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SPIRITUAL TRADITIONS

Asian Spiritual Traditions and Their Usefulness to Practitioners and Patients Facing Life and Death

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Reverend MADELINE KO-I BASTIS, B.C.C.[3] and
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James S. Gordon: In this panel we have three perspectives on working with people, with families, with patients with cancer, and working with caregivers both professional and nonprofessional at the end of life.

Leslie Blackhall is a physician and associate professor of medicine at the University of Virginia Medical School, where she is medical director of the school of geriatrics and palliative medicine, and research coordinator for the center of bioethics. She holds a master's degree in theological studies from Harvard Divinity School. She studied Tibetan medicine in the United States and India and served as medical director of the New Life Health Center in Boston, Massachusetts.

Leslie Blackhall: I want to start by telling a story to illustrate some of the terrible ways people are cared for at the end of their lives. It's the story of a patient I encountered in my third year of medical school. I was on medicine service, at the university hospital, and we were on rounds. I'd never met any of the patients before. We would receive a two-word description of their diagnoses from the intern, then walk in to their room. At one door, he said that the patient was in her fifties and had metastatic colon cancer, then we walked in. The scene in that room made such a vivid impression on me that I still have the visual memory seared on my brain. The patient could have been 80 and she was rolling around on the bed. She had ascites and looked like she was 9 months' pregnant. She was obviously in excruciating pain and her family was gathered around the bed trying to help. They were dabbing her forehead and looked at us in the way I imagine people on a sinking ship look at those who could throw them a life preserver, but we just stood there for a moment then we walked out of the room and closed the door. At the end of that encounter the resident turned and said, "She has bowel obstruction." That was all that was said about that patient and I believe she died later that day.

How could such a thing be allowed to happen? Research shows that more than 50% of people with cancer die in pain and many more of them die receiving painful, humiliating, and totally useless medical procedures. I want to explore whether there is anything in Asian spiritual techniques, or anywhere, that could help us improve this really horrendous situation.

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The first thing to mention is language. By this I mean the type of language doctors and nurses are taught to speak, the language of Western medicine. It is a very powerful language but it is also very reductive and analytical. It doesn't address suffering and human experience. Most of the money in the biologic sciences has been targeted at molecular biology and genetic causes of disease. The molecular biology of alcoholism is not a very good tool for looking at the social and psychologic context. Similarly, when my 31-year-old lady with widespread metastatic cancer says to me, "Why me?", explaining about the BRAC1 gene is no answer. One of the main problems is that the entire way hospitals and medical schools are set up flows from a system that simply does not recognize, and is unable to develop, a language to speak about human suffering. Physicians have no way to cope with it or talk about it; they have no other ways to understand illness and disease. We need to look at systems of thought that take into account people's consciousness.

Second, I'll look at the problems caused by the reductive way Western medicine deals with death. It is as if death was something extrinsic to us. Death is not extrinsic to us. Buddhism talks about death as being a natural part of what humans go through and yet, in our culture, we believe it is caused by external factors. This causes two problems. The first is the sneaking suspicion people in our culture have that, if you just take your antioxidants and eat your brown rice, then maybe it doesn't really have to happen to you. My patients will say to me, "How could this terrible thing have happened to me?" as though death means we're being punished for something, and this causes additional suffering. Also, the view of death as extrinsic causes a particular kind of weirdness in hospitals. It's a game called "it's not my fault." If death is seen as something that comes from outside and strikes us, then it must be someone's fault. Whose fault is it that the patient died? Half of the reason, in my opinion, that people end up in the intensive care unit intubated and on vasopressin agents is because family and doctor are colluding in this game of, "It's not our fault that he died because we did everything." Death doesn't have to be somebody's fault and, if we continue to view it as this weird external thing that happens to a small number of people, we're having a really distorted worldview.

