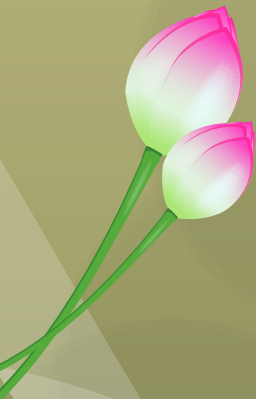
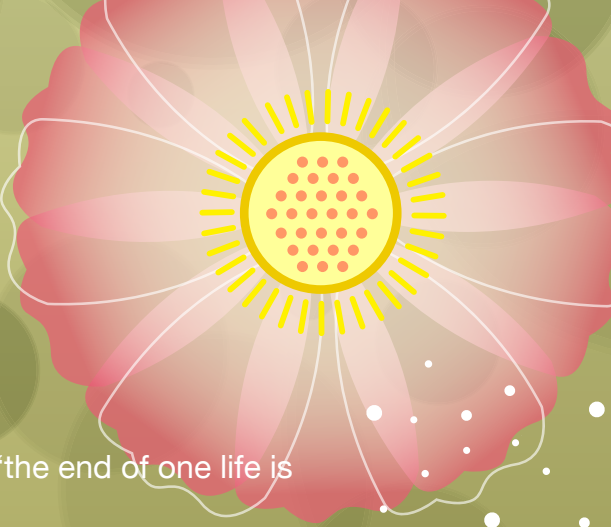
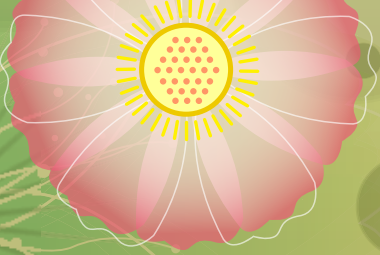


Caring as if Lotus in Hearts

— About the Viewpoints of
Tzu Chi Nurses Towards Palliative Care





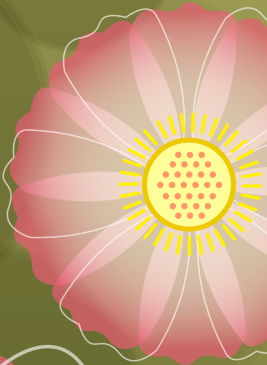
Palliative Care, or Hospice Care; is often said, “the end of one life is the beginning of another.”

The “Xin Lien” (Heart Lotus) Ward seems to have some magic power, or the ability to make miracles.

Nineteen years ago, the first specialty ward was established in Taiwan. Six years later, Tzu Chi set up its first “Xin Lien” Ward in Hualien.

Even though the rooms are small and limited in quantity, it is a new era for the beginning of palliative care in Taiwan. There are many amazing and moving stories yet to be told.

“Xin Lien” emphasizes the four holistic cares: patients, families, process, by a medical team. Employees believe in teamwork; each and every little step forward is just as important as the end result. Instead of the bleak and gloomy atmosphere in a typical ward, the “Xin Lien” Ward is filled with energy, displaying multi-facets of the colorful lives of the people there.



Shu-Chen Wang, Supervisor, Nursing Dept., Tzu Chi Hospital, Hualien

“Xin Lien” emphasizes the four holistic cares: patients, families, process, by a medical team. Employees believe in teamwork; each and every little step forward is just as important as the end result. Instead of the bleak and gloomy atmosphere in a typical ward, the “Xin Lien” Ward is filled with energy, displaying multi-facets of the colorful lives of the people there.

“Xin Lien” Ward provides care and treatment for terminally ill cancer patients. The “Xin” means heart and “Lien” means lotus. The two combined indicates patients’ hearts are clear and radiant like the moon; while the lotus symbolizes “bodhi”, an enlightened mind with wisdom. It is Master Cheng Yen’s blessing for all patients. We, the medical team, should always abide by our profession for the highest expectation.

Patients at this terminal illness ward receive physical, mental, and spiritual care and are treated with respect, with special attention to the quality of living. The idea is to give patients a sense of ownership of how they want to live, and they can be at peace when the final moment of death descends upon them.

The first modern terminally ill ward in the world was established in 1967 by Cicely Saunders: The St. Christopher’s Hospice in England. Twenty three years later, Mackay Hospice was set up in Taiwan. In 1996, Tzu Chi established its first hospice in the

eastern part of Taiwan. Thereafter, more wards were established at Dalin and Taipei, offering more opportunities for the service.

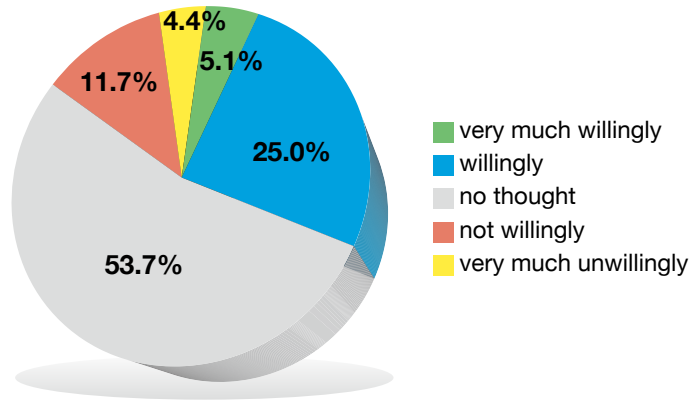
Palliative Care Is Humane and Professional

Professor Co-Shi Chantal Chao, known widely as “The Pioneer of Palliative Care Nursing in Taiwan”, has written an article about this topic at the request of the editor of Tzu Chi Nursing Journal. I am grateful to professor Chao for her support and encouragement for all our staff at the “Xin Lien” Ward. Her article, “Who qualifies for Palliative Care Nursing?” is published right after this one.

