

# Dignity of Dying Patients in Buddhist and Catholic Ethics: Divergence and Convergence

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This article is mainly based upon documentary study that has examined religious texts regarding the doctrines and the ethics of dignity of human life in Theravada Buddhism and Catholicism. It attempts to see what is common in the teachings of these two religions concerning the dignity of life at the terminal stage. The purpose is twofold: first, to develop an understanding of the dignity of life and the convergence and divergence in Theravada Buddhist ethics and Catholic ethics and second, to contribute the practical application in making proper decisions on dignity of the dying within these two religions.

## *Ethical Problems Challenging to Religious Roles*

Our contemporary world is facing various ethical dilemmas between life and death. Does an individual have the right to choose how and when to die? An expression of autonomy is generally accepted one's right to make independent choices is exercised without any external influences. Death with Dignity laws allow a terminally ill patient to hasten an inevitable and unavoidable death by saying that it is neither suicide nor euthanasia; rather, a possible option if the pain from the underlying illness gets to be too much or the quality of life too degraded<sup>1</sup>. Voluntary euthanasia, non-voluntary euthanasia and assisted suicide signify expression of an individual freedom stated in an advance directive regardless whether the living will is written by the person him/herself or on the patient's behalf by an authorized person. Today many organizations exist with

the primary aim of campaigning for individuals to have greater choice and more control over end-of-life decisions; such as the organization of Dignity in Dying in the United Kingdom, Death with Dignity National Center at Oregon, USA and so forth. Death is a unique experience for each human being, yet there is tremendous societal pressure on a dying person to be a *good patient* while trying to experience the *good death*. These pressures shape patient, caregiver, and family choices in end-of-life situations. Today to the question of what is the meaning of life which is a profoundly spiritual question answer comes normally from the legalized, scientific and technological orientation more than from religious faith. While many faith traditions adhere to ancient traditions and sacred scriptures for understanding the physical and spiritual life's final journey, modern medical technology has provided new information opening the door for hastening life or ending it based on the principle of autonomy and individual choice. From among the different faith traditions, Buddhism and Christianity have been examined their doctrines and teaching in responding to these complicated ethical dilemmas.

## *Buddhist and Catholic Concept of Dignity of Life*

Man is endowed with dignity because he is recognized as person. All persons are equal in dignity and are to be respected from birth till death. Dignity of the person cannot be diminished and no one can talk of a less dignified human being or more dignified

human being. The distinction or the separation between person and life in modern philosophy where only a person is endowed with dignity and cannot be violated created a problematic and it doesn't make sense. All human beings have the maximal dignity. Dignity is not an attachment to man rather it is an essential attribute of man. Therefore, every person takes part in the intrinsic dignity, which must be respected and should not be violated in any way by any person. Both Buddhism and Catholicism recognize the dignity of man as a person and its inviolability. This is the convergence of the two religions and the crucial point of united in their opposition to euthanasia and suicide<sup>2</sup>. The respect of human dignity is due to its sacredness expressed in their different theological and philosophical background. The sanctity of life in Buddhism and Catholicism is related to human nature understood in different teachings. Both Buddhist and Catholic ethics safeguard human life as a fundamental good since dignity is inherent in every person. Buddhist and Catholic Christians also agree that life is not an absolute value to be preserved in all circumstances. This provides the fundamental concept for ethical implication of end-of-life decision.

Even though there is a convergence between Buddhism and Catholicism there is also the divergence. In Buddhism man is considered as the potential being to attain *nirvana* and this is the prerequisite for the dignity of all human being<sup>3</sup>. Sanctity of life in Buddhism is not based on the divinity, but it is grounded from the principle of non-harming (*ahimsa*) or non-maleficence to others for the spiritual destiny of perfection known as *nirvana*. According to this Buddhist anthropology, human life is sacred because each person has the potential to attain the ultimate goal of liberation (*nirvana*). In Christianity, the dignity of the human person resided in the creation of God. All human being has dignity and the dignity of his life is derived from the sanctity of life created in the likeness and image of God and share in the divinity of God<sup>4</sup>; therefore,

human life ought to be respected and conserved. Since human life is sacred and must be respected, it should not be violated in any way by any person. Even when a person is in the situation of incapacity, such as in the dying stage of life, his dignity remains the same at the individual maximal level. Each one has a duty to conserve his life and life of the others and has an obligation to seek helps from others when it is necessary<sup>5</sup>. Taking of life is prohibited based on its nature of sanctity. No one can arbitrary choose whether to live or die. A decision pertains absolutely to the Creator alone<sup>6</sup>.

