

# **Clinical Buddhist Chaplain based Spiritual Care in Taiwan**

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### ABSTRACT

Taiwanese indigenous spiritual care began in 1995 when the Hospice & Palliative Care Unit of National University Hospital was first established. The Unit received research grants to study the possibility of applying Buddha dharma in terminal care, then a training program for clinical Buddhist chaplains was launched in 2000. Taiwanese Association of Clinical Buddhist Studies was established in 2008 to provide the service network of clinical Buddhist chaplains. Taiwanese indigenous spirituality based on Buddhism is thus defined as: “the ability to respond to, to realize and to understand the right dharma.” It is a life power, and it manifests the maturity of the mind. It emphasizes to regard patients as demonstrator, not only receiving care but also presenting how to face death.

Qualified clinical Buddhist chaplains are required to successfully complete a rigorous training program consisting of classroom instructions as well as bedside practicum on applying Buddhist principles and practices to terminal care. According to the Four Noble Truths, clinical diagnosis and treatments can be stated as follows: (1) spiritual suffering is identified from the sickness categorized into physical, psychological, family, social and spiritual aspects according to the “Five Skandhas”; (2) the Truth of the “Origin” of Suffering is evaluated according to the “Twelve Causes and Conditions”; (3) the goal of care (cessation of suffering) is planned according to “Four Dwellings in Mindfulness”; (4) The effects of the practice of the Buddhist methods are carefully evaluated and recorded (the Truth of “Path”).

There are five stages in the framework of Taiwanese indigenous spiritual care, namely, truth telling, death preparation, spiritual responses, following and practicing Buddhist methods, and becoming a Buddha. In hospice and palliative care units, clinical Buddhist chaplains who have completed the proper training provide direct bedside care to terminal patients, resolve patients’ spiritual sufferings, elevate their spiritual states and reduce their death fears. By following the Buddhist practices, patients transcend the worldly dharma, discover their internal power, improve their life quality and achieve good death. Buddhist chaplains also provide life and death education to family members, transform obstacles into assistance, reduce forthcoming grief, and elevate the morality of the hospice and palliative care team. To sum up, the application of Buddha Dharma in hospice and palliative care is truly a unique feature of Taiwanese indigenous spiritual care system.

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**Key Words** : hospice palliative care, spiritual care, clinical Buddhist chaplain, Buddha dharma

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## Introduction

Hospice palliative care aims at promoting all-encompassing services for patients with terminal diseases suffering from physical, mental, social and spiritual symptoms and pain<sup>(1)</sup>. WHO Definition of Palliative Care states that "Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems including physical, psychosocial and spiritual aspects<sup>(2)</sup>". Content of palliative care includes (1) providing relief from pain and other distressing symptoms; (2) affirming life and regards dying as a normal process, neither to hasten nor to postpone death; integrates the psychological and spiritual aspects of patient care; (3) offering a support system to patients and family coping with the patients' illness; using a team approach to address the needs of patients and their families; (4) enhancing quality of life, and may also positively influence the course of illness; (5) applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, and manage distressing clinical complications<sup>(3)</sup>.

As we usually know that medicine is to comfort always; to relieve often; and to cure sometimes<sup>(4)</sup>. When it applies in end of life care, we say that symptom control always; psycho-social care often and spiritual growth sometimes.

Although the situations have been improved with hospice palliative movement during the past 2 decades, many terminal patients remain deeply

tormented by the mental and spiritual unrests accompanied by the anguish of imminent death.

Taiwanese indigenous spiritual care began in 1995 when the Hospice & Palliative Care Unit of National University Hospital was first established. Then, in 1998 the Unit received research grants from the Buddhist Lotus Hospice Care Foundation to study the possibility of applying Buddha dharma in terminal care. After 2 years feasibility and know how studies, training program for clinical Buddhist chaplains was launched in 2000. With more and more support from training program graduates and enthusiastic pioneers and volunteers, Taiwanese Association of Clinical Buddhist Studies was established to provide the service network of clinical Buddhist chaplains in 2007<sup>(5)</sup>.

Since the clinical Buddhist chaplains have involved in hospice palliative care for more than 10 years and became a core member of hospice palliative care team in Taiwan, the present paper aimed to introduce the indigenous Clinical Buddhist Chaplain (CBC) based Spiritual Care model in hospice palliative care.

