The Guiding Principles for Care of Terminally Ill Patients within the Early Buddhist Texts

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1. Introduction

Today, in the field of medical care and nursing for terminally ill patients and the chronic mentally and or physically disordered, care staff, patients themselves and their families are equally faced with ethical issues concerning the way of living and dying.

This paper focuses on two current themes: how those who are involved in caring for terminally ill patients and chronic patients with mental and or physical disorders should think about patients' lives. Also, how should we be cared for when we ourselves contract senile dementia or other serious disabilities in the future? The writer shows that early Buddhist texts such as *vinaya* give us examples of guiding principles on the both issues.

Bioethical issues

Modern American bioethics has been influencing our country for the past 20 years. Since the actualities of brain death and organ transplantation have become facts, modern western ideas which emphasize utilitarianism and autonomy have extended to claim the 'Right to Die.' Hence, some western countries have legalized voluntary euthanasia and physician-assisted suicide. There are also judicial precedents supporting those actions.

A group promoting Songenshi ('death with dignity') in Japan, has claimed that to live in a so called 'vegetative state' is not considered to be living with dignity. Therefore, they have been demanding the legislation of a 'death with dignity' law. However, in Western countries, there have also been opposing views to the Right to Die—including voluntary euthanasia and the legalizing of death with dignity from the Roman Catholic Church, leading medical staff associations, and other groups insisting on patients' rights.

The field of medical care and nursing currently in Japan

Under present conditions, how does Japan care for and nurse seriously mentally or progressively physically disordered or terminally ill patients? Although there might be some

differences between care in homes and in facilities, a great number of care facilities and hospitals offer patients courteous nursing and care until the end of life. In the field of medical care and nursing, evaluating of quality of life from a viewpoint of utilitarianism has scarcely been heard of.

In terms of so called ‘extraordinary treatment,’ except for emergencies (where there should be exceptions), ‘ordinary,’ rather than ‘extraordinary’ medical care is given. Moreover, the choice of palliative medical treatment is given to the patients (informed consent). Non-voluntary euthanasia (mercy killing) as well as assisted suicide following voluntary euthanasia (killing by contract) is considered to be a homicide under criminal law.

The basics of nursing within Buddhist Texts

Texts such as *vinaya* give descriptions of the actual cases in which attending monks have abandoned nursing for terminally ill monks. Moreover, the terminally ill monks who had developed suicidal ideas after their long fight against illness, appealed to the attending monks to be killed by them, therefore, the attending monks killed the ill monks, in consideration of the ill monks’ pessimistic feelings.

Buddha took the lead regarding nursing for seriously ill monks who had been abandoned by other monks. He also established the basic guidelines for nursing ill monks by legislating the monastic rules, to which the author will refer in the next chapter.

Notwithstanding that the author mentioned in the former chapter about the current situation of medical care and nursing in Japan, in some environments, especially home nursing, some caring families complain about the stress of home caring saying “It’s like a living hell,” especially when patients have such serious illnesses as dementia senilis. As well, the media has publicized several cases of spousal double suicides (one spouse being the patient) or killing of a patient by contract.

These modern cases are nearly the same as those in Buddha’s time, when *vinaya* needed to legalize the rules. Toward those inappropriate actions, *vinaya* specifically gave us guiding principles about care and nursing. And *vinaya* also explains how the patients should receive care and nursing. What is certain is that the *vinaya*’s rules are most valuable in our time!

2. The guiding principles for nursing terminally ill patients

Paying a sympathetic visit to the patient and encouraging him.

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Buddha visited ill monks and encouraged them (S. xxxv. 87, xxii. 87, M. iii. 143, others omitted).¹⁾ And Buddha preached to disciples that the act of nursing should be praised (S. xxxv. 87, SA. II. 371).

For those who developed suicidal ideas, Buddha's leading disciples encouraged them to continue living (S. xxxv. 87).

Nursing meets the ideal of Buddhism.

Buddha took care of a seriously ill monk who was abandoned from nursing in *saṅgha*. The monk was alone, lying in his own waste. Buddha then preached to the disciples that to nurse patients meets the ideal of Buddhism.²⁾

Abandoning nursing is a sin.

Generally, the abandonment of nursing patients was considered a transgression of *pācittiya* (Vin. II. viii etc.) or *vinayātikrama* (摩訶僧祇律 28).