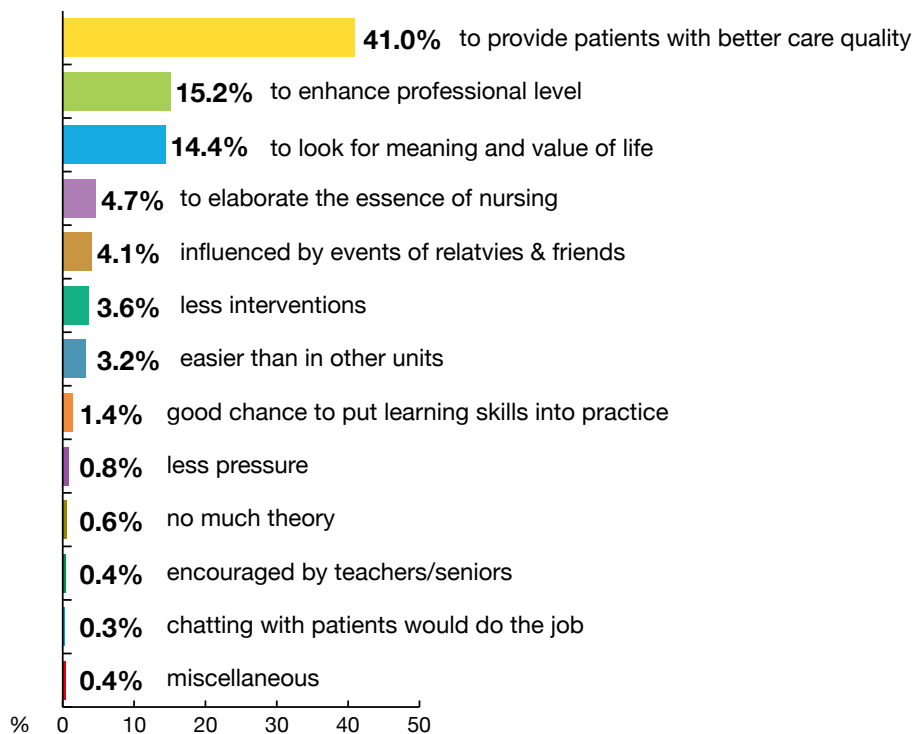
Palliative care is a conceptual framework. After Professor Chao’s visit to Japan in 1994, she championed the establishment of a medical research center with facilities for palliative care. Since then, it has become a specialized division in medicine, and is recognized as “scientific” and “professional.” Palliative care should therefore combine “high touch”, the humane treatment, with “high tech”, the advanced technology.

In her new book published not too long ago, Professor Chao did a study based on her interviews with various doctors about their views on terminally ill care. She found out that doctors in Taiwan knew very little about this approach. Worst of all, some

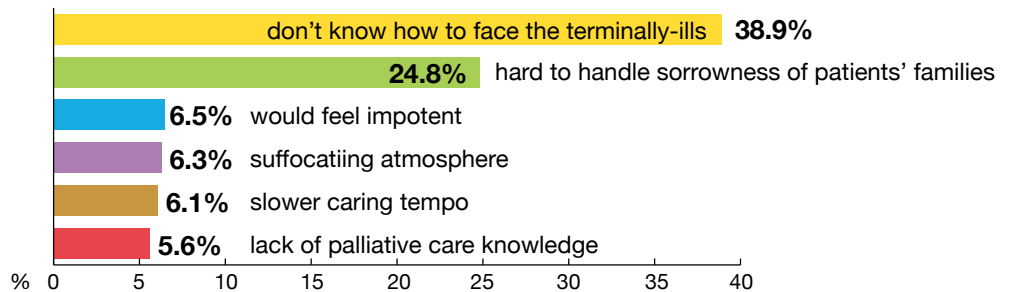
Q1 For non-palliative care givers: would consider transfer to palliative care ward? (N=1,308)



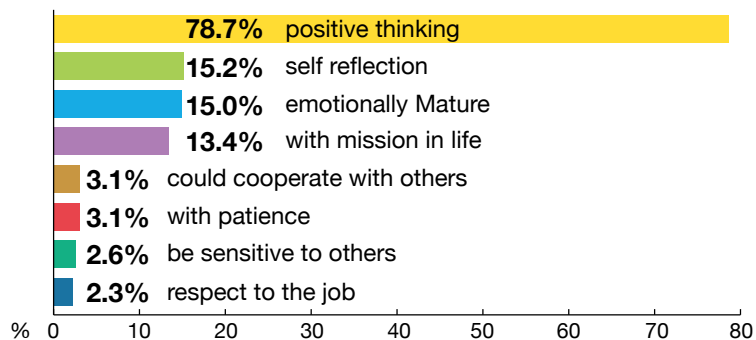
Q2 For non-palliative care givers: suitable reasons to transfer to palliative care ward? (N=1,308)