## Definition of spirituality in Chinese Culture

At the last stage of the illness, patients suffered from various complex mental and spiritual distresses such as feeling of anxiety towards the uncertainty of disease course, hopeless for the prognosis, depression and fear of facing death. Moreover, traditional medical care believes death is a failure of medical treatment. The elusion and the abandonment from the medical staffs at this time would bring infliction once

again to the patients. Thus, the practice of palliative care focuses on the accompanying process.

With newly involvement of CBC in palliative care, we define spirituality for our use in terminal patients with Buddhism belief culture. From literature review, we found that in western countries, spirituality was defined in different aspects, such as: A process and sacred journey; The essence or life principle of a person; The experience of the radical truth of things; A belief that relates a person to the world, giving meaning to existence; Any personal transcendence beyond the present context of reality; A personal quest to find meaning and purpose in life and A relationship or sense of connection with mystery, higher power, God, or universe, etc<sup>(6)</sup>.

An updated definition of spirituality was convened through a Consensus Conference in the United States in February 2009. It stated "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred"<sup>(7)</sup>.

Some terms are associated with meaning of spirituality: hope(希望), belief(信仰), connectedness(連結), release or relief(脫困), transcendence(超越), equanimity(清淨). The two main subjects of spiritual care in the literature are "sharing the journey" 「幽谷伴行」 and "letting go" 「放下」. These two subjects help patients to obtain peace and to say good-bye. The goal is to reach a state of comfort either during the lifetime or after life.

"Sharing the journey" 「幽谷伴行」

and "letting go" 「放下」 are similar to "cultivation" 「行」 and "comprehension" 「解」 in Buddhist teaching. The "神會禪師顯宗記" said, "By means of solemnities of blessedness, virtue, knowledge, and wisdom, one could practice both comprehension and cultivation of Dharma." 「福德智慧，兩種莊嚴；行解相應，必能建立。」 In other words, blessedness, virtue, knowledge, and wisdom are achieved by performing six paramitas 六度法門 (i.e. the six things that ferry one beyond the sea of morality to Nirvana); by understanding this teaching and actually put it into practice, one would reach these four solemnities 「福德智慧」<sup>(8)</sup>. The purposes of the medical treatment could be looked from two different points of view, to reduce the pain and to maintain and promote the regular social relationship. Buddhist Dharma has three purposes: to relieve from suffering of life, to liberate from death, and to pursue satisfactory felicity and merit (福德). Thus, the integration of Buddhist teaching and the medical treatment would bring patients great benefits. The Buddhist teaching would help patients nurturing the spiritual state.

In Chinese culture, not only the two main issues, we adopt two concepts of comprehension and cultivation from Buddha dharma applied in end of life care. We propose our definition of Taiwanese indigenous spirituality and states as: "the ability to respond to, to realize and to understand the right dharma; it is a life power, and it manifests the maturity of the mind". In hospice, spiritual care fulfils patient-centered care. It emphasizes to regard patients as demonstrator, not only receiving care but also presenting how to

face death<sup>(9)</sup>.

Taiwanese indigenous spirituality is thus defined as: “the ability to respond to, to realize and to understand the right dharma; it is a life power, and it manifests the maturity of the mind. It emphasizes to regard patients as demonstrator, not only receiving care but also presenting how to face death<sup>(10)</sup>”.

The nature of spirituality is not able to describe using words or language. We try to quote with seven assumptions for easy understanding, these are: (1) “Neither close nor apart” 「不即不離」: body, mind and spirit are an integral whole, spirit exists at the deep bottom of the body and mind. (2) “Congregation of the cause and effect” 「因緣和合」: the congregation of the body, mind and spirit brings the birth of human. (3) “Neither created nor destroyed” 「不生不滅」: a characteristic of transcending the universe in means of existence. (4) “Self nature of compassion” 「本具慈悲」: the self-innate compassion brings the essence of spirit. (5) “Enlightenment and inspiration” 「覺悟啓發」: the enlightenment at the later stage of life inspired the spirituality. (6) “intuitive response” 「靈性感應」: spirituality could be inspired from external power. (7) “To reduce pain and obtain happiness” 「離苦得樂」: one could transcend the fear of death and obtain peace<sup>(11)</sup>.

A questionnaire was designed to investigate how would patients, Buddhist chaplains and the general public accept our definition of spirituality. Average of 81% of people agreed our description but 60% favored and 10% against using the word “spirituality”<sup>(11)</sup>.

## Clinical training for Buddhist chaplaincy

Candidates for CBC training should contain the following requirements: age under 50 years old; more than 5 years as a monk or a nun; college graduates; qualified with basic hospice palliative care curriculum; communication and computer writing skill and personal characters of professionalism.