Buddhism and Catholicism have their goal eternal life. Yet they have different way to attain it. For the Buddhist believers, they need to put their efforts in practicing the meditation and virtues. No one can help because each one is the master or the savior of oneself, not others. The salvation comes from his own efforts (*Atta hi Attano Natho*)<sup>7</sup>. Whereas in Catholicism, the salvation is possible only from God's grace. The redemption of Christ through His incarnation, death, and resurrection brings us back from sin to the divine nature and communion with God<sup>8</sup>. Human effort alone cannot rescue him from sins nor brings him to eternity. In other words, dignity of human life in Buddhism derives from the sacrament aspect of the potential to attain *nirvana* whereas in Catholicism human dignity comes from man's sharing in the divine nature of God.

#### *Ethical Dilemmas: End of Life Decisions in Buddhism and Catholicism*

Buddhist and Catholic ethics are both based on the principle of the sanctity of life. All kinds of killing for whatever reason is forbidden, the exceptional is only for some justifiable circumstances. Human has dignity because of its sacredness. Thus, by its nature, human life must be respected and protected. Both of Buddhism and Catholicism are considered human life as a fundamental good in every person.

A duty of conserving life is seen in the first of the five fundamental precepts in Buddhism and the fifth commandment in Catholicism. An important value of Buddhist teaching is compassion. Compassion is used by some Buddhists as a justification for euthanasia because the person suffering is relieved of pain. Nevertheless, it is immoral to embark on any course of action whose aim is to destroy human life since life is considered as sacred. Theravada Buddhism recites the formula: «I undertake the precept to abstain from destroying living beings» which is the first of the Five Precepts concerning the duty of conserving life<sup>9</sup> and this is the Buddhist way of life that is called *ahimsa* meaning to do no harm or nonviolence. As an action or omission involving the intentional destruction of life, it is undoubtedly be prohibited by Buddhist precepts. In the light of the belief that killing brings bad karmic to patients and the ones who committed it, therefore, Buddhism strongly opposes active euthanasia and physician-assisted suicide and it is absolutely not an act of compassion or permission for a good death.

In fact, Buddhist scripture and tradition hold that suicide and euthanasia are forms of murder. The confirmation can be found in the Monastic Rule (*Vinaya*) which is an authoritative source for Buddhist ethics that the Buddha himself introduced a precept forbidding the destruction of human life both killing a human being and seeking assistance in dying to death<sup>10</sup>. Since killing always brings bad karmic results both to the patient and those who committed it; therefore, when euthanasia or assisted suicide is requested by the patients, Buddhism advises us that instead of acting upon the request, we should try to find other available means to ease their suffering may it be physical, emotional or psychological i.e. providing

palliative care, etc. Such is the way of genuine compassion.

Catholic teaching clearly condemns euthanasia as *a crime against life* and *a crime against God*. The teaching of the Catholic Church, which prohibits the direct taking of innocent life, whether one's own or another's, is amply attested to in Church documents throughout the centuries. In the early 1960s at the Second Vatican Council, *Gaudium et Spes* n. 27, euthanasia was numbered among the crimes against life that it condemned. On June 26, 1980, a new statement on the question of euthanasia was issued by the Sacred Congregation for the Doctrine of the Faith, The Declaration on Euthanasia (*Iura et Bona*). There are three considerations of the consequences of the

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dignity of human life that must be preserved as follows: (1) No one can make an attempt on the life of an innocent person without opposing God's love for that person, without vi-

olating a fundamental right, and therefore without committing a crime of the utmost gravity; (2) Everyone has the duty to lead his or her life in accordance with God's plan. That life is entrusted to the individual as a good that must bear fruit already here on earth, but that finds its full perfection only in eternal life; (3) Intentionally causing one's own death, or suicide, is therefore equally as wrong as murder; such an action on the part of a person is to be considered as a rejection of God's sovereignty and loving plan<sup>11</sup>.

