

BUDDHIST APPROACH TO IMPROVE THE QUALITY OF LIFE OF PALLIATIVE PATIENTS

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ABSTRACT

This article presents the Buddhist approach to improve the quality of life of palliative patients. Basically, the requirements of the palliative care accessibility to the population in primary health care. The health care professionals working, in this context have access to quality training in palliative care. The ultimate goal of palliative care is to improve quality of life for both the patient and their family, regardless of diagnosis. Although palliative care, unlike hospice care, does not depend on prognosis, as the end of life approaches, the role of palliative care intensifies and focuses on aggressive symptom management and psychosocial support. This study is focusing on the quality of life of palliative patients. The findings show the four sublime state of mind is the principles used in palliative care patients. To use in palliative care patients, it needs to cultivate the four sublime states of mind. Likewise, Buddhist approach for improve the quality of life of palliative patients, meditation is one of the alternative medicines with several health benefits in adults and elderly people including cognitive and physical function. The practical application of meditation is what will enable used in palliative care patients. Therefore, this article might not only be beneficial to all palliative patients and also for the followers of Buddhism who interesting to improve the quality of life of palliative patients..

1. Introduction

Palliative care is an important public health issue. It is concerned with the suffering, the dignity, the care needs and the quality of life of people at the end of their lives. It is also concerned with the care and support of their friends and families. Palliative care is the prevention and relief of suffering of any kind physical, psychological, social, or spiritual experienced by adults and children living with life-limiting health problems. It promotes dignity, quality of life and adjustment to progressive illnesses, using best available evidence. Palliative care for children represents a special field in relation to adult palliative care.

Palliative care for children is the active total care of the child's body, mind, spirit, and also involves giving support to the family. It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease. All people, irrespective of income, disease type, or age, should have access to a nationally determined set of basic health services, including palliative care. Financial and social protection systems need to take into account the human right to palliative care for poor and marginalized population groups.

The requirements of the palliative care accessibility to the population in primary health care; the health care professionals working in this context have access to quality training in palliative care. According to Buddhism, suffering is very common and inherent to all human beings. If we can advise on how suffering can be reduced in the course of serious illness might be helpful to patients with incurable and progressive diseases. It is a part of a palliative care to identify patients' spiritual needs and can be advice on how suffering can be reduced in the course of serious illness might be helpful to palliative patients.

Palliative care could benefit from Buddhist insights in the form of compassionate care. Buddhist teachings may lead to a more understanding of incurable diseases and offer patients the means by which to focus on their minds while dealing with physical symptoms and ailments. This might not only be beneficial to all palliative patients and also for to the followers of Buddhism who interesting to improve the quality of life of palliative patients.

2. What is the Palliative Patients Care?

The term palliative care defines as the prevention and relief of suffering of adult and pediatric patients and their families facing the problems associated with life-threatening illness. These problems include physical, psychological, social and spiritual suffering of

patients and psychological, social and spiritual suffering of family members.¹ Thus, the goal of palliative care is to relieve the suffering of patients and their families by the comprehensive assessment and treatment of physical, psychosocial, and spiritual symptoms experienced by patients. As death approaches, a patient's symptoms may require more aggressive palliation. As comfort measures intensify, so should the support have provided to the dying patient's family. After the patient's death, palliative care focuses primarily on bereavement and support of the family.² Palliative care recently, as originally envisaged, spread to concern for the often-complicated pain suffered by people with other life-threatening diseases.

Palliative care focuses primarily on anticipating, preventing, diagnosing, and treating symptoms experienced by patients with a serious or life-threatening illness and helping patients and their families make medically important decisions. The ultimate goal of palliative care is to improve quality of life for both the patient and the family, regardless of diagnosis. Although palliative care, unlike hospice care, does not depend on prognosis, as the end of life approaches, the role of palliative care intensifies and focuses on aggressive symptom management and psychosocial support.³ Palliative care giving the best available medical care and making the advances of recent decades fully available.

Likewise, Palliative care helping patients and their families understand the nature of illness and prognosis is a crucial aspect of palliative care near the end of life. Additionally, palliative care specialists help patients and their families to determine appropriate medical care and to align the patient's care goals with those of the healthcare team. Finally, establishing the need for a medical proxy, advance directives, and resuscitation status is an integral part of palliative care at the end of life.⁴ Many people need better care towards the end of life. As well as providing this, health care systems must plan now for the care need in the future.