However, the following act was legalized as a commandment against the destruction of life. After nursing a monk for a long time, the attending monk stopped nursing because he thought that the ill monk would die from his serious illness. Soon after, the ill monk indeed passed away. The nursing monk was sentenced to *thullaccaya* (which is the attempted sin of *pārājika*) (十誦律 58). Although consequence is taken into consideration, it is characteristic of Buddhist ethics to emphasize the motive. This is the equivalent of “letting die” or the “withdrawal of life support” in our time.

Giving priority to nursing

Buddha taught the disciples to place priority on nursing rather than other duties of *saṅgha* (摩訶僧祇律 28).

Keep nursing as long as the patient lives.

Vinaya is described in this way, below:

“One should continue nursing as long as the patient lives, and wait till the patient recovers.” (Vin. I. 25, 26)

Admonitions for nursing monks

Nursing ill monks is the duty of each member of *saṅgha*. However, the following types of monk are shown as inappropriate nursing monks.

Those who can't prepare medicine (or ask the skilled physician to consult), those who can't understand the patients' symptoms, those who take care of patients only due to self-interest, those monks who lack compassion and benevolence to patients, who hate remov-

ing excrements, and those who can't make patients happy by the teaching of dhamma (*Vin.* I. viii, 摩訶僧祇律 28, etc.).

'Nearing death' questions and answers

In situations where an ill monk was nearing death, after paying a sympathetic visit and confirming that the patient was in the final phase of the terminally ill, Buddha or his leading disciple would ask about the patient's practice and doctrine of Buddha. After receiving an answer, Buddha would give the prediction (*vyākaraṇa*) of *nibbāna* (*S.* xxii, 87, 88, xxxv, *M.* iii, 雜阿含 37).³⁾

Prohibition against praising death

Those who have killed their patients, promoted death as an acceptable choice to their patients, or recommended suicide to patients who consequently then committed suicide are condemned to exile from *saṅgha* (*pārājika*).

Prohibition against assisting a patient's suicide

Those assisting in the patient's suicide due to a patient's serious pain or the patient's suicidal intentions following a pessimistic view of life, and those killing the patient who requested to die, have the worst penalty imposed: i. e. *pārājika* (五分律, 摩訶僧祇律, etc.). They are examples of the prohibition against voluntary euthanasia and assisted suicide. The author might comment that *vinaya* considers an attempt at suicide as a sin, but it does not accuse a suicide (one who has already committed suicide: the dead) of a sin or a crime.

3. How do patients receive adequate medical treatment and nursing?

Vinaya and *Nikāya* (*A.*v, 123, 十誦律 28, etc.) describe conditions where a seriously ill patient receives adequate nursing with the following phrases. There is the self-awareness of the patient, that is to say, the patient hasn't a bad character, who communicates well with the nursing monk, and listens honestly to the nursing monk's advice, who can complain about the state of his illness, who can follow dietetics, who keeps compliance and doesn't reject medicine, who is patient with the distress of illness, and who spends appropriate time in recuperation.

Texts mention more conditions in which the patient (ill monk) can stand terminal intense pain. Also, the ill monk who can show compassion for the attending monk will recover quickly. Consequently it is difficult for attending monk to nurse ill monks in conditions totally different attitudes of the above. The descriptions above show us that such

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troubles must have existed for the attending monks back then in the Buddhist Order.

The fact that *vinaya* needed to legalize the rules, as mentioned above, might also be a precursor of the present time. The author has shown clearly that the above mentioned rules i.e. the guiding principles from the early Buddhist Texts are fundamentally the same as the ethical requirements for modern medical care and nursing, with the exception of the modern development of palliative care.

Notes

1) Abbreviations. *S*: *Samyutta Nikāya*, *SA*: *Samyuttanikāyaṭṭhakathā*, *A*: *Anguttara Nikāya*, *M*: *Majjhima Nikāya*, *Vin*: *Vinaya Piṭaka*, *VA*: *Vinayaṭṭhakathā*.

2) . . .yo bhikkhave maṃ upaṭṭhaheyya so gilānaṃ upaṭṭhaheyya . . . (Vin. I. viii. 26)

3) Koike, K. “Nearing-death Questions and Answers and Nursing for the Seriously Ill Patients.” *Bukkyōgaku-Kenkyū*, 62/63, 2007 (in Japanese).

〈Key words〉 terminal care, guiding principles of nursing, prohibition against euthanasia and assisted suicide, *vinaya*

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