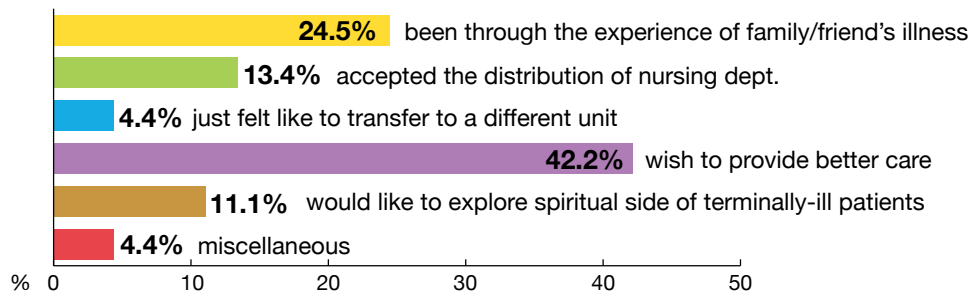
Q3 For non-palliative care givers: why not serve in palliative care ward? (N=1,308, multiple choices)



Q4 For non-palliative care givers: which characteristics should a palliative care nurse own? (N=1,308, multiple choices)



Q5 For palliative care givers: why serve in the palliative care? (N=45)



doctors spoke badly of it, and considered it unprofessional.

If doctors spoke negatively about palliative care, what would other professionals think about it? One candidate applying for a position at the “Xin Lien” Ward misunderstood the real responsibilities, thinking it was all about talking to patients. It took the person a long time to adjust because the situation involves the very active caretaking of patients. Even in academia, when students were asked about palliative care, they presumed wrongly that communication was mostly needed. Very few of them mentioned the importance of technical skills and knowledge.

30% of Respondents Are Willing to Take on Palliative Care

A survey on palliative care was conducted among all Tzu Chi’s nursing professionals. The objective is to study the population understanding of palliative care, the reasons to take on the challenge, and the common traits, if any, that are unique but required in this field. The survey was distributed electronically to all six Tzu Chi hospitals across the country. A total of 1,353 surveys were returned, with 45 respondents already working at the terminally ill ward, and the remaining 1,308 from people working in various medical fields.

Only 30.1% of the 1,308 respondents

are willing to work in palliative care. 53.7% have never thought about it, and 16.2% will not consider it. Among the 30% that has favorable feedback, 41% would like to see better quality care, 15.2% wants to improve their own nursing skills, and 14.4% considers it as a way to explore the meaning and value of life.

Terminally Ill Treatment Education Becoming More Popular

Almost 70% of respondents have taken courses related to Palliative Care. We can see from the result that continued education on this subject is quite popular. Of the 1,308 respondents in the survey, 61% have taken more than 4 hours classes, 15.3% in basic classes, and 0.9% in advanced classes. Of those willing to enter the field, only 23% have taken some basic classes. This demonstrates that there is a sizeable difference between hypothetical situations and reality.

Most nurses have some general ideas on Palliative Care, but they may not know enough about exactly what it is and what it involves. Some said going into Palliative Care is unpromising and good-for-nothing. The following are some of the reasons respondents wanted to switch to this practice:

Approximately 3.6% assume there is little treatment, 3.2% think the work would be easier, 0.6% does not think it requires

much medical knowledge, and 0.3% believe all they would need to do is chat with patients.

The fact is that people working in Palliative Care have the authority to make decisions. For example, many doctors allow such nurses to use judgment on the best time to administer “pro re nata” (when necessary) to patients. Therefore, they need to have strong physical, mental, and pharmaceutical knowledge. Aside from the conventional medical treatment techniques, they also need to learn many additional treatment methods, for example, aromatherapy, musical therapy, artistic therapy, and Chinese medical therapy. Even if people have taken courses on Palliative Care, without hands-on experience, it is difficult to experience that spirit.

The Basis of Nursing Is Love

Every day, nurses are faced with dying patients. Many people therefore assume nursing is a sad job. Some of the nurses feel that way. About 38.9% of the surveyed would not consider a transfer to Palliative Care because they don’t know how to deal with the dying patients. Another 24.8% said it would be too hard to cope with the suffering of the patients’ families, and 6.5% feel helpless and believe nothing they can do would help. Finally, 6.3% believe the atmosphere is too depressing.

However, despite the encounters with death, laughter and smiles still outnumber

the tears. The families of the deceased patients often return to the hospice unit to work as volunteers. Love continues on and extends to others. Some patients enter the hospice thinking it is their funeral home. Soon after treatment, they change their mind and learn to comfort other patients.

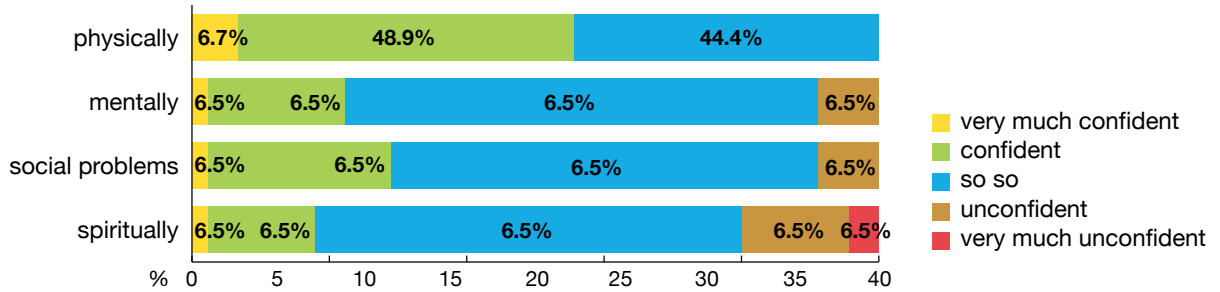
One patient said he used to feel like he lived in hell. Once he went to “Xin Lien” Ward, he felt like it was heaven. Even if he were to die at age 25, he wouldn’t regret because he did everything he possibly could. What we experience is the proactive stand of patients and families, who take advantage of every possible moment of life. If there is no regret in life, isn’t it the most wonderful thing?

