

# THE RIGHTS TO DIE: BUDDHIST PERSPECTIVE

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## Abstract

This research is of objective to study and research on the life, death, dying, and the will to die in Buddhist perspective in comparison with western concept. On life, western idea concerns only the physical formation of the body with the period of living, i.e. from birth to death. Medical treatments involve in case of sickness or implement of the defect physical part of body, or even to extend life. One question arises as to the right or wrong practice for doctors and relatives to follow the will to die of the patient at the end of life. In Buddhist perspective, life comprises of both physical body and mind, originated by the inception in mother's womb through delivery, grows up, old age, decay, and death. In case of life and death, nobody can resist the power of kamma. The state of mind of a person before and dying moment is different. Buddhism does not agree with the will to die as in current trend in medical treatment at present.

**Keywords:** Buddhist Perspective; Life and Death; Rights to die

## Introduction

Before going to the topic "The Rights to Die: Buddhist Perspective", it should be wise to state the meaning of life and death in Buddhist context. Life begins from the inception of rebirth-consciousness (Paṭisandhiviññāṇa) in mother's womb which occurs by association of spermatozoon with ovary and sudden rebirth-consciousness. A zygote grows up gradually in mother's womb for about nine months until delivery and becomes a baby upto his old age and dies in the end. The life in the format of physical body lasts during this period. After the dissolution of the body, occurs the death. In the state before death, we call dying. In the western context, although most people tend to think of death as a unique event, there are many definitions of the terms. According to the "Random

Dictionary of the English Language, death is the act of dying: the end of life: the total and permanent cessation of all the vital functions of an organism.” (Flexner, 1987) This definition is closest in meaning to biological death, the irreversible breakdown of respiration in an organism and the consequent loss of the ability to use oxygen. When respiration and heart-beat cease, oxygen is no longer inhaled and diffused by the lung into the blood; when the heart fails, oxygenated blood no longer flows through the blood vessels. However, at the present trend, there is a question arising as to dying, furthermore the will to die of the life owner. What are the suitable or right ways to be acted or practiced by clinical doctors or relatives. Does this action violate the religious ethics or state laws and regulation. Thus the researcher has a willing to study and analyze the topic of “The Rights to Die: Buddhist Perspective” to find the proper answer and the means to solve this problem for the Buddhists.

### **Research Objectives**

The research study is meant to give a full description of the life and death both in western concepts and Buddhist interpretation to cope with the current trend on the “the rights to live; the rights to die; and the will to die” in the viewpoints of laws and Buddhist perspective. It is assumed that the recommended answer would be of a good advice for all concern in Thai society.

### **Research Methodology**

This research is a kind of qualitative research with focuses on bibliographies and documents on the western concepts and Buddhist perspective. The data collected will be brought to study, compare, analyze, and synthesized as a body of knowledge, publish as an academic paper for further public issue.

### **Research Results**

1. Life, Death, Dying, and the Will to Die in the Western Concepts

#### 1.1 Life

What is life? Evolutionists regard life as an exclusively material process. In this particular, Dr. Werner Giff refers to B.O. Kupperts mentioning four necessary criteria for the existence of life:

- a. The ability to procreate
- b. The ability to mutate
- c. The ability to metabolic interchange (change), and
- d. The ability to evolve in the Darwinian sense

The evolutionistic definition of life leads to the simple formula: Life = complex matter = a function of (chemistry + physics). For many years, a new science informatics has progressively been growing in importance. From this vantage point, completely new insight into the true nature of life emerged. E. Jantsch believed that natural history, including the history of man, could be regarded as the history of the organization of matter and energy. Matter and energy are necessary aspects of living forms, but they do not fundamentally distinguish between living and inanimate systems. "Information" is, however, a basic characteristic of all sentient beings. This does not mean that life has now been explained, but a very important factor has been mentioned. Even at the lowest level, in the case of viroids, which are simpler than viruses, where we have single molecules of nucleic acid, information is the distinguishing entity. Without a doubt, the most complex information progressing system is a human being. Even when applying the theorems mentioned initially, we can now formulate a further equation as :

Life = material part (physical and chemical aspects) ++ non-material part  
(information having an intellectual source)

It can be seen that western viewpoint looks the life as body structures and organs of sense and emotion, that is to say, the physiological structures.