The question of euthanasia and suicide was revisited again in 1995 by Pope John Paul II in his encyclical *Evangelium Vitae*. In this encyclical, the Pope reaffirmed the Christian conviction regarding the value of human life and the individual's responsibility to care for it, the Pope confirms that euthanasia is a grave violation of the law of God since it is the deliberate and morally unacceptable killing of a human person<sup>12</sup>. Suicide is also affirmed by the Pope that it is always as

morally objectionable as murder. The Church's tradition has always rejected it as a gravely evil choice. Even though a certain psychological, cultural and social conditioning may induce a person to carry out an action which so radically contradicts the innate inclination to life, thus lessening or removing subjective responsibility, suicide, when viewed objectively, is a gravely immoral act. It involves the rejection of love of self and the renunciation of the obligation of justice and charity towards one's neighbor, towards the communities to which one belongs, and towards society as a whole<sup>13</sup>. Instead of helping or providing to overcome pain and suffering with euthanasia or suicide, the Pope suggested to the modern medicine to increase the attention to give the palliative care to dying patients that will seek to make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal<sup>14</sup>.

Since both Buddhist and Catholic ethics are based on the principle of the sanctity of life, killing is forbidden for whatever reason. However, there are some rare cases that killing is justified in Buddhism that is in the case of self-defense and of taking one's life for noble ends<sup>15</sup>. This is likewise seen in Catholicism, killing is justified in the case of self-defense to protect one's own life and the duty to love oneself no less than others<sup>16</sup>. Furthermore, the Catholic Church has always rejected euthanasia, suicide and all kinds of killing, they are considered as gravely immoral acts because they involve the rejection of life and the renunciation of the obligation of justice and charity towards one's neighbor, towards the communities, and towards society as a whole<sup>17</sup>. Although, killing in the Catholic context is justified in the case of self-defense without intention of killing based on the ground of the right to protect life. Regarding the teaching of the

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Church, the life of the body in its earthly state is not an absolute good for the believer, especially as he may be asked to give up his life for a greater good<sup>18</sup> as we have seen the martyrdom but in those cases the martyrs did not commit suicide but they accepted death, even the case of Jesus.

*Pain Control and Completed Sedation*

In Buddhism, death for the vast majority of people falls within the cycle of *samsara* as a passage to rebirth into a new life form, another change amidst the impermanence of existence that is governed by one's own karmic dispositions. Although penultimate in this sense, human life is nevertheless highly valued as the only possible venue for the enlightenment. Dying Buddhist patients may ponder their progress—or lack of it—along the path toward final liberation, and may experi-

ence anxiety about being reborn into less desirable human circumstances or even as a lower life form. It is important to note that Buddhists are encouraged to be mindful and prepared for the vigil hour when it comes. Although Buddhism considers every moment in life of great importance, for it is the moment in which one constructs one's own destiny. More emphasis, however, is placed on the last moment in life, or the dying process, in which all the five aggregates of existence are disintegrating. Buddhist thinks that in this last moment, the last stage of consciousness (*cuti vinana*) of one's present life is passing away to give place to a new stage of consciousness (*patisanthi vinana*), which will form another life by its new association with the new aggregates of existence<sup>19</sup>. Even if the character of the new life is affected by the whole previous life, the nature of the last conscious state still contributes significantly to the quality of the ensuing one. If it is wholesome (*kusala*), this will produce a wholesome in-

auguration of the new life. Similarly, if it is unwholesome (*akusala*), the ensuing new life will be unwholesomely inaugurated. Consequently, it is of great importance that special care should be given to enable the dying to die with dignity which means to die a “good death” i.e. a calm and happy peaceful death that will occur only when the mind of the dying is clear and subtle, never be impaired by sedatives.

