

## Talk for the panel discussion at Presbyterian Hospital, April 9<sup>th</sup> 2006

Thank you for the invitation to speak in this panel. It is like being given a chance to give something back, that I received as a great gift in my life.

I felt a deep calling to become a nurse in my early 20<sup>th</sup> and was a nurse for nearly 15 years. When I became a Buddhist priest, it was one of the hardest thing to let go of my identity as a nurse. I mainly could do it, when I realized, that a nurse is a servant of a person with a sick body, and a priest is a servant of a sick spirit. Therefore becoming a priest finally just broadened my field of service. In the same way I was a wholehearted nurse, I am now a wholehearted priest, including my “nurse-hood” into my priesthood.

I was asked to speak from a Buddhist view about the topic of spiritual care of dying. First of all I have to say, that there is no such a thing as a Buddhist view. Buddhism is not so much a believe system, what gives you a set of concepts, how the world works and what will be after you die. It has some ideas about it, but that is not really an important part of Buddhism.

Generally spoken, Buddhism offers skilful means so **you are able to realize**, what you are, who you are and what this life is about, when you take away all concepts and believes. And when does this happen more obvious then in the moment of death? Therefore sitting with dying considered as a very important practice and teaching.

Part of the attitude is, that each person sees the world differently and in regards to the topic of the evening, therefore each person lives this life differently and dies a different death. It also means, that there is no such a thing as a good death or a bad death. With this non-judgmental attitude everyone is allowed to be as one is, even in the moment of death.

When we are taking our vows as Buddhists, the first three basic vows in our tradition get translated as not knowing- bearing witness- healing action. This was also the attitude with which I accompanied people with life threatening illnesses, dying people and/or their beloved ones. I shortly want to speak about each of it.

**Not-knowing:** this principal attitude put you in a mind set in which you let go of your ideas, how somebody should die or should take care for the dying and you open to the ingredients of this very moment. If you can open and let go of your ideas and judgments, then it does no matter, if the people in front of you are Jewish, Christians, Atheists, Moslems or Buddhists. They are emotionally naked humans who are going to loose either their life or the life of a beloved one.

**Bearing Witness:** this emotional nakedness may express itself in anger, denial, desperation, openness, it is all right as it is. There might be poverty or material abundance, intact families or dramas, this is the ingredient. To bear witness means to

listen with your heart and do not get caught in your own reactions. About this kind of bearing witness my teacher ones wrote a short poem:

In practice the heart is broken.  
Do you grasp at this?  
Yes, when “you” die of a broken heart, a Great Love arises.  
Do not fear the tenderness.  
Great love is open, vulnerable, and willing  
to be wounded over and over again.  
But this is not a self-centered wounding;  
Great Love is the rare flowering of settling into life *as it is*.

From my own work as a nurse, I know, how hard it is to open our eyes to the suffering in front of us. And yet, we conscious or subconscious know, that there is not choice. If we want to provide a compassionate care, we need to open our hearts.

**Healing action:** When the heart has opened, the spontaneous wish to help occurs from there. And from there it is not a personal reaction, rather it is a response to the needs of the moment and the needs of those who ask for support.

At this point it is very important to have some skillful means at hand. I hope all of you are educated in different views of different believe systems, as well as psychological states of mind in the course of dying, and sufficient pain treatment. This is basic knowledge, so we can create an atmosphere in which a person feels physically and spiritually as safe as possible.

In the time before death occurs, it is mainly the family what needs something “*to do*”. Buddhism offers practices, what are easy to use and independent of religious believes, like practices of loving kindness or what is called Tonglen, a mind practice of giving and receiving. There are also talking practices like council, what can be of great use to help sharing what is going on.

The dying person itself often does not need anything more then somebody who is there and does not do anything. Not doing anything is the most difficult thing for us, even more, when the situation gets uncomfortable.

But what can we do, when there is nothing left to do?

What would we wish for ourselves in this moment?

How can we embrace the unembraceable with love and compassion?

Can we be still, sitting like a mountain, when the world falls apart?

Can we experience the death of an other person in our life right now?

In my mind and my experience, this is the self-esteem of a fully mature person and biggest service we can offer as a nurse in the situation of dying. And to offer this or at least have the intention to offer this is the greatest teaching for our own life.