There are also patients who constantly live in fear of dying. When treatments don’t go well, the staff can sometimes feel helpless. Fortunately, in a team environment, others will step in to help when someone gets lost. Continuous learning is one way to overcome deficiencies. In general, after the completion of five-day training classes for new comers, they recognize just how important love is to those in their profession.

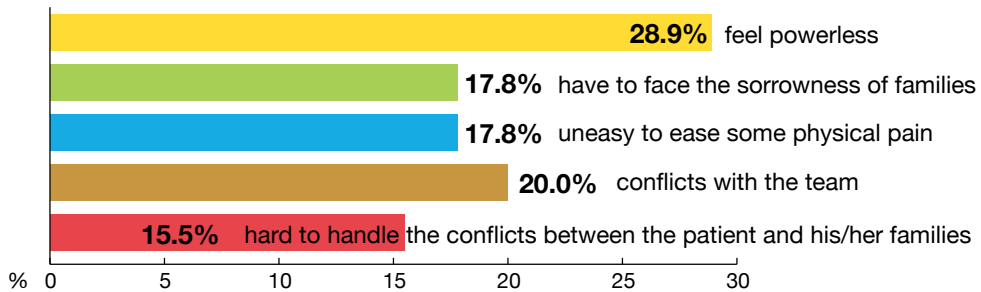
Positive Thinking, Like Magic, Can Make a Miracle

Palliative Care in Taiwan has been going on for almost 20 years, but only 41 hospitals have specialized wards, and

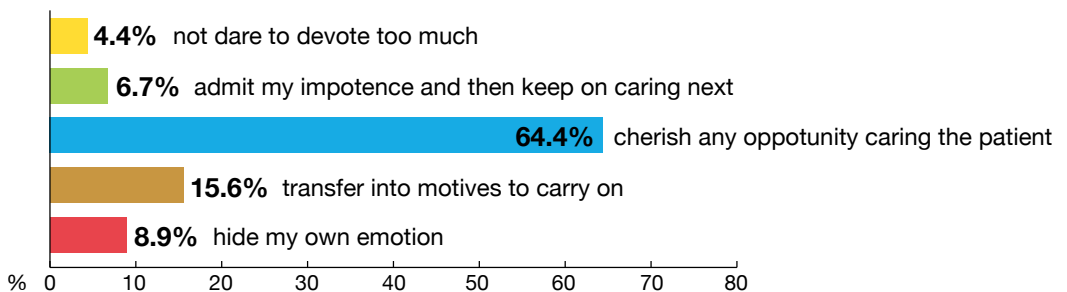
Q6 For palliative care givers: the confidence level to solve problems for the terminally-ills? (N=45)



Q7 For palliative care givers: the difficulties while providing care to the terminally-ills? (N=45)



Q8 For palliative care givers: inner experience while having difficulty caring the terminally-ill? (N=45)



just over 500 beds for patients. Currently, there are about 1,000 Palliative Care professionals working in the hospitals, at home or in specialty wards.

For medical professionals not involved in Palliative Care, a positive attitude (78.7%) is the most essential element, which is the first element listed in Professor Chao's article ("Who qualifies for Palliative Care?"), self-reflection (15.2%), matured emotion (15%), and meaningful life (13.3%).

There are miracles in these wards. A positive thinking nurse can make a difference; and a positive thinking team can make the impossible to become possible. For example, some patients require respirators to survive. Such patients are often withdrawn, but with continuous care, they are able to begin conversations. Patients with broken bones typically have difficulty turning themselves, not to mention get out of bed. The team will find ways to help the patients to move around. Patients

requiring constant intravenous tubing usually cannot bathe, but nurses cover their tube insertion areas with plastic stick wrap and allow them to have that luxury. Patients with severe constipation, wounds not healing, Chinese herbal medicine with little side effects come to the rescue. Together, their ingenuity and positive thinking made the impossible tasks to become a success.

Life and Death – the Complete Holistic Cares

The survey also compiles statistics on personnel already working in the field of palliative care. Even with only 45 surveys returned, the result can be a good reference for future research. 42.2% of the respondents chose the practice to offer better service and quality to patients, which is the same percentage for the survey of personnel not related to palliative care. 24.5% were influenced by the experience of similar illness of family members or related. 13.4% didn't have any choice because they were assigned. 11.1% were curious and wanted to know what dying patients were thinking.

Most palliative care personnel have the necessary fundamental skills and training for palliative care nursing. When asked about their confidence level in tackling



Photo depicts that a home care nurse and a volunteer sister went to visit a terminally ill patient at home, providing palliative home care and some extra services -- washing his hair.

patients with life-threatening illness, 72.4% favored physical, 64.4% sociological, 63.1% psychological, and 62.2% spiritual.

Again, Palliative care emphasizes the four holistic cares: patients, families, process, and the medical team. The medical team, 24 hours around the clock and on three shifts, carries a major burden during the process. Therefore, they are more stressful compared with their counterparts in other areas.