As a means of solving the predicament of death Buddhism has developed special systematic techniques of meditative methods, called “*moranasati*” and “*asubha bhavana*,” to enable us to face the fact of our death with equanimity and understanding and ultimately to attain *nirvana*, in which there is neither life nor death. These meditations are concerned with concentration on the idea of death (*moranasati*) and actual observation of decomposing corpses (*asubha bhavana*). Through progressive stages of confronting and comprehending death the meditator is led towards control and freedom. The meditations give the dying an increased sense of non-attachment towards him and the world as well as more control over his own mental development. In addition, these meditations further the process of freedom or liberation by revealing the impermanent and substantial nature of existence. As a result the dying is moved towards liberating wisdom (*pañña*) that would free himself from the clutch of the illusory ego and its selfish desires, particularly the lust for life (*bhava tanha*), the craving for sensual pleasure (*kama tanha*), and the craving for the immaterial sphere (*vibhava tanha*) and ultimately from the wheel of life and death.

Buddhism’s emphasis on clarity of mind, recalling the fifth precept eschewing intoxicants may lead some Buddhists to forgo pharmacological palliation in order to maintain mindfulness in the midst of pain and the dying process. On the other hand, Buddhists may approve of pharmacological palliation as an expression of compassion for physical suffering. Improvements in pain management that minimize mental impairment have been welcomed<sup>20</sup>. Buddhist dying pa-

tients may also attempt alleviation of physical and mental pain through concentrated mental efforts in meditation particularly the *moranasati* and *subha bhavana* meditation or through ceremonial acts. Practically speaking, there are various practices in Buddhism. As for the transition to the next life, Buddhists prefer to be as awake and aware at the moment of death as possible.

According to Catholic teachings, Jesus transformed the curse of death into a blessing through his death and resurrection and He promised humankind that we can share His Resurrection to have eternal life with God<sup>21</sup>. Therefore, death has a positive meaning and is considered as the end of man’s earthly pilgrimage, of the time of grace and mercy which God offers him so as to work out his earthly life in keeping with the divine plan, and to decide his ultimate destiny. Catholicism, contrary to the Buddhist teaching that death and life is repeatable in the cycle of *samsara*, teaches that men die once. There is no reincarnation after death<sup>22</sup>. Thus, the whole of Catholic Christian life is a journey to prepare ourselves for the eternal life. However, the last hour of life is very important because all Catholic Christian ought to prepare in a fully conscious way for their definitive meeting with God. Catholicism is seen suffering especially suffering during the last moments of life has a special place in God’s saving plan. It is in fact a sharing in Christ’s passion and a union with the redeeming sacrifice which He offered in obedience to the Father’s will. Therefore, some Christians prefer to moderate their use of painkillers, in order to associate themselves in a conscious way with the sufferings of Christ crucified<sup>23</sup>. On the contrary, human and Christian prudence suggest for the majority of sick people the use of medicines capable of alleviating or suppressing pain, even though these may cause as secondary effect semi-consciousness and reduced lucidity. As for those who are not in a state to express themselves, one can reasonably presume that they wish to take these painkillers, and have them administered according to the doctor’s advice.

But the intensive use of painkillers is not without difficulties, because the phenomenon of habituation generally makes it necessary to increase their dosage in order to maintain their efficacy until it reaches the point of using complete sedation. The justification for this case is permitted, which was adverted to by Pope Pius XII, also is quoted in the Declaration on Euthanasia (*Iura et Bona*) of the Congregation for the Doctrine of Faith<sup>24</sup>: it is fitting to recall a declaration by Pius XII, which retains its full force; in answer to a group of doctors who had put the question: «Is the suppression of pain and consciousness by the use of narcotics ... permitted by religion and morality to the doctor and the patient even at the approach of death and if one foresees that the use of narcotics will shorten life?». The Pope said: «If no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties: Yes... ».