The next stage is surely palliative care into mainstream medicine and a determined programme of both professional and public education. This aim is to give not only relief but also the possibility of choice to each individual and family, a possibility often sadly lacking at

¹ World Health Organization WHO, **Integrating Palliative Care and Symptom Relief Into Primary Health Care**, (Switzerland: World Health Organization, 2018), p. 5.

² Robin B. Rome, et al., The Role of Palliative Care at the End of Life, **The Ochsner Journal**, Vol. 11, (2011): 348–352.

³ Ibid.

⁴ Robin B. Rome, et al., The Role of Palliative Care at the End of Life, **The Ochsner Journal**, Vol. 11, (2011): 348–352.

present. The family, itself the main caring team in the community, needs the advice of a multidisciplinary group of professionals if it is to reach its own potential for enabling patients to live as fully as possible to the end of their lives. Sound memories will then enable the bereaved to experience a satisfaction that helps them live on.⁵ The use of palliative care as synonymous with end of life care, however, created confusion regarding the exact content of the various concepts, the stage of life to which these concepts refer and the patients for whom they may be appropriate.

Furthermore, the Palliative Patient refers to the patients with illness in the period cannot be cured. The patient will have a time of living, limited or about 6 months, which takes care of the final stage of life, concept, and principles of care. The prop is dedicated to promoting happiness and relief from the symptoms and supports mental, social and mental support. Patient and family spirit so that patients can take a long time at the end of a happy life.⁶ So, in everyday practice, palliative care is frequently introduced at a later stage in a life-threatening disease, thereby defining itself as care given to a terminally ill patient.

3. Problem in Palliative Patients

Palliative care provides care in the relief of pain and other distressing symptoms by early identification and impeccable assessment. The problems of the people suffering from incurable diseases are multiple and multi-dimensional. Also, suffering caused by the same problem differs among individuals. To provide effective and quality palliative care services, the health care team needs quality information about what the patients really need and what are their priority problems from their own point of view.⁷ Normally, there are a large number of the patient needs remain unmet because not all take the initiative to make their problems known. Most of the patients do not report their problems because they are unaware of available services.

As far as requirements relating to the patient care, palliative care is complex. Which must satisfy both the mind and body to relieve pain. Agony and discomfort that occurs with the patient and family can help patients and families coping with illness. And the life was very valuable and a good quality of life until the end of her life, so take care that requires

⁵ Elizabeth Davies and Irene J Higginson, **Palliative Care**, (Denmark: World Health Organization Regional Office for Europe, 2004), p. 7.

⁶ Kittikorn Nilmanut, **End of life Care**, (Songkhla: Chanmuang Publishing, 2555), p. 39.

⁷ Arun T. Mithrasan and Gomathy Parasuraman, et al., Physical Problems and Needs of Patients in Palliative Care Center, **International Journal of Community Medicine and Public Health**, Vol. 4, Issue 11, (2017): 4145-4150.

a multidisciplinary team and all parties. The nurses are the backbone for importance and role in the care of patients to palliative care services to relieve symptoms. Suffering and discomfort are involved. Obstacle's importance of palliative care is pessimistic. About palliative care which is seen as Euthanasia or the intentional death. The attitude is built on the base of the denial of death. Or horror crash if people have a correct understanding of fear is reduced.⁸ So, it is important all the dimensions when treating patients with life limiting illnesses.

Additionally, palliative care is not end of life care; its aim is to relieve suffering in all stages of disease. Along with medical care, palliative care is provided at the same time when curative or life-prolonging treatments begins. To achieve good palliative care, good psychosocial care is important. The patients not only require physical control of disease and symptoms, but also need help to cope up with other elements caused by the disease. Psychosocial aspect of the patient is usually left unmet. These psychological and social problems along with fear of death causes disruption of the sensitive balance between the body and mind. Proper communication, treatment and counselling helps in a great way to tackle such issues.⁹ Thus, the healthcare professionals take a person-centered holistic approach towards identifying pshycho-social problems and its causes in vulnerable group.