Let Go the Sadness and Rise Again

When asked about the greatest challenge: 28.9% said it was the feeling of helplessness, 20% cited internal conflict within the team, 17.8% about facing the sorrow of patients' families, 17.8% felt the physiological, and 15.5% involved the disputes between patient and the family.

Nurses often have to deal with patients in need of attention, such as patients with excruciating pain, breathing difficulties, and some who beg to die to end the suffering. They must be calm in all cases, for example, cleansing the pungent wounds, trying to stop out-of-control bleeding. They need to be gentle when comforting both patient and family. After cleaning up after a patient's death, they then have to attend the celebration for a different patient. Nurses' feelings alternate quickly between hot and cold, like being in a sauna.

Sometimes, nurses function as bridges

between the patients and their family, to narrow the gap in communication. When conflicts arise between patients, or families, nurses then have to intervene and mediate. After work, some nurses even help patients' children do their homework. When nurses go out for meals, they also purchase some favorite foods for the patients back at the hospice who don't have families to visit them.

Patients that cannot walk and/or are restricted to the hospice for long periods of time sometimes request to go out (for example, to the beach). Nurses will make the necessary arrangement for them to leave early in the morning, around 6 AM, to prevent the patients from being bothered by the sun. To ensure they don't cause the patients any pain, the nurses sometimes lift their wheelchairs to prevent going over rough terrain.

During holidays, nurses dress up to entertain the patients. On New Year's Eve, nurses drive patients home to celebrate with their families, and bring them back to the hospice afterwards. They give up their own family time to bring joy to their patients. Nurses greet patients' farewell in the dreams and often visit the families after the patients' passing. Sometimes, families stop by and huddle around with the nurses in memory of the passing, in tears, like one big family.

When patients are near death, they tend to become more sensible. Nurses make an additional effort to meet their



| It is hard for a healthy person to understand the feeling of terminally ill. But companionship with love would always be the right way. Photo shows a corner of the air garden outside the palliative care ward.

mind, to be intimately close to them, such as their last words or wishes, more or less communicating at the spiritual level. This is, in fact, a part of the palliative care nursing. A regular nursing routine may not detect the changes in patients' behavior, whether tangible or intangible, no matter how small it is. Those who can't observe these changes may never handle the job well, and can only be reduced to administrative duties like answering phones at the nurse station, or becoming passive and only act when instructed to.

At the Endpoint of Life – Turning a Barren Field into Vivid Green

Nurses are exhausted during the course of the treatment. So why do they insist on continuing? How do they see the outcome of palliative care nursing?

The answers to the survey are revealing: 64.4%, cherished the opportunity to care for these terminally ill patients, 15.6% said it induced strength upon their work, 8.9% would keep trying, 6.7% tried to mask personal emotion, and 4.4% did not want to over-reach.

Professor Co-Shi Chao described the five common reactions of palliative personnel in her translated book, "Parting", as the following: Escape from the patients for fear of death; The feeling of helplessness, or hopelessness; Recognize the patients' feeling; Indifference; and In-humanitarian treatment.

Some nursing staff, by taking care of patients with terminal illnesses, come to the conclusion that life is meaningful. One nurse said, after a year, that he is welcomed to "a big family" with a lot of love. She feels that there are both bitter times and laughter, and that being able to take care for someone else is a great achievement. Some nurses fall into depression and feel helpless, or

tired, so they eventually leave the hospice. It is, therefore, very important for palliative care personnel to release their emotions so that they can continue to offer terminal patients better treatment.

There's a saying from "Jing Si Aphorisms," "In a place where nothing exists, as long as there is someone willing to plant seeds, it will quickly become green and bear fruit." Tzu Chi Foundation Vice President, Pi-Yu Lin, composed a song for "Xin Lien" Ward named "Sadness and Happiness at Xin Lien." The song says, even though the patients don't stay long, how the nurses feel. It is a blessing to work in a place where you can understand the meaning of life and learn how to live better.

"Sadness and Happiness at Xin Lien"

*From childhood to adulthood, I deeply love this world.
I welcome the sunrise and see-off the sunset.
In my leisure time, I can meet my family and good friends.
I sing, and appreciate the blooming and fading of flowers.
I enjoy the mountains, rivers, and fields.
I love this world. I live to enjoy it everyday.
But it is a part of nature; and I have to leave and start over.
I'm sad and don't want to leave,
but I gladly accept because it's part of nature.
With mixed emotions, of sadness and happiness,
I really don't want to leave.
Now, I must disappear.
With mixed emotions, of sadness and happiness,
I will start again with a pure mind. I'll treasure the next life -- a brilliant life!*

Who Qualifies for Hospice

By Co-Shi Chantal Chao



The Reasons Why People Are Against Hospice Palliative Care

When hospice palliative care was first introduced to Taiwan, many people voiced their objections and their reasons are summarized as follow:

Hospice Palliative Care Exerts Tremendous Pressure on Patients

The mere action of moving a patient to a hospice palliative care unit is often equated with been labeled “terminally ill”, signifying that the patient has been “abandoned”, “ceasing all active treatment”, and “left to die”, leaving the patient devastated and traumatized.

Lack of Continuity of Medical Care

Once a patient is transferred to the hospice palliative care unit, the link between the patient and the primary doctor will be severed. A new medical team will be taking over the treatment plan, so the patient and the doctor have to readjust to establish a mutual trusting and rapport relationship.