Training Programs for to be a professional CBC are divided into four stages: (1) basic three months of clinical training program at hospice wards; (2) continuing education program and advance study; (3) teaching skill training program; and (4) faculty development program.

In clinical training, Buddhist chaplain is required to obtain fully understanding of palliative care with instruction of physician before they bring their professional skill into full play. Buddhist chaplain should first try to make friends with patients and then, observe and estimate patient’s physical and mental problems from the casual conversations. Grasping the moment, Buddhist chaplain does his/her best to help patients based on their needs to maintain balance and to improve their life quality. After learning the basic experiences of attendance, Buddhist chaplain would learn their own skill in teaching Buddha dharma.

The training program will arrange Buddhist chaplains to follow a professional nurse as a volunteer in palliative care ward. They learn the key technique of physical care from the nurse and during the process, they observe and determine whether they have to go further. For example, if the nurse knows the

physical suffering is caused by constipation, she would give the patient proper medicine and release the pain. Buddhist chaplains then need to do nothing at all. Only after people are able to understand and to satisfy basic biological needs, Buddhist Dharma teaching will be accepted. The clinical experience is emphasized on the evaluation and analysis of problems. Thus, the training program follows the self-learning of problem oriented model in clinical medicine. The trainee should continuously assess which problem is needed to be solved and evaluate carefully problem-solving priorities.

Patient's problem could be observed from three sources: subjective, objective and intuitive aspects. Buddhist chaplains first need to understand patient's suffering (苦) and the aggregation (集) of suffering; then, they set a goal of achievement (nirvana) (滅) and plan the ways to extinct suffering (道). Evaluation is needed to check if the problem is improved. This is a circular process in a problem oriented learning model.

The training of clinical Buddhist chaplain has two key points: visible and invisible. The visible aspect, for example, is physical care, mental consultation, and medical treatment; the invisible aspect is in the scope of the intuitive observation and the spiritual care.

The intuitive observation surpasses subjective and objective observation. It will help Buddhist chaplains to concentrate on every thought in their mind, to make decision quickly. This concentration is specially needed when patient is facing the inevitable death. The intuitive observation, not communicated with languages or words, has two mechanisms: response by instinct and

enlightenment. The former is the interaction between high level (Buddhist chaplain) and low level (patients) of spiritual status. Enlightenment is the inner strength of patients ascending from the lower state to the higher state under Buddhist chaplain's care. This ascendance would help all attendants, give dignity to the deceased one and transfer merits to all.

In summary, there are four learning steps for clinical Buddhist chaplain training program: (1) A fully understanding of palliative care: Buddhist chaplain should understand the system of palliative care and the work of this team. They should also possess the capacity of caring and positive attitude of life. (2) An understanding of other team members' role and the interactions between different professions: Buddhist chaplain first makes observation as a volunteer in palliative care. They should develop their skill and obtain knowledge of other professions (such as social work and psychology) in a certain period of time. (3) A capability of caring ability: In this stage, Buddhist chaplains listen and understand patients' needs, and show their warmest solicitude to patients. They should have control over patients' physical and mental conditions; they apply their consulting and meditating skills, and build a professional and moderate conversation with patients. Buddhist chaplain is a listener, a supporter, and a provider of new ideas to patients and their family. (4) A professional support: At the last stage, Buddhist chaplains, as becoming a professional Palliative care member, attribute their professional support to the team. To all team members, Buddhist chaplain is a problem collector, an

analyst, an explorer; in Buddhist aspect, on the other hand, Buddhist chaplain is a Buddhist dharma interpreter, a life-death problem analyst, and a successor of cultivation. They help patients and their family to face death and to reach a peaceful state by following Buddhist teaching<sup>(12)</sup>.