Painkillers that cause unconsciousness need special consideration. A person not only has to be able to satisfy his or her moral duties and family obligations; he or she also has to prepare himself or herself with full consciousness for meeting Christ. Thus Pius XII warns: «It is not right to deprive the dying person of consciousness without a serious reason». The essential position of the Magisterium about complete sedation would appear to be that it is permissible if it is necessary to control intolerable pain which cannot be otherwise controlled, and if it is adopted as a strategy only where moral and religious obligations have been met where this is possible.

*Decisions on Medical Supports: No Obligation of Conserving Life at All Cost*

Both in Buddhism and Catholicism, it is not a duty to conserve life at all cost. Buddhism is concerned about the fragile, impermanence, and transitory nature of life; individual life is a continuum which constantly

re-manifests itself within the wheel of life, suffering, and death. Furthermore, Buddhism considers that the person is not the body because the body is only one of the five aggregates comprising a human being, thus the Buddhist does not seek to prolong life by artificial means even it is technologically possible, instead one seeks for a better life in the next rebirth<sup>25</sup>. The withdrawal of medical intervention when the end is nigh is not seen as immoral, on the other hand, the pursuit of aggressive inappropriate treatment leads to excessive attachment that cause more suffering and is seen as an obstacle to attain the eternal life. The Catholic point of view is similar to Buddhism, in this regard. It is clear from the Catholic teaching of the Church that human life is sacred but it does not mean that human life must be

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conserved in every circumstance. Death is seen as a natural part of human life and to be accepted. The process of letting-go-of-life in peace is an important

expression of compassion and the way to respect the sanctity of human life at the final stage.

In discussing the issue of withdrawing-withholding nutrition and hydration for dying patient, it is clear in both Buddhist and Catholic teaching that it is a duty to provide patients these basic needs of human life unless it is deemed inappropriate or burdensome. The more complicated ethical consideration is found in the case of PVS patients. In Buddhist perspective this kind of patients has not suffered from brain death and thus is considered as living persons, therefore, it is necessary to provide food and fluid for them. Yet, there is no need to go extreme lengths if there is little or no hope of recovery. Concretely speaking, there would be no requirement to treat subsequent complications such as infections by administering antibiotics even though an untreated infection may cause death. In Catholicism it is obligatory to provide nutrition and hydration for the PVS patients,

as well as it is a requirement to give treatment for the consequent complications except when it is considered unnecessary, burdensome, or inappropriate<sup>26</sup>.

Organ transplantation is another important issue of conserving human life. With Buddhism's emphasis on compassion and the potential of the recipients who receive the organs to possibly attain *nirvana* and the Catholic principle of fraternal charity, both religions encourage the act of organ donation, however, it is not obligatory to conserve life of the recipients at all cost and it is not either a duty of every Buddhist or Catholic Christians to donate their tissues or organs to others particularly in the case of risking or diminishing the functional integrity of the living donors. Nonetheless, Buddhism and Catholicism clearly teach that it is immoral to cause death by reason of organ donation. It is never allowed to kill one human being in order to save another.

### Conclusion

Some main conclusions may be drawn concerning the dignity of the dying patients in Buddhism and Catholicism. Despite the widely different cultural background and theological presuppositions from both religious traditions, there is a striking similarity as regards respecting the human person. Both religions admit human life is sacred and should be respected from birth till death. Life is sacred but it is not absolute value to be preserved at all costs. Only life of the innocent is absolute and inviolable. These lead to the similarity of their opposition to the intentional killing of patients or euthanasia, suicide and forms of aggressive inappropriate medical treatment.

Palliative care and spiritual care are well accepted by both religions as a charitable service to those dying patients to face death with dignity. Dying patients have to be respected and treated with dignity in every dimension of life; physical, emotional, social and spiritual. In our contemporary world where human life is fragile and easily offended and violated by the modern technol-

ogy particularly the dying patients, Buddhism and Catholicism offer them those contributions.

### NOTE

<sup>1</sup> S. DAODEE, *Dignity of Dying Patients in Buddhist and Catholic Ethics*, Thesis, Ateneo Pontificio Regina Apostolorum, Rome 2012, 1.