The pattern of disease at the end of life is changing and more people are living with serious chronic circulatory and respiratory diseases as well as with cancer. More people will need help at the end of life, in a social context of changing family structure and wider migration, employment and ageing of potential caregivers. Despite evidence of dramatically increased need for supportive and palliative care, this area has been relatively neglected in health policy and research. Coordinated care allows more people to die at home, if they wish, and specialist palliative care is associated with a range of better outcomes for patients and their families. There is also some evidence for the role of palliative care for cardiovascular, respiratory and dementia patients.¹⁰ There is evidence on unmet needs among older people in the areas of pain relief, information, communication and preferences for place of care. The

⁸ Chutikan Hareutai, and Sirima Leelawong, et al., **Palliative Nursing Service**, (Nonthaburi: Suetawan Publishing, 2559), p. 8.

⁹ Arun T. Mithrasan, and Gomathy Parasuraman, et al., Physical Problems and Needs of Patients in Palliative Care Center, **International Journal of Community Medicine and Public Health**, Vol. 4, Issue 11, (2018): 1.

¹⁰ World Health Organization WHO, **What Are the Palliative Care Needs of Older People and How Might They be Met?** (Europe: WHO Regional Office for Europe's Health Evidence Network, 2004), p. 4.

evidence of effective pain relief methods and training health professionals to communicate well and give information to people with cancer.

4. What is Quality of Life in Buddhism?

Quality of life is a multidimensional concept, and that the specific domain of quality of life can vary depending on the instrument used to measure it and the target population. In fact, some people believe that it is more important to increase quality of life than to increase years of life. The quality of life in Buddhism is said to be the holistic of the elements, which can be classified into two types, namely form and name, or simply called body and mind. Mindfulness is a virtue, a quality of the mind. Body and mind work together to regulate the state of the mind.¹¹ The body and mind which finally lead to holistic health in the way of life (norm and form) to a perfect equilibrium.¹² Quality of life is made up of body and mind. Mind and body are interrelated, and it work together, then one affects to another.

The quality-of-life development according to the principles of Buddhism gave priority to both body and mind. The mystical aspects interested recently alerts the Westerners in balancing body and mind with meditation regularly, as many of research findings showed good health in result.¹³ Thus, it can be using the mindfulness on breathing (*anāpānasati*) in order to solve the health problem of human beings concerning with the vital breaths, the in and out-breath themselves.¹⁴ The function of the body also well-tuned in harmony with the mind.

In Buddhism, the principle of quality-of-life improvement has been mentioned in the *Suttantapitaka Anguttara Nikaya Chatukanibata*, concerning the Four Chakra Sutras, that cause devas and humans who are perfected are fruitful causing the gods and humans to be perfect the greatness and abundance of wealth did not last long.¹⁵ This sutta can be used to improve the quality of life. The main advantage is that you create in every patient palliative care can improve ourselves better. To enhance the quality of life and higher quality which must include. The process of self-training to live an understanding and awareness of the

¹¹ Bramgunaborn (Bhikkhu P. A. Payutto) Phra, **Samādhi in Buddhism**, Lecture delivered at Wat Dhammaram, (Chicago: Wat Dhammaram Publishing, 1996), p. 23.

¹² Sanu Mahatthanadull, Asst. Prof. Dr., **Holistic Well-beings Promotion for Balanced Way of Life according to Buddhist Psychology**, A Research Report Funded by National Research Council of Thailand, (Ayutthaya: Mahachulalongkornrajavidyalaya University, 2016), p. 6.

¹³ Kenneth R. Pelletier, **Mind as Healer, Mind as Slayer**, (New York: Delta, 1977), p. 7.

¹⁴ Sanu Mahatthanadull, Asst. Prof. Dr., **The Art of Breathing: Buddhist Principle and Methods**, Commemorative Book, The 2nd MCU International Academic Conference, (Bangkok: Mahadhat Printing, 2016): 145.

¹⁵ A II 32.

nature of life according to Buddhism should be a way to improve the quality of life of palliative patients sustainably.

