Practitioners of Tibetan Buddhism are rapidly increasing in the United States. The care they request at the end of life is different in many aspects from traditional end-of-life care. It is necessary for hospice professionals to understand these needs and prepare to care for Buddhist practitioners who may utilize their services. This article will describe how to use the nursing process to plan for their end-of-life care and suggest how each member of the hospice team can support the dying patient and bereavement needs of the family.

**Buddhism**

Buddhism, like other religions, is not a single entity. The two main traditions of Buddhism are the Theravadin philosophy practiced in Thailand, Cambodia, Laos, and other countries in Asia. The second is the Mahayana tradition practiced in many places throughout the world, including China, Japan, Vietnam, and Tibet. The Vajrayana subcategory of Mahayana, including the Tibetan Buddhist practices discussed in this article, are from this philosophical tradition. Although the Dalai Lama is the most recognized representative of Tibetan Buddhism, many very realized masters live in the United States and are accessible to hospice care providers. Because some requests from Buddhists are

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**KEY WORDS**

- Buddhism
- death
- end of life
- nursing interventions
- spirituality

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very different from those in the dominant culture, this article aims to create some dialogue with hospice nurses about these end-of-life needs. This article should be considered a beginning rather than a conclusive description of hospice practices for Tibetan Buddhists.

Tibetan Buddhism is one of the fastest growing religions in the United States. The major population centers of native Tibetans and newer practitioners are New York, Minnesota, California, and Colorado. However, many teachers have extended access to Buddhism throughout the country. It is likely that a center of practitioners is within reach of most hospices. An Internet search with the term “Buddhism” and the name of your city or county will give you an idea of the center closest to your agency.

Practitioners honor the Buddha or “Awakened One,” who was born approximately 2500 years ago. He was “awakened” in India and traveled extensively throughout his life. Born a prince, he turned his life’s work to attaining enlightenment when he realized the suffering of the people around the palace in which he lived. His teachings emphasize the pervasive suffering of sentient beings, and meditation as a means to tame the mind and emotions. There are variations in the teachings from one tradition to another. For example, the period for special rituals and prayers for the deceased has sometimes been reported as 100 days; however, in the Vajrayana tradition, the period is generally 49 days. Although this may seem like a subtle difference, it is highly relevant in the provision of individualized bereavement services in hospice.

In all Buddhist traditions, four fundamental contemplations compose the foundation of understanding and meditation: first, that a human rebirth is extremely precious and should be used to its highest spiritual potential; second, that all compounded phenomena are impermanent, and whoever is born is bound to die; third, that beings experience relative reality as compared to ultimate nature that arises interdependently with their own actions; fourth, that all beings suffer, and human beings suffer particularly from birth, sickness, old age, and death (Figure 1).

Despite the clear acknowledgement of the suffering of sickness and death, the teachings of Buddhism offer no support for any type of physician-assisted suicide. Should a patient make a request to end his or her life, a teacher should be contacted immediately, in addition to incorporating the traditional hospice interventions for a situation that requires immediate psychological attention.

Since the notion of eliminating suffering is a central focus of hospice care, further explanation is warranted. A famous story told by Sogyal Rinpoche illustrates the basic belief about the universality of suffering and the inability to eliminate suffering from life. Krisha Gotami lived in the time of the Buddha. She was completely grief stricken after the death of her infant. She searched throughout her area for someone to restore her baby to life. A wise man told her the Buddha had the power to restore life. She went to the Buddha and asked that he restore her child to life. The Buddha indicated he would bring the baby back from the dead if she obtained mustard seeds from any house in the local village in which a death had not occurred. After searching the entire area, Krisha Gotami was not able to find any home where death had not occurred. When her search proved unsuccessful, she realized that suffering is universal and she should direct her efforts toward spiritual practice.

All Vajrayana practices are focused on training the mind, and it is considered wise to start early, especially in preparing for death. Chagdud Rinpoche, a Tibetan lama, used to say, “When you have to go to the bathroom, it’s too late to build a latrine.” Preparation for death is a central feature of the tradition, and recognizing that there is no certainty about how and when death will occur is implicit in all practices. Hospice professionals are experienced in supporting the needs of patients from many religions. Although many Tibetan Buddhists’ requests differ from more common expectations at the end of life, they are well within the ability of hospice workers. This article will describe how to use the nursing process to plan for end-of-life care and suggest how each member of the hospice team can participate in order to support the dying patient and the bereavement needs of the family.

In horror of death, I took to the mountains—
Again and again, I meditated on the uncertainty of the hour of death
Capturing the fortress of the deathless unending nature of mind
Now all fear of death is over and done.
The Buddha

Figure 1. Tibetan death mantra recitation. Data from Rinpoche.

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The most widely known and useful book on death and dying from a Buddhist perspective is the *Tibetan Book of the Dead*, which describes each step of the dying process in detail. There are many editions of the text, with different styles of explanations, and it is widely available in a variety of printed and multimedia formats. Basic versions of this text can be read by volunteers or family members. If no one is available to read to the patient, tapes or CDs can be played as part of the plan of care.