## 1.2 Death

What is Death? Death is the permanent end of the life of a biological organism. Death may refer to the end of life as either an event or condition. In many cultures and in the arts, death is considered a being or otherwise personified, wherein it is usually capitalized as "Death".

Definition of death reflects the fundamental human and social understanding of the difference between life and death. This distinction un-

derlines all issues related to determination of death and all approaches designed to identify whether or not the condition exists that society has defined as death. Above all, determination of death must be based on a definition that discriminates between real and only apparent death. This is essential in order to be as clear as possible about who is to be included among those who are alive or dead. It would be just as wrong to treat the dead as if they were living as it would be to treat the living as they were already dead. The dead are no longer alive; the living are not yet dead. (Charles A. Corr, Clyde M. Nabe, and Donna M. Corr: 2000). Although most people tend to think of death as a unique event, there are many definitions of the term. According to the Random House Dictionary of the English Language (Flexner, 1987), death is “the act of dying; the end of life: the total and permanent cessation of all the vital functions of an organism.” This definition is closest in meaning to biological death, the irreversible breakdown of respiration in an organism and the consequent loss of the ability to use oxygen. When respiration and heartbeat cease, oxygen is no longer inhaled and diffused by the lung into the blood; when the heart fails, oxygenated blood no longer flows through the blood vessels.

When the body dies, cells in the higher brain centers, which are very susceptible to oxygen deprivation, die first. This usually occurs within 5-10 minutes after the supply of oxygen is cut off. Next to die are cells in the lower brain centers, including those in the medulla oblongata the regulator of respiration, heartbeat, and other vital reflexes.

To sum up, the definition and determination of death are not exclusively medical matters; ethical, legal, and economic considerations are also important. In certain legal cases, an exact moment of death must be established, difficult thought it may be. Furthermore, legal, ethical (moral), and economics factors are involved in deciding when to “pull the plug” or stop treatment of a critically brain-damaged patient in an irreversible coma or when to attempt a costly heart transplant that may prolong life for a year or less. Physicians and medical researchers are concerned principally with the biological or medical aspects of death and dying, but they also must be sensitive to the legal, ethical, and economic ramifications of the treatments they provide.

### 1.3 Dying

Dying may take hours or days. No one can predict the time of death, even if the person is exhibiting typical end-of-life signs and symptoms.

The following describes the physical symptoms which one may observe:

1. Coolness. Hands, arms, feet, and legs may be increasingly cool to the touch. The color of the skin may change and become mottled. How you can help: Keep the person warm with comfortable, soft blankets.

2. Confusion. They may not know time or place and may not be able to identify people around them. How you can help: Identify yourself by name before you speak. Speak normally, clearly, and truthfully. Explain things such as, "It's time to take your medicine now." Explain the reason for things, such as, "So you won't start to hurt."

3. Sleeping. An increasing amount of time may be spent sleeping. The person may become uncommunicative, unresponsive, and difficult to arouse. How you can help: Sit quietly with them. Speak in a normal voice. Hold their hand. Assume they can hear everything you say. They probably can.

4. Incontinence. They may lose control of urinary/bowel functions. This is a common change that occurs during the end of life process. How you can help: Keep your loved one clean and comfortable. Ask your hospice nurse for advice.

5. Restlessness. The person may make repetitive motions such as pulling at the bed linen or clothing. This is due in part to decrease in oxygen. How you can help: Do not interfere with these movements or try to restrain them. Speak in a quiet, natural way. Lightly massage their forehead. Read to them. Play soothing music.

6. Congestion. There may be gurgling sounds inside the chest. These may be loud. This end-of-life symptom does not indicate the onset of severe pain. How you can help: Gently turn their head to the side to drain secretions. Gently wipe their mouth with a moist cloth.

7. Urine decrease. Output may decrease and become tea colored. How you can help: Consult your hospice nurse.

8. Fluid and food decrease. Your loved one may want little or no food or fluid. The body will naturally conserve energy required for the task ahead. Food is no longer needed. How you can help: Do not force them to eat or drink if they don't want to. It only makes them more uncomfortable. Small chips of ice or frozen juice chips might be refreshing. A cool, moist

cloth on their forehead might help.

9. Change in breathing. The person may take shallow breaths with periods of no breathing for a few seconds to a minute. They may experience periods of rapid, shallow panting. These patterns are common and indicate decrease in circulation. How you can help: Elevating their head or turning them on their side may bring comfort. Hold their hand. Speak gently.

