that our physical body is just a temporary dwelling for us, and that life does not end after death. After the Venerable left, the patient's spirit improved significantly; she gave the girlfriend of her fourth child a kiss, and spoke and laughed with others around. She was no longer glum and also seemed to have excellent clarity of mind. The day before her passing away, all her children and grandchildren gathered around and devotedly recited the Buddha's name, seeking the removal of hindrances and afflictions with the hope that she could abandon suffering for joy. The next day, her forehead and the area around her eyes slowly relaxed, and she took her last breath in a peaceful manner, with a hint of a smile. The time of death was 10:23pm, and those around her recited the Buddha's name until 11:00am the next morning. Her body was cleaned and her clothes changed before she was placed in her coffin at 5:16pm. At this time, her body was supple, and her face remained relaxed and peaceful, with a gentle smile. Her family members believed that their grandmother had truly been freed from suffering and mental afflictions, and had taken rebirth in Amitābha Buddha's

Pure Land of Ultimate Bliss. This was a great consolation for them while they continued to recite the Buddha's name.³⁵

In summary, during several millennia of growth and development, Buddhism has accumulated significant resources pertinent to hospice care, including both theoretical and practical guidance. It is of great significance that we revitalize and make use of these ideas and concepts, as well as put them to practice in our modern society. This will help promote Buddhism in society, and can bring solace and alleviate the suffering of sentient beings. This would indeed prove to be a great manifestation of Buddhism's deep compassion for the human world.

Notes

- 1 Possibly a wrong attribution in the original. Records indicate that the author was director of the said institute at Jiangxi Normal University. -Ed.
- 2 From *Collection of Old Man Hanshan's Dream Travels* (憨山老人夢遊集), also translated as "Dream Roamings" or "Dream Journeys" -Ed.
- 3 The term "hospice" in Chinese is translated differently in various locations. In mainland China it is referred to as 臨終關懷, in Hong Kong it is called 善終服務, and in Taiwan 安寧療護. -Ed.
- 4 See *Kung Tai Hospice Care Handbook*, (Kung Tai Socio-Medical Service & Education Foundation, August 1998). [The foundation is now called the Kung Tai Catholic Sanipax Socio-Medical Service & Educational Foundation -Ed.]
- 5 This article was originally published in 2004. -Ed.
- 6 This is probably a typographical error in the original, and might have been 27,951. -Ed.
- 7 Chen Zhengke, "The History, Status and Prospects of Hospice Care," *Hospice Foundation of Taiwan* 33.
- 8 Shen Shouyu, "Anti-Cancer Treatment, Hospice Care and Euthanasia for Late Stage Cancer [Patients]," *Hospice Foundation of Taiwan* 1996, no. 1 (1996).
- 9 Meng Xianwu, *On Hospice Care* (Shanghai: Shanghai Culture Publishing House, 1995).
- 10 [Yang Keping, ed.,] *Hospice and Palliative Therapy—Concept and Practice* (Taipei: Wei Hua Publishing, 1999), 30.
- 11 Chen Yuanlun, ed., *A Quality Death* (Beijing: Chinese Medical Science Press, 1997).
- 12 *History of the MacKay Hospice* (Taipei: MacKay Memorial Hospital, 1998).
- 13 E Mansell Pattison, *The Experience of Dying* (Englewood Cliffs: Prentice Hall, 1977), 53-4.
- 14 See chapter 22 of [Yang Keping, ed.,] *Hospice and Palliative Therapy—Concept and Practice* (Taipei: Wei Hua Publishing, 1999).
- 15 [Yang Keping, ed.,] *Hospice and Palliative Therapy—Concept and Practice* (Taipei: Wei Hua Publishing, 1999), 510.
- 16 Chantal Chao, "Spiritual Needs and Care of Hospice Patients," *Hospice Foundation of Taiwan* 19.
- 17 Ji Zhe, "Zhao Puchu and His Renjian Buddhism," *The Eastern Buddhist* 44, no. 2 (2013): 36.