The place to begin is the Tibetan Buddhist definition of death. This definition, as described by Chagdud Khadro, is quite precise and based on the perception of subtle energies in the body (Tibetan *rlung*, usually translated as ‘wind’ but ranging from respiratory breath to synapses). According to the Tibetan teachings, after the last breath, the subtle energies of the body draw toward the heart area. Then the subtle energy that maintains the white, masculine energy, received from one’s father at the moment of conception and maintained in the crown of the head throughout one’s life, drops toward the heart. The deceased has a visual experience like moonlight. Then the red, feminine energy, received from one’s mother at conception and maintained below the navel, rises toward the heart. The deceased has a visual experience of redness, like the sky at dawn or sunset. The masculine and feminine energies merge and one swoons into unconsciousness, like passing into a clear, dark night. This is death, beyond resuscitation.

However, it is believed that the nexus of consciousness—at its most subtle level of cognizance and movement—can remain in the body for up to 3 days or longer, depending on the circumstances of death. If the body dies by accident or violence, if the body is undisturbed, or if certain rituals are performed to liberate it from the body, the consciousness may exit immediately. In these cases, the body is merely a corpse and nothing unusual needs to be considered. But, after a peaceful death, Tibetan Buddhists are exceptionally concerned about what happens to the body in the moments and days after death, and they try to ensure that the consciousness exits from the crown of the head.

**NURSING PROCESS**

**Patient Assessment**

During the initial patient assessment, the nurse can speak to the patients about their individual wishes pertaining to the death experience and record what is desired. Areas of specific difference are outlined below. There may be tremendous variation between patients as to the specific practices desired leading up to the death and during the death experience. It is especially important to ask about whether the patient has a teacher or “lama” and whether contact between the hospice chaplain and teacher is desired. Be especially alert to where the patient’s teacher lives, which may be far away. The “sangha,” or community of practitioners of which the patient is a member, can also provide support throughout the process.

After establishing details about the religious support system, consideration of the environment where the patient is likely to be at the time of death is critical. This is especially important if hospice care is delivered in a long-term-care facility or location other than the patient’s home. It is necessary to have an environment conducive to practicing rituals that require silence when possible.

**Concept of a “Good Death”**

Many practitioners of Tibetan Buddhism receive specific instructions on the rituals associated with death and on *p’howa*, which means “transference of consciousness” as part of the ongoing spiritual training. *P’howa* prayers may be recited for years prior to the actual time of death. In these prayers the practitioners are encouraged to consider various death scenarios and explore what the actual experience of death would be like. Practicing the death experience beforehand gives the practitioner an opportunity to adapt to the unpredictable nature of death. It also provides practitioners with opportunities to learn to accept death as part of daily life. The optimal conditions of death include the ability to be totally aware of the death experience in an environment of silence while completing special practices such as the transference of consciousness. It is not considered helpful to have friends and family who are crying and disturbing the patient when death is imminent, or immediately thereafter. As a result, it is not uncommon for friends and family to leave the room if they are unable to remain calm or maintain their own meditative state of mind.

The nurse should explore how the hospice team and other caregivers—paid and unpaid—feel about these requests. When practitioners feel any of them are unusual, for example, leaving the patient alone at the time of death, the nurse is in the best position to advocate for the patient’s needs. It is necessary to seek out
the team members' views of the religious practices so they can also have an opportunity to explore their own thoughts and reactions to the plan of care.

Although Buddhists understand that suffering is a part of life, generally there is a desire to avoid suffering when possible. While assessing the patient, as with all patients, determine the level of sedation and pain relief desired. Interventions regarding pain management may have the widest variation in requests. Considerations regarding analgesia are very similar to natural childbirth. Some women prefer sedation. Others prefer to avoid analgesia if possible. In general, individuals want to be as comfortable and as alert as possible, so they are able to continue to practice and visit with loved ones.

It is also important to assess the use of other medications. Careful attention to other medications in the plan of care is critical. Many Buddhist practitioners use a wide variety of herbal preparations, especially if they are seeing a Tibetan doctor in addition to a Western doctor. Encourage patients to maintain communication between all of their care providers.

**Care Planning – Interdisciplinary Team**

Once team members complete the patient assessment, a plan can be developed to support the patient's preferences. A determination of how best to provide a peaceful environment and who will be present may take the greatest amount of planning if the patient is in a long-term-care facility or other public living arrangement.

Suggestions might include:

a. Maintaining a visitation schedule that allows for uninterrupted periods for religious practice. The patient may want to have team members visit at the same time.

b. Maintaining an altar with religious photos and relics. This altar may include candles and incense.

c. Specifying who the patient would like to be present at the time of death. The preference may be for no one to be present, especially if family and friends are very emotional or unsupportive of the religious practices.