10. Fever. Increase in temperature is common. How you can help: Consult your hospice nurse. A cool, moist cloth on their forehead may bring comfort.

As the end-of-life physical changes occur, your loved one is completing important work on another level. Emotional and spiritual changes may be manifested. The next section describes the appearance of these tasks.

#### 1.4 The Will to Die

Human beings realize the inevitability of death, but they often find it difficult to apply this understanding to themselves. Death has become less visible today than in former times, and this very fact supports the avoidance or denial of its inevitability. Direct experiences with death are unusual for most people, although vicarious exposure through news stories and motion pictures is common. Interest in death and dying has increased during the past three decades, although formerly it was a somewhat taboo topic in western nations. Academic courses, books, media stories and dramatizations, and research investigations concern with the topic have increased since the 1960s.

Thanatology, the study of death and dying, is an interdisciplinary field. Specialists in a variety of natural and social science disciplines, theologians, lawyers, and historians are interested in the problems of death, dying, and bereavement. The interdisciplinary focus of thanatology is reflected in the content of this book, which deals with biological, psychological, sociological, philosophical, theological, legal and even commercial matters concerned with death and dying. Many research and educational projects concerned with death, dying, and grief are supported by private foundations and governmental agencies. These foundations, agencies, and other organizations composed of professional people, public officials, and laypersons usually focus on one or more specific issues concerning death

and dying. A variety of methods and materials are employed in research on death and dying. Nonexperimental procedures such as correlational techniques and surveys are more common than experimentation. Longitudinal and cross-sectional, prospective and retrospective research design are all employed. Methods for assessing dependent or outcome variables in these studies include observations, interview, questionnaires, rating scales, inventories, and tests.

Following are the examples of dying and surviving as to The Dying Person's Bill of Rights

- I have the right to treat as a living human being until die.
- I have the right to maintain a sense of hopefulness, however changing its focus may be.
- I have the right to cared for by those who can maintain a sense of hopefulness, however changing this might be.
- I have the right to express my feelings and emotions about my approaching death in my own way.
- I have the right to participate in decisions concerning my care.
- I have the right to continuing medical and nursing attention even though "cure" goals must be changed for "comfort" goals.
- I have the right to die alone.
- I have the right to be free from pain.
- I have the right to have my questions answered honestly.
- I have the right to not to be deceived.
- I have the right to have help from and for my family in accepting my death.
- I have the right to die in peace and dignity.
- I have the right to retain my individual and not to be judged for my decision which may be contrary to the belief of others.
- I have the right to expect that the sanctity of the human body will

be respected after my death.

- I have the right to be cared for by caring, sensitive, and knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death. (Karen C. Sorenson and Joan Luckmann, *Medical-Surgical Nursing: A Psychophysiologic Approach*, (3rd ed.) Philadelphia: W.B. Saunders, 1979).

The trend of “the will to die” becomes popular in western countries, and in Thailand there is also some legal articles prescribed. It is a dilemma for doctors and the patient’s relatives to consider and make decision.

The living will is probably going to be of more use outside a legal framework, that is, in the more informal decision-making in everyday clinical practice. Clinicians (and by that I mean all those involved with the care of patients – nurses, doctors, physiotherapists and others) are becoming increasingly comfortable with the concept that the patient is an autonomous individual capable of being involved in decisions about his or her disease and treatment. They now find it difficult when the patient is unable to participate either because of physical or mental incapability. The existence of a living will would provide the team with some of the patient’s clearly expressed wishes. This might also enable medical and nursing staff to discuss the issue with relatives of the patient, hopefully reducing some of the anger and guilt that can sometimes occur at these stressful moments, since it would help the family to know that they are complying with the expressed wishes of their loved one. But it would be wrong to give the impression that the existence of advance directives or living wills would solve all the problems faced by families, relatives, careers and health care professional in this very difficult area of current practice.

The living will is not present a recognized legal document in this country and there is no standard of words, since it is difficult to draft a document that is clear and unambiguous. This means that there could be some difficult over interpretation. Is the condition the patient is now in the one imagined when the living will was made? Also it is frequently difficult for clinicians to make predictions about expected degree of recovery and prognosis especially in the early stage of illness, particularly with trauma and head injury.