- 18 Venerable Master Hsing Yun, “Humanistic Buddhism: A Blueprint for Life,” *Universal Gate Buddhist Journal* 5 (September 2001): 2.
- 19 The first four were translated in Li Guangliang, “Humanistic Buddhism and its “Humanization, Modernization, and Incorporation into Daily Life,” *Studies on Humanistic Buddhism* 2 (2019): 5.
- 20 *The Madhyama Āgama*, trans. William Chu (California: Bukkyo Dendo Kyokai America, Inc., 2013), 207.
- 21 Jay L. Garfield, *The Fundamental Wisdom of the Middle Way: Nāgārjuna’s Mūlamadhyamakakārikā* (New York: Oxford University Press, 1995), 75. -Ed.
- 22 Jikido Takasaki, *A Study on the Ratnagotravibhāga (Uttaratantra): Being a Treatise on the Tathāgatagarbha Theory of Mahāyāna Buddhism* (Rome: Istituto Italiano per il Medio ed Estremo Oriente, 1966), 196-8. -Ed.
- 23 Rulu, “Buddha Pronounces the Sūtra of the Unsurpassed Reliance,” <http://www.sutrasmantras.info/sutra52a.html>. -Ed.
- 24 Rafal Felbur, *Anxiety of Emptiness: Self and Scripture in Early Medieval Chinese Buddhism, with a Focus on Sengrui* (Stanford: Stanford University, 2018), 75. -Ed.
- 25 Shi Nanren, “Sustainable Peace In The Perfect Middle Way,” <http://www.chamshantemple.org/messages/aboutus/index.php?channelId=3§ionId=818&itemId=4087&attachId=0&langCd=CN>. -Ed.
- 26 See the Chinese version of the *Dharmapāda* (法句譬喻經, Pali *Dhammapāda*) translated into Chinese by 法炬 and 法立, T 211, 04: 595. -Ed.
- 27 Chang Shu-Mei, “Facing and overcoming loss and grief,” *Life and Death Studies* 3 (1999).
- 28 Hisao Inagaki, *The Three Pure Land Sūtras* (California: BDK America, Inc., 2016), 74.
- 29 Rulu, *Thinking of Amitābha Buddha* (Bloomington: Author House, 2012), 122. Perhaps an incorrect attribution; apparently from the *Sukhāvātīvyūhopadeśa* (T 1524) -Ed.
- 30 Shih Heng-ching, “The Sūtra of Forty-two Sections,” in *Apocryphal Scriptures* (California: BDK America, Inc., 2005), 41.
- 31 *Suffering in the Five Realms* (五苦章句經), T 741. -Ed
- 32 “References for Buddhist Hospice Care,” in *Papers of the National Hospice Care and Death Education Academic Conference Volume 2* (Kunming, 1996).
- 33 Ibid.
- 34 See “Red Lotus No. 20,” *Hospice Foundation of Taiwan* 27.
- 35 Ibid.

BACK ISSUES

Studies on Humanistic Buddhism I: Foundational Thoughts

Master Taixu 太虛大師
(Founder, Association for the Advancement of Buddhism)

How to Establish a Humanistic Buddhism

Venerable Tzu Hang 慈航法師
(Founder, Chinese Buddhist Studies Association, Burma)

Establishing a Humanistic Pure Land

Zhao Puchu 趙樸初
(Former President, Buddhist Association of China)

The Relationship Between Buddhism and Chinese Culture

Venerable Master Hsing Yun 星雲大師
(Founder, Fo Guang Shan)

Fundamental Tenets of Humanistic Buddhism

Venerable Master Hsing Yun 星雲大師
(Founder, Fo Guang Shan)

My Understanding of Humanistic Buddhism

Li Li'an 李利安
(Professor, Northwest University)

*The Harmonious Development Between Humanistic and Traditional
Buddhism and its Issues*

Charles H.C. Kao 高希均
(Founder, Global Views—Commonwealth Publishing Group)

Can "Venerable Master Hsing Yun's Values" Increase Social Harmony?

Chen Bing 陳兵
(Professor, Sichuan University)

*Venerable Master Hsing Yun's Humanistic Buddhism: New Dawn of True
Dharma*

Cheng Gongrang 程恭讓
(Professor, Shanghai University)

Venerable Master Hsing Yun's Ten Great Contributions to Buddhism

Cheng Gongrang 程恭讓
(Professor, Shanghai University)

Recent Conclusions on the Theory of Humanistic Buddhism: Looking at Venerable Master Hsing Yun from Hear Me Out: Messages from a Humble Monk

Dong Ping 董平
(Professor, Zhejiang University)

The Historic Position of Humanistic Buddhism from the Viewpoint of the Process of Sinicization of Buddhism

Guang Xing 廣興
(Associate Professor, University of Hong Kong)

The Buddha in Humanistic Buddhism

Lai Yonghai 賴永海
(Professor, Chinese Culture Institute, Nanjing University)

Humanistic Buddhism and the Modernization of Buddhism

Kan Cheng-tsung 關正宗
(Associate, Fo Guang University)

The Process of Modernizing Buddhism: Two Thousand Years of Rise and Fall in Human History

Lewis R. Lancaster 蘭卡斯特
(Emeritus Professor, University of California, Berkeley)

Humanistic Buddhism: Responding to Contemporary Developments

The *Studies on Humanistic Buddhism* is also available online at <https://journal.nantien.edu.au/>

Hard copies are available upon request at the Fo Guang Shan Institute of Humanistic Buddhism <http://www.fgsihb.org/>

BACK ISSUES

Studies on Humanistic Buddhism II: Practical Applications: Venerable Master Hsing Yun on Humanistic Buddhism

Li Guangliang 李廣良

(Professor, Yunnan Normal University)