### Spiritual care services

As patient's physical conditions deteriorate, the coping and growth of mentality and spirituality become very important. The task of Buddhist chaplains is not only to observe the physical and mental changes of patients; they also need to have perspicacity beyond the physical and mental changes. The duty of Buddhist chaplain and Doctor is obviously dissimilar. Patients have different expectations for each one of them. The physician's role is to relieve patient's biologic problems from organ system failure; the Buddhist chaplain's duty, on the other hand, is to maintain patient's vitality, to keep patient's mentality continuously learning and growing. In another word, this could be said as cultivating Buddha nature (開啓佛性), to nurture compassion (引發慈悲心), to let go of possession (放下諸緣), and to transmute the common knowledge of this transmigration-world into Buddha-knowledge (轉識成智). It is hard for physicians to teach patients how to prepare death, but Buddhist chaplains do it naturally and comfortably. The clinical Buddhist chaplains need to propagate Dharma and practice Dharma, to liberate others and liberate self also. They provide power for an individual, and gather power from all aspects to make the conditions fruitful that would offer

patients the most benefits. Buddhist chaplains do not accompany patients pessimistically; instead, they optimistically create chances, help patients and their family cultivating both felicity and wisdom (福慧雙修), finally successfully achieving merits and wisdom (功德智慧)<sup>(12)</sup>.

A model of indigenous spiritual care is built to help the last stage of cancer patients in obtaining peace and liberation at the end of life. Thus, this architecture of spirituality could be described as "a way of liberation". It is developed hierarchically into four stages: acceptance of death, belief of the spiritual existence, dependence on Buddhist teaching, and finally, walking on the path of Buddhahood.

"Acceptance of death" has two attitudes: one is pessimistic or passive. Patients at the last stage of cancer encounter the physical and mental suffering from the illness. They believe the way to relieve the suffering is to accept death. Secondly, the optimistic or positive attitude is to consider death as a continuous learning process. "Belief of the spiritual existence" has two attitudes also: the pessimistic attitude is to possess physical relief and mental satisfaction while the optimistic attitude is to change behavior. "Dependence on Buddhist teaching" stage is guided by Buddhist chaplain who explains the doctrine. The secular knowledge is not enough to help patients transcending death. Buddhist chaplain first applies a support from external power, and then, gradually helps patients developing their own inner power.

The highest stage of this hierarchy is "walking on the path of Buddhahood". By following Buddhist teaching, patients

and their relatives have better interactions and influences to each other. Spirit is not static but is dynamic. It indicates that there is an interaction between intrinsic consciousness and extrinsic matter. Intrinsic consciousness is defined as the learning process of an individual in the past, present, and future. Extrinsic matter is defined as the

guidance provided by medical staffs, family, and other attendances. Patients, family, hospice members, and Buddhist chaplains will nurture together in this process of spiritual development. The goal is to help patients utilizing their limited life to go through endless path of Buddhahood<sup>(13)</sup>.