Third, as we are worrying about our antioxidants and we're exercising aerobically for 20 minutes three times per week, it begs the question of what are we living for? Why do we want to live all this time? What is the meaning of a life bounded by death? Most of us spend our time worrying about a lot of stupid stuff. Does my shirt fit? I didn't have my name in big enough print on the program. . . . It's pretty ridiculous. If we remember that we're mortal human beings maybe we can give up a few of those things. As doctors and nurses, if we can ask ourselves the question, "What does it mean to be a doctor–if no matter how great a doctor I am, all of my patients will eventually die? "Maybe we would have a more realistic practice and maybe we wouldn't have to feel so guilty every time one of our patients died.

The fourth thing to mention is how we, as physicians and patients, can manage, if we are going to be looking more realistically at what really happens, what it really means to have stage IV breast cancer, to be present with the fact that we're mortal and that we might not heal from this. It is scary. There's a reason we all ran out of that poor lady's room at medical school. It was scary. Given the choice between feeling so awful and feeling nothing at all most of us escape into not wanting to feel at all. Maybe if we put the patient on a ventilator then we can think about ventilator settings. If we're going to not do that, if we're going to actually be present, to be witness for our patients and be with them in their suffering, then both doctor and patient need methods of managing the overwhelming amount of emotions that occur around death. That is not an easy thing to do. I think most people go into medicine because they want to cure everybody but the people you cure go home. It's the ones like that other lady that stay with you and whom you have to deal with.

The last thing I want to talk about is the way people are willing to think about death. What they would really like is, what I call the "off-button" theory, which is that you get to play golf and tennis and have your facelift and be looking really great until you're, say, 90 then

BAM, off! But that's not the way it usually happens and definitely not the way it happens with cancer. During the long slow decline that we often see, patients suffer multiple losses and the main thing they lose are pieces of their identities, whether it's what they look like or their professions, as people have their identities wrapped real tight around these things. When that goes, they feel as if they've already died. Most of the people who ask me for euthanasia do so because they feel whatever they held onto as their identity has disappeared and they can't find anything else.

In Tibetan teachings, one of the meditations emphasized is an analytic meditation, looking for the self. It's actually a very powerful technique through which you realize that you can't really find anything to hang yourself on and, in slow motion, that is what's happening with patients with cancer. Maybe we can help them go through that meditation and see that they aren't really that medical profession here or that long beautiful hair there, or whatever it was they thought they were. People who can do that, instead of finding their worlds shrinking find that their worlds open up; that the more they lose, the more they find; and the more they are able to understand the mysterious, immense mystery of the incredible nature of what they are. I think that is something we should all be doing. No matter what kind of therapies we are using for our patients, we need to realize that we also have to be present with them in their mortality; that, although we want to engender hope in our patients, we also make sure we are helping them be present with the present and to live and enjoy every moment because it is the only moment we can all be sure of.

JSG: Next is Reverend Madeline Ko-i Bastis. She's a Zen priest and the first Buddhist to be board-certified as a health care chaplain. Madeline is the director of Peaceful Dwelling project, a nonprofit that offers free retreats for cancer patients. She's the author of the book *Peaceful Dwelling: Meditations for Healing and Living* [Rutland, VT and Tokyo: Charles E. Tuttle, 2000].

Rev. Madeline Ko-i Bastis: I'll start with a story as well. Eight (8) or 9 years ago, my father was diagnosed with inoperable lung cancer and had about a month to live. One day, my mother called me and said he had fallen down but didn't want to go to the hospital. We took him to the ER [emergency room] and they intubated him against his will. In those days, there were no living wills or health care directives and my father looked at me begging me to pull the tubes out. He wanted to die. He didn't want to go through that and I didn't know what to do. I went to the hospital one day determined just to sit there and meditate for him, so he would have a peaceful death, but while I was on the way to the hospital, he died. I never got the chance to tell him that I loved him and I never had a chance to help him die the way he wanted to. As a result, I decided, possibly to atone for what I was unable to do, to train to be a hospital chaplain.

During my first year of training, I worked with many patients on a medical floor and, in a 9-month period, 83 patients I worked with and knew died. It gave me the chance, not only to atone but to really face death up close and personal and it opened up a tremendous amount of pain and sorrow. I had been practicing Buddhism for over 10 years but I had never really faced my own suffering. Working with these people helped me open up to that and it really changed my life. In the next couple of years, I began to bring the healing and empowerment, the courage I had found through my own meditation practice to others, to patients and also their caregivers. Although I am a Zen Buddhist I began to practice in the *Vipassana* tradition, and also, a little bit, in the Tibetan tradition and I developed what I call a palette of practices so, as I meet a patient or client or caregiver, I simply use whatever I think will work for that person.