Humanistic Buddhism and Its "Humanization, Modernization, and Incorporation into Daily Life"

Huang Kuo-Ching 黃國清

(Associate Professor, Nanhua University)

Humanistic Buddhism as an Approach to Management

Jai Ben-ray 翟本瑞

(Professor, Feng Chia University)

On the This-Worldly Emphasis of Humanistic Buddhism

Yang Zengwen 楊曾文

(Professor, Chinese Academy of Social Sciences)

The Future of Humanistic Buddhism

Shih Miao Guang 妙光法師

(M.A., Fo Guang University)

Interpreting the "Humanistic" in Renjian Fojiao (人間佛教) as Advocated by Venerable Master Hsing Yun of Fo Guang Shan

Di Qi'an 狄其安

(Professor, Shanghai University)

*Dharma Function with Sound, Dharma Propagation with Music –
A Study of Buddhist Hymns and Buddhist Songs of Fo Guang Shan*

Chen Yongge 陳永革

(Professor, Zhejiang Academy of Social Sciences)

Humanistic Features in Contemporary Chan Practices: Using Fo Guang Chan as an Example

Chang Hongxing 常紅星

(Ph.D., Shanghai University)

A Study of Thoughts on Gender Equality in Humanistic Buddhism

Liu Lifu 劉立夫

(Professor, Central South University)

Venerable Master Hsing Yun's "Buddhist Economics"

Chen Jian 陳堅

(Professor, Shandong University)

Humanistic Buddhism—Plurality in Buddhism and Its Humanism: In the Context of Buddho-Christian Comparison

Deng Zimei 鄧子美

(Professor, Jiangnan University)

The Historic Achievements of the Hsing Yun Model

Luo Yi-lun 羅翌倫

(Lecturer, National Taichung Nursing College)

Influence of Humanistic Buddhism in Deepening the Founding Ideals of Community College

The *Studies on Humanistic Buddhism* is also available online
at <https://journal.nantien.edu.au/>

Hard copies are available upon request at the Fo Guang Shan
Institute of Humanistic Buddhism <http://www.fgsihb.org/>

BACK ISSUES

Studies on Humanistic Buddhism III: Glocalization of Buddhism

Venerable Master Hsing Yun 星雲大師

(President, Buddha's Light International Association World Headquarters)

*The Key to Promoting Localization is not to "Discard" but to "Give"—
My View on "De-sinicization"*

Chen Chien Huang 陳劍鐘

(Director, the Centre for the Study of Humanistic Buddhism, The Chinese University of Hong Kong)

The Localization of Buddhist Teachings within Globalization

Alison Cohn Jameson

(Assistant Professor, University of Arizona)

*Transcending Borders: Using Regional and Ethnographic Studies to
Envision the Future of Humanistic Buddhism*

Sallie B. King

(Emeritus Professor, James Madison University Harrisonburg)

*Engaged Buddhism and Humanistic Buddhism: A Comparison of Principles
and Practices*

Ranjana Mukhopadhyaya

(Associate Professor, University of Delhi)

*Transnational Networks of Dharma and Development: Engaged Buddhism
in the Era of Globalization*

Tang Zhongmao 唐忠毛

(Professor, East China Normal University)

*On Modernity and Tradition in Humanistic Buddhism: From Master Taixu
to Venerable Master Hsing Yun*

Wu Guangzheng 吳光正

(Professor, Wuhan University)

*The Modernization and Globalization of Humanistic Buddhism and Chinese
Buddhism*

Jens Reinke:

(Doctoral Research Fellow, University of Leipzig)

*Placing Buddhist Modernism within a Global Context: The Global Spread
of Fo Guang Shan*

Shih Miao Guang 妙光法師

(M.A., Fo Guang University)

Issues of Acculturation and Globalization Faced by the Fo Guang Shan Buddhist Order

Wang Bing 王彬

(Associate Researcher, Jiangxi Academy of Social Sciences)

Fo Guang Shan's "Localization of Buddhism" within the Process of the Internationalization of Buddhism

Li Li'an 李利安

(Professor, Northwest University)

The Brilliant Achievements of Humanistic Buddhism in Australia

Qiu Yonghui 邱永輝

(Professor, Sichuan University)

A Study of Humanistic Buddhism Returning to India: Observations and Reflections on the Fo Guang Shan New Delhi Educational and Cultural Centre

Fumihiko Sueki 末木文美士

(Professor, International Research Center for Japanese Studies)

The Localization and Spread of Japanese Buddhism

Yang Minkang 楊民康

(Associate Professor, Central Conservatory of Music)

The Localization of Music during the Late Stages of Buddhism's Spread - A Comparison of the Buddhist Music of the Dai People and the Japanese

The *Studies on Humanistic Buddhism* is also available online at <https://journal.nantien.edu.au/>

Hard copies are available upon request at the Fo Guang Shan Institute of Humanistic Buddhism <http://www.fgsihb.org/>