5. Buddhist Doctrine Supporting to Quality of Life

Breathing meditation, human being's breath, both intrinsic and extrinsic, are regarded as air element (*vāyo dhātu*). Whilst intrinsic breath refers to in-and-out breath (*assāsa passāsa*), extrinsic one refers to the element of air existing outside human's bodies; eastern wind and western wind for instance. In order for the corrected breath determination, one must aware clearly of pre- and post-breath on the daily basis which is the origin of the method of breathing equilibration.¹⁶ Meditation is a method of holistic care with a focus on healing patients palliative. Because meditation is care is usually a calm mind constantly as a calm mental concentration. The body will adjust orthostatic equilibrium imparts increased.

Method of breathing equilibration, the method in this context thoroughly signifies the means and algorithm in balancing the internal six systemic elements using the mindfulness on breathing (*anāpānasati*) in order to solve the health problem of human beings concerning with the vital breaths, the in and out-breath themselves must be focused in perfect balanced manner.¹⁷ We should realize of respiration is regardless of either long or short; fast or slow, but is using naturally mindfulness as a regulator of human air flow. The significance of this equilibration by means of mindfulness of breathing underlines the balance between intrinsic and extrinsic air-element, both in quantitative and qualitative in order to achieve the balance of human body system eventually.¹⁸ There are two aspects of the effects of meditation on palliative patients which are; physiological that can be recover from disease and reduce or relieve physical suffering, and psychological and spiritual can be use when is not a disease that is the perfect way to treat yourself to concentrate.

Likewise, the Four Sublime States of Mind (*brahmā-vihāras*), among the key principles used in palliative care patients is four sublime state of mind virtues and fairness for all people to live together in society. The four sublime states of mind mean fairly good *dhamma* in one's mind, fairly routine noble mind, morals and noble, pure, fair, and that is primarily directed behavior. You are called to live cleanly and behave like humans by

¹⁶ Sanu Mahatthanadull, Asst. Prof. Dr., **The Art of Breathing: Buddhist Principle and Methods**, Commemorative Book, the 2nd MCU International Academic Conference, (Bangkok: Mahadhat Printing, 2016), p. 142.

¹⁷ Ibid.

¹⁸ Ibid., p. 151.

animals. Four sublime states of mind have been taught by the Buddha.¹⁹ The principles of *brahmā-vihāra* are inter-linked in such a way that the practice of one concerns the practice of the other: Loving-kindness towards all beings becomes a precondition for compassion which is not merely love but love for the sake of the welfare of others; in its turn it is the precondition to the state of happiness or the success of others which is called sympathetic joy. These three principles will lead one to attain equanimity. *Mettā, karuṇā, muditā, and upekkhā* are in the same way helpful in getting peace and tranquility all around. The Buddha told the human beings to adopt the principle of *brahmā-vihāra*.²⁰

The four sublime states of mind are the principles used in palliative care patients. To use in palliative care patients, it needs to cultivate four sublime states of mind. The four sublime states – *brahmā-vihāra* can help part of happiness: - pure love-kindness - *mettā*, compassion - *karuṇā*, sympathetic joy - *muditasā* and equanimity - *upekkhā*, and these four principles constitute the moral and spiritual foundation of man.²¹ Practice them and you will become a refreshing source of vitality and happiness for others. Practice loving kindness to overcome anger. Loving kindness has the capacity to bring happiness to others without demanding anything in return. Practice compassion to overcome cruelty. Compassion has the capacity to remove the suffering of others without expecting anything in return. Practice sympathetic-joy to overcome hatred. Sympathetic joy arises when one rejoices over the happiness of others and wishes others well-being and success. Practice non-attachment to overcome prejudice. Non attachment is the way of looking at all things openly and equally. The mundane goal of Buddhism is to live a happy life among various kinds of palliative care patients.

6. Buddhist Approach for Improve the Quality of Life of Palliative

Patients

Buddhist approaches to improve the quality of life the palliative care assessment to identify patients' spiritual needs, the term equilibrium refers to the balance between the body systems fitted with the factors supporting to life both internal and external. Such a system is said to be a normal existence far from illness, both physical and mental. That is to say the

¹⁹ Nyanaponika Thera. **The Four Sublime States**, (Kandy: Buddhist Publication Society BPS, 1999), p. 7.