It took me 3 years to become a hospital chaplain and I've worked with a lot of different people. It is often the chaplain who is given the job of telling a person that he or she is dying. It is challenging because, every time I look into the eyes of a person who's ill or dying, I see my own life and death. I don't know who said this but I like to remember it all the time: "With each in breath we are born, with each out breath we die. We are born and we die every instant over and over and over again." It's a practice of living in the present moment.

Let me use an example of one of my favorite patients, Lucy, who was dying of metastatic breast cancer. She was a really tough patient, she had been an oncology nurse, so she knew everything the doctors and nurses should be doing. Lucy was near death and she had been on intravenous feeding for several days and the first day they brought her semisolid food it was your typical hospital tray of gray, white, stuff, but on the tray was a tangerine and it glittered like a jewel. Lucy did not have the strength to break the skin so she asked me to do it for her. As I broke the skin the wonderful aroma of tangerine filled the room and Lucy said, "Aaaaah" and I think the goal in my practice is to help people come to that moment of "aaaah" . . . that, in the midst of their pain and suffering, there is "aaaaah" involved, that joy can be found.

In the Buddhist tradition, there is a real difference between pain and suffering. Pain is a given. If you break your leg, it's going to hurt. Suffering is everything we add onto it. Why did I fall? Why was that curb there? Will I ever be able to play tennis again? It is extra. Through meditation we can come to the point where we say: "Oh, my leg is broken." A couple of years ago, I drove into a tree. I was not drunk; it was not icy; nothing happened and as I drove into the tree I said: "Tree." My meditation practice had kicked in. The car was totaled and I had a bump on my head. The ambulance came and as they took me to the hospital my blood pressure was normal, my heart rate was normal, and they were amazed. That's where this comes in. "Oh, I wrecked my car." I didn't have to think about "Oh, my insurance rates are going to go up," which, of course, they did. Let's just deal with what's in front of us one step at a time.

Last, whether a family caregiver or professional caregiver, people worry that they can't cure everyone. There is a difference between curing and healing and all we can do is the best we can. I'll tell another story. A vacationer went to one of the islands in the Caribbean. He was walking on the beach and there were thousands of starfish that had washed up onto the shore and were dying in the sun. There was a little boy who was picking up the starfish and putting them back in the sea and the man asked: "What are you doing?" The boy said, "I'm saving the starfish." The man replied, "But it's impossible to save them all." The little boy said, "Then, I'll save as many as I can." I think that can apply to all of us who work, in some way, with those who are ill. That's all we can do: We'll save as many as we can.

JSG: Robert A.F. Thurman is professor of Indo-Tibetan Studies at Columbia University in the Department of Religion. He heads the American Institute of Buddhist Studies and is a founding member and current president of Tibet House, New York. In addition to a number of important translations his recently published works include, *Wisdom and Compassion: The Sacred Art of Tibet* [expanded edition by Rhie MM et al. (including Thurman) New York: Abradale Press, 2000], *Essential Tibetan Buddhism*, and *Inner Revolution: Life, Liberty and the Pursuit of Real Happiness* [New York: Penguin USA, 1999].

Robert A.F. Thurman: When I was an earnest young would-be monk, all of 22, I went to Dharamsala, in India. I ended up studying Tibetan medicine for about a year-and-a-half with Dr. Yeshi Dhonden. Later, I traveled with the doctor and translated for him. Studying Asian medicine and the ways of the people of Tibet, with its marvelous Buddhist civilization, changed my whole worldview. Tibetans believe their medical system comes from the Buddha. The Buddha was very concerned about healing people because he believed the human lifeform to be incredibly precious for those who attain it. Therefore, it should be prolonged as long as possible and kept in an optimal state of alertness, awareness, and "awakeness." In modern culture, we are very skilled at wasting the human lifetime that we have, usually living for immediate satisfaction and short-term victories and local successes instead of realizing that we have a chance to master, fulfill, and bring to fruition our long-range process of evolution. The reason Buddha wanted to help more people become Buddhas is that they then become immensely able to help others. The greatest healer of beings is, of course, the Buddha, the enlightened being. Instead of being confined within his skin, peering into a micro-

scope or stethoscope, the Buddha developed a kind of field-consciousness that expands from his coarse body and pervades all the fibers and atoms and cells of the beings around him—a kind of walking CAT [computed axial tomography] scan awareness.