Due to the reasons above, people believe that hospice palliative care is harmful to the patients and their family, obliterating all hope, and is even considered as a violation against the philosophy of health care humanitarian.

The “right” person can raise the quality of hospice palliative care. Not only would the medical personnel improve through experiences, the patient would be at ease from the appropriate care.



Palliative Care?

Hospice Palliative Care Is the Most Humanitarian Health Care Model for Patients with Life-threatening Illnesses

Although reasons against hospice palliative care may appear to be plausible at first glance, but it is in fact misconstrues of its essence. As defined by World Health Organization (WHO), “palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of pain and other problems -- physical, psychosocial and spiritual. Palliative care offers a support system to help the family cope during the patient’s illness and in their own bereavement. Palliative care uses a team approach to address the needs of patients and their families.” (WHO, 2002)

In other words, palliative care is the most proactive approach for terminally ill patients, offering four holistic cares: patients, families, the entire process, and by a health care team, to vigorously improve the patient’s quality of life. They are not abandoned; on the contrary, they gain access to more treatment options and resources, to meet the physical, emotional, and spiritual needs of patients and their families.

Hospice Palliative care is not a “place”, but rather “a group of right people on the right jobs”. It truly is the answer to provide better quality of life to the patients and their families. As a result, the concept of hospice palliative care should be implemented in every clinic, hospital, and even at the patient’s own home. In order to place the right people on the right jobs, it is imperative to carefully select a health care team, equipped with professional knowledge and

skills through disciplined training. However, it is impractical and unrealistic to require every discipline and ward in all hospitals to provide hospice palliative care. It would be like asking for a “Harmonious world where people respect the elderly as if they were their own parents, and love the young as if they were their own children.” Therefore, it is important to mentor a group of “right” people with rigorous palliative care training to provide the four holistic cares; with a concrete example been in practice, can the ideal be spread across the country. When the ideal is implemented in every hospital or within the entire medical system, then the palliative care program and its supporting personnel are no longer needed. However, this goal cannot be accomplished in a short period of time.

The Key on Success of Hospice Palliative Care Is “The Right Persons On the Right Jobs.”

In the summer of 1988, I visited the first modern hospice, St. Christopher’s Hospice, in the suburban area of London, England. I consulted with Dr. Dame Cicely Saunders, the founder of hospice palliative care, asking her: “What are the key elements to a successful hospice palliative care?” She replied with one simple sentence: “Only one element -- the right persons on the right jobs.”

Dr. Saunders established St. Christopher Hospice in 1967. For more

than 20 years, she had seen the turnover of numerous medical personnel. Since then, hospice palliative care has been well developed in England, and is spreading throughout other European countries. With many years of on-the-job experience and the life wisdom she attained along the way, Dr. Saunders was able to succinctly revealing the true essence of a successful hospice palliative care.

It doesn’t matter whether the hospital is decorated like a five-star hotel or just plain simple and ordinary, the most important function of health care is the ‘right’ people. Once the people are ‘right’, the service that they provide will also be right.

Upon my return to Taiwan, I dedicated myself to the promotion of palliative care nursing, as well as the establishment and operation of hospice palliative care in hospitals. For twenty years, I have seen numerous people come and go. It was then did I truly appreciate Dr. Saunders’ wisdom and the truth in her maxim.

The Eight Essential Traits of “Right” People

In 1988, I asked Dr. Saunders, “What do you mean by the ‘right’ person?” She listed the following eight essential traits:

- 1. Positive thinking**
- 2. Emotionally mature, capable of self-reflection**



Possessing the traits of dedication, passion and pleasantness, not only making nursing care easier to handle, but is also the basic requirements for a hospice palliative care nursing personnel.

3. **Cooperation**
4. **Enthusiastic learner with motivation to self-improve**
5. **Understanding the meaning of life**
6. **Sensitive to others' needs**
7. **Pleasant**
8. **Dedicated, responsible, passionate, appreciate work ethics**

“Positive thinking” is crucial for nurses who deal with suffering and death on a daily basis. If they indulge in negative thoughts, it can be detrimental to their health, as well as those around them.

“Emotionally mature, capable of self-reflection” is a trait that can be identified

when observing a person’s demeanor, by evaluating the proportion of his or her criticisms and appreciation towards others. Shifting blames is a usual reaction for the people who are incapable of self-reflection. When dealing with crisis, crying or complaining is the most common reaction for the person who is emotionally immature.

“Cooperation” is the priority concern for individuals working in the field of hospice palliative care. The emphasis of this job is the skills of “cooperation, communication, and interaction”. Indulged in individual heroism, eager to showoff, materialistic, lack of communication skills, inconsiderate, self-centered, stubborn, overcompensate

due to diffidence, and overachieving, are all good indicators of persons incapable of cooperation. A touchstone in identifying people who are incapable of cooperation is to look for job hoppers, who rarely stay at the same job for long, not to mention eight to ten years, or even longer. More often than not, when these job hoppers leave their current jobs, they would complain to others about their previous work place. "It's all their faults" is their time worn excuse. If they are unable to leave their current environment for whatever reason, they would constantly display as been oppressed, dissatisfied, holding grudges against others, believe to be abused by their superior and ill-treated by colleagues. On the other hand, a cooperative person often feels blessed, embraced and loved by the work team, and capable of remaining in the same workplace for a long period of time.