<sup>2</sup> P. RATANAKUL, «The Buddhist Concept of Life, Suffering and Death, and Related Bioethical Issues», in *Eubios Journal of Asian and International bioethics*, 14 (2004), 141-6; D. KEWON & J. KEOWN, «Killing, Karma and Caring: Euthanasia in Buddhism and Christianity», in *Journal of Medical Ethics*, 21 (5), 1995, 266.

<sup>3</sup> P.D. NUMRICH, *The Buddhist traditions: Religious Beliefs and Healthcare Decisions*, The Park Ridge Center for the Study of Health, Faith, and Ethics, Chicago 2001. Retrieved from: [www.che.org/members/ethics/docs/1275/Buddhist.pdf](http://www.che.org/members/ethics/docs/1275/Buddhist.pdf).

<sup>4</sup> *Catechism of the Catholic Church*, Libreria Editrice Vaticana, Vatican 1992, nn. 356-7.

<sup>5</sup> *Ibid.*, nn. 2280, 2288.

<sup>6</sup> JOHN PAUL II, *Evangelium Vitae*, Libreria Editrice Vaticana, Vatican 1995, nn. 64-66.

<sup>7</sup> L. RATNASEKERA, *Buddhist Christian dialogue*, Lakfoil Limited, Dehiwala, Sri Lanka 2009, 4.

<sup>8</sup> CONCILIO VATICANO II, Costituzione *Gaudium et Spes*, Libreria Editrice Vaticana, Vatican 1965, n. 22.

<sup>9</sup> H. SADDHATISSA, *Buddhist ethics: Essence of Buddhism*, George Braziller, New York 1970, 87-110. The author gives the detailed descriptions of each Five Precepts with ideal interpretations. It is interesting to note here that the negative formula of the Five Precepts is formed in the first person, not in impersonal formulae.

<sup>10</sup> P. RATANAKUL, «Live in Buddhist Bioethics», in *Eubios Journal of Asian and International Bioethics*, 9 (1999), 45-6.

<sup>11</sup> THE SACRED CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Declaration on euthanasia (Iura et Bona)*, Libreria Editrice Vaticana, Vatican 1980, part I.

<sup>12</sup> JOHN PAUL II, *Evangelium Vitae*, n. 65.

<sup>13</sup> *Ibid.*, n. 66; THE SACRED CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Declaration on Euthanasia (Iura et Bona)*, op. cit., I; *Catechism of the Catholic Church*, nn. 2281-83.

<sup>14</sup> JOHN PAUL II, *Evangelium Vitae*, n. 65.

<sup>15</sup> P. RATANAKUL, «The Buddhist Concept of Life, Suffering and Death, and Related Bioethical Issues», op. cit., 143. The author mentioned to the story that the bodhisatta (the future Buddha) killed a bandit in order to save 500 merchants, self-defense, and suicide in some circumstances.

<sup>16</sup> JOHN PAUL II, *Evangelium Vitae*, n. 55.

<sup>17</sup> *Ibid.*, n. 66.

<sup>18</sup> *Ibid.*, n. 47.

<sup>19</sup> P. RATANAKUL, «The Buddhist Concept of Life, Suffering and Death, and Related Bioethical Issues», op. cit., 144.

<sup>20</sup> P. ANDERSON, «Good death: Mercy, deliverance, and the nature of suffering», in *The Buddhist Review (Tricycle)*, 2/2 (1992), 36-41.

<sup>21</sup> *Catechism of the Catholic Church*, nn. 1006-1009.

<sup>22</sup> *Ibid.*, nn. 1010-1013.

<sup>23</sup> Mt. 27:34.

<sup>24</sup> THE SACRED CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Declaration on Euthanasia (Iura e Bona)*, *Acta Apostolicae Sedis*, 72, 1980, 542-552.

<sup>25</sup> P.D. NUMRICH, *The Buddhist traditions: Religious Beliefs and Healthcare Decisions*, op. cit., 9.

<sup>26</sup> JOHN PAUL II, *Address to the participants in the international congress on "Life-sustaining treatments and vegetative state: Scientific advances and ethical dilemmas"*, 20 March 2004.