To become a physician in the Tibetan system is basically to try to become a Buddha. Of course, not many will achieve it easily in one lifetime and so they have ways in which you can approximate being a Buddha. You meditate as a physician that the Buddha is present with you as you work to heal beings. You are taught to imitate the Buddha, because a Buddha is a perfectly compassionate being. Your motivation as a doctor is only to free others from suffering and you practice so that no notion of personal aggrandizement, no notion of fame or gain corrupts that motivation. The real skill of a healer has to do with really caring about the situation of the patient without ambivalence, without any unconscious resentment of that patient, without any exploitative, mechanistic, manipulation of the patient for one's own gain or profit, but really just to make that patient happy and free of suffering.

There are four different kinds of disease in Tibetan medicine that people might go to the doctor about. The first are called minor or incidental. These don't require medication but could require an adjustment in lifestyle or in diet. Lifestyle and diet are very much considered when dealing with peoples' health, in addition to social situations and the sort of tensions you bear in relating to others. The second are called diseases of this life. These are dealt with using medicine and that's when a Tibetan doctor would take you seriously. The third are called diseases caused by demonic possession or demonic affliction. For these, most Tibetan doctors would recommend you to a shaman or an exorcist, someone who could deal with whatever was bothering you from the spiritual plane, although they'd also give you medicine to calm you down and avoid depression. The fourth are diseases or disorders of karma, which are equivalent to the Western doctor saying something is genetic. For these, they send you to the lama to learn some prayers and meditations.

For diseases of this life, there are 18 different responses, the 18th being surgical intervention. They try 17 other things first, although they do have surgical techniques from Buddha's time. A very common error is the thought that the Asian medical traditions are holistic only and don't have a good analytic grasp of the nature of the world. That is not true. They have very elaborate botany, chemistry, and alchemy. How they prepare herbs, how they find them, how they combine 35 or more different ones in a particular medicine—all that is very technical. Good Tibetan physicians admire Western medicine for its analytic power, and its mechanical devices, except insofar as overrelying on machines makes many Western physicians unable to use the direct, intuitive, hands-on approach. In other words, you have to balance holism and analyticism.

There are 18 diseases that an enlightened master, Padma Sambhava, prophesied in the eighth century in Tibet. He said that, in the future, humans would tamper too much with the elements of earth, air, fire, and water in order to make profit and that, by tampering in this way, they would cause various kinds of pollution that would spread through the environment. Certain kinds of tumors and cancerous growths are included among those 18 diseases. A chameleon-like virus similar to acquired immune deficiency syndrome (AIDS) is there and neural afflictions similar to multiple sclerosis and Parkinson's. There is a great deal from the Asian medical tradition that we can use not just about dying and suffering but also about curing and healing. One of the most important things, I feel, is the shift of our vision from reliance on reduction to microparts to a grasp of the whole.

I know some doctors who were introduced to Tibetan medicine. They were frustrated with their practices despite helping a lot of people. One was a gynecologist. He would help his patients but realized that many of their problems came from the environment where they lived in abusive situations. He would treat them but they would come back with repetitions of the problems and he would feel unable to intervene in those situations. The one thing the medical institutions, with their current agendas, with their genome projects and their high-tech, high-cost developments, and their Viagra

(Pfizer, NY)—the one thing they are really unable to address is something such as cancer as an environmental disorder, the cure of which involves the cure of the whole demented industrial, exploitative, egocentric, consumerist, greedy, materialistic society. If you want to be a doctor according to Tibetan medicine or the Hippocratic oath, you have to deal with the whole commercial system that is contaminating the environment and causing so much disease in people.

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