There is a question of how long a living will could be considered valid. Is



a living will signed at the age of 18 still applicable when the patient has a stroke at the age of 60? It is certainly very difficult to be sure that a level of handicap considered unacceptable to a young person would still be so to an older person who may have adjusted to a certain level of incapacity. The problem could be easily addressed by putting an expiry limit on the wills: in some states in the USA living wills have five- or seven- year limits. This often has to be clarified in the case of demented patients by confining it a period before the onset of the incapacity.

Euthanasia remains illegal in this country and therefore it should be remembered that a living will or advance directive can only give instructions about consent to treatment. It cannot request any health care professionals or other relatives to intervene actively in order to shorten the life of the patient.

There is also the currently existing confusion between when a treatment is considered to be life-saving and when it is life-sustaining. Life-saving treatment would include such measures as cardiopulmonary resuscitation, emergency surgery and intravenous antibiotics. Life-sustaining treatment is generally considered to include such things as artificial provision of food and fluids, for example, drips and tubes.

It seems that the professionals are far from feeling comfortable about the possible uses and value of living wills in practice. However, there is an undeniable public demand to be involved in these decisions and a fear of what medical technology is now able to do which might prevent people dying on their own terms and ‘with dignity’.

The problems and issues of advance directives cannot be ignored, and some safeguards would be necessary to ensure that the patient was clear about what he or she was signing and that families and careers were involved in the decision-making process. Health care professionals need to keep up to date with legal developments about living wills and their roles and responsibilities with respect to them. Living wills and other forms of advance directives may have a significant role to play on allowing patients to have a say in decision about their treatment even if they are incapacitated at the time the decision needs to be made.

## 2. Life, Death, Dying: Buddhist Perspective

### 2.1 Life

Life formation as a human being begins with a rebirth-consciousness rooted in the mother's womb while the father's spermatozoon ejected into the ovary. Otherwise the inception is not possible. About four weeks or one month, the zygote gradually grows up from Kalala, Ubbuda, Pesi, Ghana, and Pañcasākhā, since then until to the full shape of a baby in the mother's womb. After nine or ten months a child delivers from mother's womb into the world, grows up year by year into youth upto old age and dies in the end. The period of this continuous living, it is call life. (Saṃ.sa. (Thai) 15/235/337).

Actually in Buddhism, what we call the life comprises of Mahābhūtarūpa, The 4 Primary Elements or primary matters, i.e. earth, water, fire, and wind. Along with these primary elements, there appears Upādarūpa or Cīpādāyarūpa, the twenty-four sensitive material qualities, i.e. eye, ear, nose, tongue, body, form, sound, smell, taste, tangible objects, femininity, masculinity, physical basis of mind, heart-base, material quality of life, vitality, material quality of nutrition, eligible food, space element, bodily intimation, verbal intimation, agility, elasticity, adaptability, growth, continuity, decay, impermanence. (Phra Brahmagunabhora (P.A. Payutto, 2553).

In brief, life is the Five Groups of Existence or Five Aggregates, i.e. Corporeality, Feeling, Perception, Mental Formation, and Consciousness. (Saṃ.Kha. (thai) 17/58/56-57). However, the aiding condition supporting life going on is nutriment, comprising of for kinds, i.e. material food, contact as nutriment, mental choice of nutriment, and consciousness as nutriment. Life is going on by way of Kamma or action ever done in the past life and present. Kamma or action is volitional action, there are twelve actions; i.e. immediately effective kamma, kamma ripening in the next life, indefinitely effective kamma, lapsed or defunct kamma, reproductive kamma, consolidating kamma, frustrating kamma, supplanting kamma, weighty kamma, habitual kamma, proximate kamma, and reserve kamma. Truly speaking, Buddhism focuses on conditioned arising, the so-called Paṭiccasamuppāda, starting from ignorance, kamma-formation, consciousness, mind and matter, the six sense – bases, contact, feeling, craving, clinging, becoming, birth, decay and death. There also arise sorrow, lamentation, pain, grief and despair. (Saṃ.ni.(Thai) 16/1/1-3). As state earlier, as life goes on, whatever action, good or bad all yield result in a good or bad manner, accumulates, and effects to life at present or in future. Paṭiccasamuppāda causes a circle of life or rebirth. It can be said that by law of Kamma, all life subjects to birth, decay, and death. During

these periods, a period of living, it is called “life” in Buddhist concept.