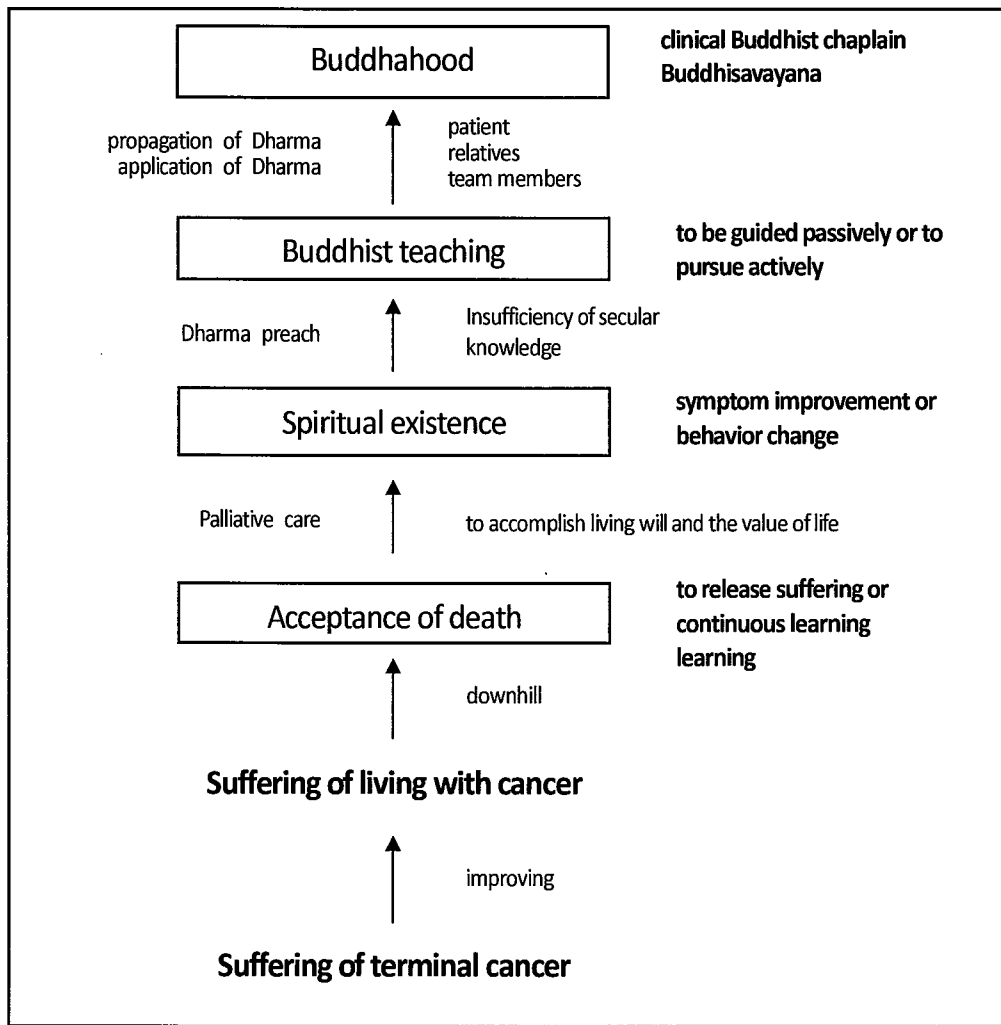


Figure 1 Framework of Buddhist Chaplain-based Spiritual Care



There are five stages in the framework of Taiwanese indigenous spiritual care, namely, truth telling, death preparation, spiritual responses, following and practicing Buddhist methods, and becoming a Buddha.

In clinical practice, problem was first identified, followed by SOAP process related to subjective complaints, objective findings, assessment and plan.

Spiritual unrests are caused by as well as causing loss of self-esteem, self-abandonment, attachment, fear of death, and unfulfilled wishes. According to the task of death preparation, three primary spiritual issues observed in most patients are death fear, unable to let go and unmet afterlife hope; the other three secondary to death fear are low self esteem dignity, self give-up and loss of insight.

According to the Four Noble Truths, clinical diagnosis and treatments can be stated as follows: (1) spiritual suffering is identified from the sickness categorized into physical, psychological, family, social and spiritual aspects according to the “Five Skandhas”; (2) the truth of the “Origin” of Suffering is evaluated according to the “Twelve Causes and Conditions”; (3) The goal of care (cessation of suffering) is planned according to “Four Dwellings in Mindfulness”<sup>(11)</sup>; (4) The effects of the practice of the Buddhist methods are carefully evaluated and recorded (the Truth of “Path”).

The dharma that applies on clinical spiritual care is the Buddhist chaplain’s tool. The five common methods that are used in clinical experience are reciting

Buddha name (念佛), meditation (禪定), dharma preach and reciting assistances (臨終說法與助念) (i.e. group of people who recite Buddha’s name for the deceased ; this action is believed in Buddhism to help the deceased one to reborn in Western Pure Land of Amitaba), repentance (懺悔), and Triple-gem refuge (皈依三寶). Other than these professional dharma, common methods such as gratitude (感恩), cherishing (惜福), giving (布施), etc are generalized as righteous method 「眾善」法門<sup>(14)</sup>.

## Conclusion

We summarize the “Buddhist chaplain-based spiritual care” as follows:

(1) Qualified clinical Buddhist chaplains are required to successfully complete a rigorous training program consisting of classroom instructions as well as bedside practicum on applying Buddhist principles and practices to terminal care.

(2) By following the Buddhist practices, patients transcend the worldly dharma, discover their internal power, improve their life quality and achieve good death.

(3) Buddhist chaplains also provide life and death education to family members, transform obstacles into assistance, reduce forthcoming grief, and elevate the morality of the hospice and palliative care team.

In conclusion, the application of Buddha Dharma in hospice and palliative care is truly a unique feature of Taiwanese indigenous spiritual care system.