"Enthusiastic learner with motivation to self-improve" will constantly improve oneself on daily basis. The more difficult it is to care for the patient or family members, the more one would grow; the hardship one faces at work is transformed into a momentum to self-improve. They would treasure opportunities to attend seminars at their own expenses and vacation to enrich themselves. When someone point out their errors and mistakes, they would gladly accept the criticisms and be grateful for the

guidance, rather than resorting to tears and complaints to release their dissatisfaction.

People who "Understand the meaning of life" would not breakdown in their long term association with grief, suffering and death; on the contrary, they could appreciate enriching experience of participate in a life's journey.

Professor Chi-Wan Lai once said, "The most valuable trait of a medical personnel is the sensitivity to the human suffering!" Patients and family members one has to face in hospice palliative care are tormented by the ultimate human suffering of life and death; hence sensitivity and empathy are vital in hospice palliative care.

When possessing all of the above traits, rarely does one turn into a person of bitterness; instead, one would dedicate to work daily with pleasantness, passion and ethical attitude.

Who Qualifies for Hospice Palliative Care

Dr. Saunders' eight essential traits of hospice palliative care consist of both objective judgments standard and subjective evaluation. The best case scenario is when the person feels "right" for the job, and others (including the medical team, patients and families) feel the same way. If the person feels "right" but others don't, then the person won't be happy,

while others will be affected in-kind. This critical issue has often been neglected in the hospice palliative nursing training and administrative management, even though of its imperativeness to the success and failure of hospice palliative care.

Words of Encouragement to the Heart Lotus Team

Supervisor Shu-Chen Wang kindly invited me to write an article for the Tzu Chi Nursing Journal. Due to the high turnover rate of hospice palliative care units across all hospitals in Taiwan I have witnessed, I decided to voice my thoughts on the issue.

Failures and setbacks are normal and inevitable in life. When faced with illness, suffering and death, we need to apprehend the wisdom of life, and be part of the hospice palliative care. I sincerely hope

that everyone in the Tzu Chi Hospital's Heart Lotus Team is the "right" person for the job, becoming the exemplar in the field of hospice palliative care!



Professor Co-Shi Chantal Chao, known widely as "The Pioneer of Hospice Palliative Care," had survived cancer. Since recovery, she has devoted herself completely for hospice palliative care across Taiwan.

Profile of Ms. Co-Shi Chantal Chao

- | R.N., Ph.D.
- | Case Western Reserve University, Cleveland, Ohio
- | Professor, Medical School, National Cheng Kung University
- | Chief Executive Officer, Taiwan Association of Hospice Palliative Nursing
- | Recognized as "The Pioneer of Hospice Palliative Care" in Taiwan
- | Publications include "Bits and Pieces of a Nurse," "Hospice Palliative Care," and "Life and Death – Physicians' Point of View," etc.
- | Translated English Titles include "Man's Search for Meanings" and "Sharing the Darkness"

Listening

– a Buddhist Priest in Heart Lotus Care Ward

By Zun-Kn Shi, Associate Professor of Sociology, Tzu Chi University

As soon as I walked into the patients rooms during the visiting hours, a greeting from one of the nurses, “Shi-fu (Dharma Master) Ken, Grandma in room 1 needs your attention, please don’t forget.” When I ran into her a minute later, she reminded me, “Shi-fu, did you visit Grandma?” While I was near one of the nursing stations, a different nurse said to me, “Shi-fu, Grandpa in room 2 is not talking, please stop by his bed and talk to him.” While I was about to reach a destination, a call from behind stopped me. It was from the department head nurse, she said it was time for a meeting together. Instantly, I felt tears and laughter. This group of lovely bodhisattva nurses, do they think I can be in different places at the same time?



Experiencing her mother's death, Dharma Master Zun-Kn is deeply touched with issues of life and death. As a religious priest, she expects to bring tranquility and peacefulness to the patients and families.

to the Sounds in Normal Beings



I made a quick visit to a patient before the conference. While I was about to sit down at the conference room, some nurses were too eager to ask questions: “Shi-fu, did you see patient John? What did Shi-fu say to the patient? What was the patient’s response?”

A Super Woman Treating Patients Like Families

When schools are in recess, I visit the patients daily. I also make house calls with the home-based patient care technicians. I am deeply touched by the nurses who not only have busy schedules during regular hours, they also voluntarily visit patients after working hours together with some home-based patient care technicians.

One time there were two night shift nurses who, after working the next morning, joined us for a home visit. Even though they had just finished their regular night shifts, they insisted on going with us. We spent a great deal of time with a patient who was single and wanted to see some lotus flowers. By the time we came back to

the hospital, it was about noon. I thought they would go straight home for some rest, but instead, they chose to attend a funeral service, to pay their final respects to a patient. I admired them for their relentless effort, the energy, the endurance and persistence, but most importantly their work ethics; they see patients as they see their own families, and feel it is their duty to do what is right for them.

Whenever I see nurses interacting with patients, their sincerity and the positive attitude really warms my heart. It reminds me to live up to the standard. Only true sincerity from within can we touch other people’s hearts. Patients and their families need unconditional care with sincerity. I can attest to this because I have experienced something similar.