## 2.2 Death

On the contrast with life, the opposite of life, that is the death, we learn that by combination of the five aggregates arises a life. Contradictorily, when occurs disorder among the five aggregates, easy to say, the separation of physical matter and consciousness, life comes to an end, that is the death. In another word, when there is no relation among the four elements, a life is broken. As mentioned earlier, life depends on food and another requisites like air and water, but also is continued with Kamma and determination of age. In the circle of life, life stands through birth, decay, sickness, and death.

## 2.3 Dying

Death arises due to the dissolution of the body. Death is terminated by food or nutrition, decay and kamma. In the state of dying, Buddhism ignores physical appearance but mentions a sign appearing before the dying. It is called Nimita. There are three nimitas or signs, i.e. (1) kamma –sign of oast deed either wholesome or unwholesome volition accumulated when he is alive; (2) Kammanimita – object of sense he holds at a time of dying; (3) Gatinimita – a picture as a sign of the next rebirth appears before the dying, for example a big iron bowl as sign of hell; mother’s womb, cloth and vehicle as a sign of to be born as human being; and figures of heaven tree, celestial abode, and bedings as a sign to be born in celestial world, etc. To this Buddhist concept, when anyone is dying, relatives and friends usually sit near and whisper to his ear to recall on The Triple Gem, with the first word of “Buddho”, etc. , in order that the dying shall hold his object of sense focusing on wholesome volition bywhich he could be born in the blissful states of existence.

## 2.4 The Will to Die

In Buddhism, all creatures depend on their past volitional action. No one can avoid his deed, either wholesome or unwholesome. No one knows when the death comes, today or tomorrow. Thus one must be in hurry to do wholesome just today. Good deed shall bring good luck and even a good dying to him. As kamma directs the live of a person. No one can resist the power of kamma even at a time of dying. One should be aware that when a person observes another people being suffered seriously as dying, and he himself does not want to be in the same manner like that.

So he may express his will to relations, friends, or even doctors and nurses in writing to cure or not cure in such manner. It is true that the will is made while he is of full sound mind, i.e. full recollection and awareness. But time changes, and circumstance also changes. While he is dying, probably in the state of coma, he lost his recollection and awareness. He could not move or even open mouth to speak, but no one knows his thought on his previous will. In Buddhism the wise advice is to let the dying die naturally according to his kamma.

## **Conclusion**

Looking into consideration of life, death, dying, and the will to die, there are so many aspects different between western concepts and Buddhism. Followings are the points to be concluded:

1. Regarding the life, western idea considers as the physical components, focusing on physical body more than mind. But in Buddhist concept, life comprises of both physical body and mind of which result from kamma, volitional action from past life. A physical body is corporeality which other four elements- feeling, perception, mental formation, and consciousness are included in corporeality. So far these components exist, life remains and goes on. If dissolution arise, the life is destroyed, and comes the end of life. Life is the causes of rebirth in the circle of life in accordance with the rule of Paṭiccasamuppāda – The Dependent Origination.

2. Kamma or the volitional action regulates every life and living, even the birth, decay, sickness, and death of a person. All creatures depend on their deed, thus whatever the will a person states while he is full of sound mind, but at a time of dying, he cannot resist his destiny. Lack of recollection and awareness at dying bed, how can a relative, friend, doctor and nurse penetrate his thought? No one be sure of his old volition or a new change at dying. Whatever will be, it would be according to his destined kamma. If a person must die, he shall die naturally by the way of his kamma. This is the Buddhist idea of the life, death, dying, and the will to die.

## **Recommendations**

1. Recommendations on application of this research into practice

In this modern world, new concepts have been brought into study in various universities. Many academicians run after western thought and

idea without the background of Thai belief and culture. Buddhism has influenced over Thai thought and idea for a long time. So Buddhist teachings should be brought into comparatively consideration. It is responsibility of the Buddhist Scholar to give a right answer to the society, especially to doctors, nurses, as well as legal organization concerned, leaving final decision making to their own.

## 2. Recommendations for further research

For further study and research followings are topics to be recommended:

- a) Buddhism and the will to live
- b) Buddhism and the will to die
- c) Preparation for death in Buddhist perspective

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