**Implementation**

As the hospice plan of care is implemented, the team can also provide support in a number of other ways that should be documented in the patient's record. Many of these strategies pertain to all patients and may be common practice for hospice workers (Table 1). In addition to patient-specific requests for a peaceful environment,

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**Table 1**

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Suggested Areas of Focus</th>
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<tbody>
<tr>
<td>Physicians and nurses</td>
<td>Provide patient-centered care individualized to the patient's needs to control the level of alertness and other measures of quality of life and death</td>
</tr>
<tr>
<td>Hospice aides</td>
<td>Do work quietly and mindfully</td>
</tr>
<tr>
<td></td>
<td>Work with humor (as with all others)</td>
</tr>
<tr>
<td>Chaplain</td>
<td>Sit silently with patient. Contact patient's teacher when there is one. Be aware that many practitioners get their direction from books, videos, and presentations at seminars and workshops, and are without a local teacher</td>
</tr>
<tr>
<td>Social worker</td>
<td>Assist patient in reconciling past issues, to both seek and give forgiveness for self and others, speaking with family and friends. Facilitate the completion of a will, which will assist the individual to lessen attachments.</td>
</tr>
<tr>
<td>Volunteer</td>
<td>Keep the altar fresh and clean. You may bring in a small flower for the altar each visit. Write letters. Help with making a scrapbook of positive life accomplishments.</td>
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*Caution: Before picking up a Buddhist religious text and reading it to the patient, be sure to enquire as to whether this is appropriate. Some texts cannot be read by others who have not received a special empowerment to read them.
the patient may request help with managing visitors, both sangha and non-sangha members. Placement of the patient in a room may need extra attention when hospice care is being provided in a group living or long-term-care facility. Many will request a room farthest away from the nurses' station with a quiet roommate. Additional suggestions include:

a. When visiting the patient, turn your pager and cell phone to vibrate.
b. The quality of the mind of the hospice team member is also very important. Before entering the room, take a deep breath in order to clear your own mind and relax.
c. Take and make phone calls outside of the room.
d. During each visit, try to spend a few minutes in silence, perhaps saying a prayer from your own religion.
e. Ensure the altar is kept clean and in the patient’s line of vision.
f. Suggest that the patient play audio tapes, or make use of other multimedia sometime during the day, to support his or her religious practice.
g. Contact the religious teacher and family as death approaches.

h. Suggest team members to provide the patient with specific reminders for their practice. These might include:

1. Give and receive
2. Slow down
3. Pay attention to details

Additional planning will be needed during the dying process (Table 2). The transfer of consciousness is the key to a “good death.” To facilitate this:

a. Disturb the patient as little as possible; especially, avoid touching the hands and lower parts of the body.
b. Gently tap the top of the head as death occurs to draw the patient’s focus upward.
c. Leave the body undisturbed for as long as practically possible after death. Buddhists believe the dying process continues for 3–4 days after what is usually accepted as “dead.” Although many laws do not allow for the body to remain in a natural state for 3–4 days, remain mindful of this to be supportive as the family is approached about the death.
d. You may want to help the patient sit up in order to practice, or to lie on the right side, which was the position of the Buddha at his death.

<table>
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<th>Table 2</th>
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<td>Tasks of Dying*</td>
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<table>
<thead>
<tr>
<th>Task</th>
<th>Hospice Teams Activities That Support That Task</th>
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| 1. Understanding and transforming suffering | Write out medical and end-of-life directives  
Instructions for the time of death  
Express fears, hospice team validates fears  
Encourage medication on the principle of eliminating the suffering of others |
| 2. Making connections, healing relationships | Foster forgiveness in self and others  
Encourage loving relationships with self and others  
Encourage empathy toward self and others |
| 3. Preparing spiritually for death | Practicing P'bowa—the transference of consciousness at the time of death  
Play tapes and read texts with specific teachings from the lineage tradition |
| 4. Finding meaning in life | Reflect on positive accomplishments throughout life  
Accept self and others  
Perform loving acts, such as participating in research, donating organs, donating possessions |

*Data from Longaker.10
Evaluation of the Plan of Care

The hospice plan of care is successful when a patient is able to maintain his or her desired practice schedule. Asking patients about their ability to meditate and pray will help to establish the effectiveness of care planning. Documenting that the patient remained at peace during decline and the transition of death is also a method of determining effectiveness. A description of those present at the death, their activities, and the amount of time the body was left undisturbed also help document the individualized care planning.

Bereavement Support

If the family of the deceased is Tibetan Buddhist, specific prayers and practices are usually conducted during the 49 days after death. It is appropriate to make offerings of money to the family to contribute toward the ceremonies. The funeral may occur anytime after death is ascertained, and is often a cremation. Bereavement visits may or may not be requested during the 49-day interval. Interventions for support in the year following death will be typical of most patients. These interventions include grief support visits and referral for social support for family and friends.

**CONCLUSION**

Tibetan Buddhism is a rapidly growing religious tradition and one that requires specific care planning. Hospice professionals are dedicated individuals who strive to provide care relevant to the culture and religion of the patient. This article is one small step in the effort to provide education to the hospice community.

This article has focused on specific needs for practitioners who are at the end of life. Individual variations do exist among Buddhists. This is only a general framework. I suggest you seek out a practitioner from a local Buddhist group to give a presentation at your hospice to learn more about local practices.

**Acknowledgment**

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**References**