²⁰ Buddhārakkhita, Acharaya, **The Philosophy and Practice of Universal Love**, (Kandy: Buddhist Publication Society BPS, 1995), p. 36

²¹ Thittila, Ashin. **Essential Themes of Buddhist Lectures**, (Taipei: The Corporate Body of the Buddha Educational Foundation, 1989), p. 90.

equilibration of human body systems implies a way to deal directly with the factors supporting to life. If any factor loses its balance, all other factors will be affected. For instance, malnutrition can result in sickness affecting the respiratory congestion, relapsing or defective of the four great elements, digestive disorders, and immobility.²² Thus, quality of life is the individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns.

According to Buddhism, suffering is inherent to all human beings. Advice on how suffering can be reduced in the course of serious illness might be helpful to patients with incurable and progressive diseases. Palliative care could benefit from Buddhist insights in the form of compassionate care and relating death to life. Buddhist teachings may lead to a more profound understanding of incurable diseases and offer patients the means by which to focus their minds while dealing with physical symptoms and ailments. This might not only be beneficial to followers of Buddhism but to all patients.²³

Thus, the Buddha and his disciple Ananda visited a monastery where a monk was suffering from a contagious disease. The poor man lay in a mess with no one looking after him. The Buddha himself washed the sick monk and placed him on a new bed. Afterwards, he admonished the other monks: "Monks, you have neither mother nor father to look after you. If you do not look after each other, who will look after you? Whoever serves the sick and suffering, and serves me."²⁴ Palliative care in Buddhism it has existed since the time of the Buddha.

Furthermore, Buddhist approach for improve the quality of life of palliative patients, meditation is one of the alternative medicines with several health benefits in adults and elderly people including cognitive and physical function. Relaxation has been shown to lower blood pressure significantly and improve quality of life by 42%. Another review found that Buddhist meditation lowered diastolic blood pressure by 6.08 mmHg. Meditation is

²² Sanu Mahatthanadull, Asst. Prof. Dr., **The Buddhist Integrated Approach to the Equilibrium of the Human Body Systems**, Commemorative Book, The 7th International Buddhist Research Seminar, at MCU Buddhist College, Nan Province, Bangkok: Mahachulalongkornrajavidyalaya University Press, (2016): 193.

²³ Christina M. et al., Life is Uncertain. Death is Certain, Buddhism and Palliative Care, **Journal of Pain and Symptom Management**, Vol. 44, No. 2, (2012): 307.

²⁴ Nopadol Saisuta, Phramaha, **The Buddhist Core Values and Perspectives for Protection Challenges: Faith and Protection**, Article, High Commissioner's Dialogue on Protection Challenges Theme, (2012): 2.

believed to reduce physical stress and provide sustainable and positive exercise performance from a conscious effort.²⁵ Through the practice of meditation, we can confront and face the pressures of modern living. Meditation practiced conscientiously will help a person to face, understand and overcome every problem pertaining to life.²⁶ The use of meditation is the acquirement of a knowledge of eternal principles, and the power which results from meditation is the ability to rest upon and trust those principles used in palliative care patients.

7. Conclusion

The requirements of the palliative care accessibility to the population in primary health care; the health care professionals working in this context have access to quality training in palliative care. According to Buddhism, suffering is very common and inherent to all human beings. If we can advise on how suffering can be reduced in the course of serious illness might be helpful to patients with incurable and progressive diseases. The four sublimes state of mind is the principles used in palliative care patients. Buddhist approach for improve the quality of life of palliative patients, meditation is one of the alternative medicines with several health benefits in adults and elderly people including cognitive and physical function. Thus, the practical application of meditation is what will enable used in palliative care patients. This might not only be beneficial to all palliative patients and also for to the followers of Buddhism who interesting to improve the quality of life of palliative patients.

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²⁵ Taweesak Janyacharoen, et al, The Effects of Meditation on Physical Performances and Quality of Life in Healthy Elderly Subjects, **Journal of Clinical Gerontology & Geriatrics**, (2018): 67-71.

²⁶ Sri Dhammananda, K. Dr. **Meditation The Only Way**, (Taipei: The Corporate Body of the Buddha Educational Foundation, 1987), p. 20.

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