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## References

1. 陳慶餘：緩和醫療的原則，台灣醫學。1997；1：186-192.
2. World Health Organization. National Cancer Control Programmes: Policies and Managerial Guidelines. Italy: World Health Organization, 2002.
3. Doyle, D., Hanks, G., Cherny, N. & Calman, K.. Oxford Textbook of Palliative Medicine 3rd ed. Oxford: Oxford University, 2004; 1-4.
4. Jill Gordon. Medical humanities: to cure sometimes, to relieve often, to comfort always. MJA 2005; 182: 5-8.
5. Watts JS, Tomatsu Y. (2012). The Development of Indigenous Hospice Care and Clinical Buddhism in Taiwan. In: Jonathan W & Yoshiharu T (Eds.) Buddhist Care for the Dying and Bereaved in the Modern World: Global Perspectives Buddhist Care for the Dying and Bereaved. Boston: Wisdom Publications, 2012;111-29.
6. Burkhardt MA. Spirituality: an analysis of the concept. Holist Nurs Pract 1989;3(3):69-77.
7. Jacobs MR. What are we doing here? Chaplains in contemporary health care. Hastings Cent Rep 2008;38(6):15-8.
8. 聖嚴法師。神會禪師的悟境。臺北：法鼓文化事業公司，2005；Pp73-124。
9. Chen CY. Principles of patient-centered care in control of terminal symptoms. J Clin Geront Geriat 2012;3(3), 87-8.
10. 釋滿祥、釋宗惇、陳慶餘、邱泰源、黃鳳英、釋惠敏。臨床佛教宗教師在緩和醫療病房的角色和服務狀況調查。安寧療護雜誌 2001；6（4）：1-12。
11. Huimin B. The role of mindfulness in hospice & palliative care in Taiwan. Taiwan J Hosp Palliat Care 2012; 17(2): 200-9.
12. 陳慶餘、惠敏法師、姚建安、邱泰源、胡文郁。癌末病人靈性照顧模式之研究—以某醫學中心緩和醫療病房的經驗探討。中華民國家庭醫學雜誌 1999；9（1）：20-30。
13. 釋宗惇、陳慶餘、釋惠敏。臨床佛教宗教師在安寧緩和醫療中的角色。生死學研究 2007；5：65-97。
14. 陳慶餘、邱泰源、釋宗惇、釋惠敏。台灣臨床佛教宗教師本土化之靈性照顧。安寧療護雜誌。2002；7（1）：20-32。

# 台灣臨床佛教宗教師的靈性照顧

陳慶餘

## 摘要

本土化靈性照顧起自 1995 年台大醫院緩和醫療病房開辦，接受蓮花基金會及一如精舍先後委託研究計畫，進行佛法在臨終關懷的應用及本土化靈性照顧模式的探討，2000 年開始培訓臨床佛教宗教師，至 2008 年成立台灣臨床佛學研究協會，開創臨床宗教師的服務網絡，進一步以「臨床佛教宗教師為基礎」的靈性照顧模式，進行國際學術交流。

相對於西方，本土化靈性照顧有三項特點：(1) 靈性指的是每個人都具有的內在力量，屬於自力；(2) 靈性課題分為原發性及次發性靈性課題；(3) 臨床佛教宗教師的專業在於傳授各種法門，且包括病人的死亡準備與來生期待，以及家屬預期性悲傷輔導等服務。因此，我們定義本土化靈性為：「對正法的感應、證悟與理解能力，是一種生命力，心智成熟的表現」，強調以病人為師，病人不僅是接受者，也是示現者。

合格的臨床佛教宗教師，需接受結合佛法應用在臨終關懷的理論與實際的完整培訓課程。以臨床診治為例，依據「四聖諦」原則，分述如下：(1) 從病情發展的過程，根據「五蘊」將病人的各種苦，分為身體、心理、家庭、人際和靈性五方面，區分出靈性的「苦」；(2) 依「十二因緣法」，評估四聖諦當中「集」的部分；(3) 根據「四念住」來設定照顧計畫的目標（「滅」的部分）；(4) 最後將各種靈性的苦因歸類為六大靈性課題，依照病史的逐日記錄，整理分為主觀、客觀的臨床表現，來評估其靈性課題的種類，並做成照顧計畫，其中最重要的是法門傳授。法門執行分為念佛法門、皈依法門、禪定法門、臨終說法與助念、懺悔法門、眾善法門等，觀察並記錄法門的療效（「道」的部分）。

本土化靈性照顧的五階段架構，分別為病情告知、死亡準備、感應靈性，依持法門與成佛之道。經過培訓的臨床佛教宗教師參與安寧緩和醫療第一線照顧，解除病人靈性上的受苦，有助於靈性境界的提升與死亡恐懼的減少。病人在依持法門之下超越世間法，啟發內在力量、提升生活品質而達到善終。法師並對家屬提供生死教育，化阻力為助力，減少預期性的悲傷，也提振安寧團隊成員的士氣。總之，佛法在安寧緩和醫療的運用是建立本土化靈性照顧的特色。

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**關鍵詞：**安寧緩和醫療、臨床佛教宗教師、靈性照顧、佛法

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