Even a Priest Cries for the Loss of Her Loved One

Three years ago, my mother passed away with colon and lung cancer. I was in Japan at the time, finishing my last few months of postgraduate work before



Dharma Master Zun-Kn uses the words of Buddhism in her daily life. She listens attentively to patients, providing comfort and assurances.

coming home. Mother was a faithful Buddhist, a strong willed person who liked to take care of herself. During her final two years fighting with cancer, I was busy studying and working on my thesis. Mother worried about me living abroad by myself. She often sent me parcels. One of them had a note in it saying: “My dear daughter, please take good care of yourself, and don’t forget to go to bed early. Mother...” My mother had difficulty writing because of her illness. The characters looked a bit odd, I knew she had struggled to hand write those words. I cried.

I felt ashamed for having caused my mother to worry about me, my health, and my studying. I had taken refuge in

Buddhism for many years, but that didn’t do much to alleviate her worries. Being so far away, I could only speak with mother on the phone: and when I returned home, the time that I had with my mother was just too short.

It has been eighteen years since I entered Tzu Chi as a Buddhist. Mother was my major support, both spiritually and academically. Her loss was a big shock to me. I felt helpless and lost. When at work, teaching and working on my thesis, there was very little time for me to mourn. The memories of my dear mother; the gratitude for her care and love is buried deep inside; one I need to vent, but how?

It is one thing to talk about how

practitioners should be logical, strong, and not attach to emotion. But when it comes to your loved ones, how can one not be emotional?

My Real Experience About Terminally Ill Nursing Care

When I was a second year student for my Master program in Japan, for two weeks I interned at a hospital for terminally ill patients. Visiting hours are strictly limited and enforced in the hospital and no families are allowed to stay overnight with the patients at the hospital. Therefore, families mostly visit during holidays or weekends. On the first day, I attended an orientation with several other graduate students. We were not allowed to go inside the patients' rooms and talk to patients unless the patient requested our service. Refreshments were served in the morning and in the afternoon, and we wanted to take advantage of these opportunities to work with patients. The hospital did have a small meeting room for patients, but unfortunately not many patients attended these meetings. Therefore, our encounters with patients were limited.

We spent much of the time staying at the waiting rooms taking care of books and plants. That was the most disappointing part of the program - the experience of terminally ill care in Japan.

From the time my mother was admitted to the hospital in Hualien, until her death

and when her body was donated to the Tzu Chi "Cadaver" program; Tzu Chi volunteers and priests were present along the way providing comfort and support. Even when mother was undergoing treatment in the Taipei Tzu Chi Buddhist General Hospital, the religious social workers in the hospital were particularly helpful and caring. I am thankful for their support. These kinds of care have provided my family with support when most needed. It is that experience that I found missing when I was an intern on the terminally ill program in Japan.

A Pure Religious Heart – Great Love Has No Boundary

Buddha once said the root cause of worry and confusion is a result of "Ignorance" (Buddhism term for ignorance, or un-enlightenment). When facing death, patients fear, and their families grieve. It all comes from the attachment of clinging to things as real (abhinivesa). It is a continuation of the reaction to emotion and distress. Master Cheng Yen said, "The emotion of ordinary people is colored, whereas that of the bodhisattva is pure, colorless and borderless. The latter has no beginning nor ending, and can extend infinitely into the future."

Therefore, after understanding that the impermanence of life is part of the general rule, we can apply Buddhism to explain life and death, and assist patients to elevate their internal strength. Use wisdom to

turn love into “Great Love”, learn to accept Bodhisattvas have emotions too; that ‘love’ needs to be expanded. Nevertheless, terminally ill patients are different, and that requires us to always learn from the professionals.

After my mother’s death, I enrolled in a special curriculum for religious teachers. I learned the theories, and practiced them for about one year during my internship at the hospital. It changed my thinking and my behavior which had been traditional and conservative. I finally realize the importance of assisting not only the terminally ill patients but their families too.

The Real Listening and Exchange

Mother’s illness has given me an opportunity to immerse myself in the field of professional care for the terminally ill; that is the profession I have been trained for as a

religious social worker. There is no conflict using religion to help patients understand life and death issues, it is an important part of patient care. Over the past year and half, and for at least one day a week, I have been working with the terminally ill patients to care for their spiritual needs, and guide them through the process.

Students majoring in sociology often accompany me to learn first hand, in person, and to compare this real life experience with what they have learned in the classroom. These experiences will help those students understand more fully about the life and death issues; they can treasure this moment of life, and will do what is expected of them.

Even though I am helping patients and families as a religious social worker, it is them who actually are educating me so that I can understand the meaning of meaning of life impermanence. I become more mellow and reflective in the process. The



Dharma Master Zun-kn treats the patients as her educators, and would try to guide the families to take the life-and-death lessons.



The Heart Lotus care supporting teams help patients to have their wishes come true. Photo depicts Dharma Zun-Kn with her patients and the supporting team members near seashore in Hualien.

exchange is real and sincere, they are the naked truth about lives, the only thing I can do to help is to listen, and to accompany them.

It's Not the Religion, It Is Nature

The terminally ill care in all Tzu Chi hospitals emphasizes complete care around four basic principles: person, family, the whole journey, and the supporting teams. Every facet of the operation has its own uniqueness and characteristic; cooperation between different supporting teams allows

cross pollination to improve the quality of care and service. Accompanying with sincerity is to provide care and guidance; and to have questions about life and death is to develop spirituality. Each one of us is born with a philosophical mind, turn it the right way it can become spirituality. I am a religious priest, but I would say religion is not spirituality. The real spirituality care comes from everyone else's participation. I am grateful to those supporting team members; their contribution and effort enabled me to learn from those patients and families, who really are our teachers.