

An Analytical Study of Euthanasia in Buddhism with Special Reference to the Case of Buddhadāsa Bhikkhu's Death

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Abstract

This paper aims to enhance of understanding of the issue of euthanasia, as well as to analyze and apply the acquired knowledge to remind followers of all religions the importance of having the proper attitude towards death and how to confront it.

I have cited five factors related to the first precept for lay Buddhists presented in the Pāli Canon (Tipiṭaka) and its commentaries (aṭṭhakathā). This precept admonishes against killing, and the factors I cited should be a criterion for how to view the euthanasia issue. I also want to assert that doctors should acknowledge and accept a patient's right to refuse medical treatment and allow them to die naturally if that is the patient's wish.

This research presents and illustrates the textual approach to qualitative research. The primary sources of my data were the Pāli Canon (Tipiṭaka) and its commentaries (aṭṭhakathā) and sub-commentaries (ṭīkā). Secondary sources

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were books by well-known scholars in the field of Buddhist bioethics. I categorized and analyzed all the collected data to present a clear picture of the issue of euthanasia from a Buddhist perspective. The case of Buddhādāsa Bhikkhu's death and his interpretations of the application of Buddhist teachings are one possible way to resolve the issue of euthanasia and help Thai medical practitioners to prepare a system of proper hospice care that will assist patients in attaining inner tranquility, allowing them to die in peace naturally.

Key words: Euthanasia, Living Will, Buddhist Precepts, Hospice Care Compassion (*Karuṇā*), the Law of *Kamma*, Intention (*cetanā*).

I. Introduction

The word euthanasia comes from the ancient Greek words “eu” (well) and “thanatos (death),” so it translates literally as “good death.” Euthanasia can be divided into three main categories: voluntary, non-voluntary and involuntary. The American Medical Association’s (AMA) Council on Ethical and Judicial Affairs (1992) explains:

Voluntary euthanasia is euthanasia that is provided to a competent person on his or her informed request. Non-voluntary euthanasia is the provision of euthanasia to an incompetent person according to a surrogate’s decision. Involuntary euthanasia is euthanasia performed without a competent person’s consent.

Within these three main categories are the subcategories of active and passive. Eugenie Anne Gifford (1993, 1546) explains:

Passive euthanasia involves allowing a patient to die by removing him/her from artificial life support systems such as respirators and feeding tubes or simply discontinuing medical treatments necessary to sustain life. Active euthanasia, by contrast, involves positive steps to end the life of a patient, typically by lethal injection.

Altogether, we can identify six categories of euthanasia: voluntary active, voluntary passive, non-voluntary active, non-voluntary passive, involuntary active and involuntary passive.

Buddhism does allow for the autonomy of an individual based on the teachings of the law of *kamma* that says an individual has the freedom to decide and be responsible for his or her own moral choices. However, in Thai society, underpinned by the teachings of *Theravāda* Buddhism, this freedom is limited by the Buddhist precepts. The first precept for lay Buddhists is to abstain from killing, not only other people but also oneself. Buddha also established the third *pārājika* which is one of the four most serious monastic offences and requires excommunication of a monk for life for violating it. This appears in the precepts of Buddhist discipline (*Vinaya*) (*Vin* 3, 71): “Whatever monk should intentionally deprive a human being of life, or should look about so as to be his knife-bringer, he is also one who is defeated, and he is not in communion.” These precepts for lay Buddhists and monks should be applied to the issue of euthanasia because they concern any medical practitioner who may be requested to help end a patient’s life. They also concern mentally competent patients who may request others to help in ending his or her life.

Regarding the issue of euthanasia, the World Medical Association (WMA) declared in October 1987:

Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient’s own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness. (World Medical Association 1987)

When considering the above declaration, we see that the WMA rejects any form of active euthanasia. However, Their declaration accepts an individual’s right to die naturally by refusing medical treatment, as in the case of Buddhādāsa Bhikkhu, the most creative and controversial interpreter of Buddhist doctrine in the modern period. He also desired a peaceful and natural

death. Fully mentally competent before his illness, he wrote a living will and always voiced his wishes. After he lost consciousness, the attending doctor and some of his disciples decided to admit him to Siriraj Hospital where doctors decided to use life-prolonging treatments to save him. Afterward, when some of his lay disciples saw the doctors' efforts were pointless, they wanted the doctors to stop all treatments and return him to his monastery to die naturally. In my opinion, his disciples' expressed wishes to stop all treatment were within the scope of non-voluntary passive euthanasia, but the doctors did not disconnect the life-support equipment. They did however eventually allow him to die at his monastery.

The lesson we should learn from his death is the significance of the issue of euthanasia and one's right to refuse treatment. However, many questions arise in the case of an unconscious patient. Even if a patient prepares a living will when he/she is fully alert and mentally competent, how can we know they still have the same desire later? If a patient has not prepared such a will, who should make the final decision?

The purpose of hospice care is to help a patient and his or her family deal with all kinds of suffering (*dukkha*) by providing physical, mental, moral and spiritual care. It should help them cultivate inner peace so they can accept the inevitable end of life. We should all prepare our minds to accept and understand death with a proper frame of mind because nobody knows when their time will come. Buddhadāsa Bhikkhu also said, "To die in the right way we must be brave with the Dhamma, and die having victory over death, die realizing the emptiness [of life] in the last second of life" (Buddhadāsa Bhikkhu 1984, 98).

Therefore, Buddhadāsa Bhikkhu's death and also his teachings contain good lessons for the faithful of every religion to help us confront death properly. The main purpose of this paper is to assert that, from the standpoint of Buddhist doctrine, not all forms of euthanasia should be accepted as proper.

II. Euthanasia from the Perspectives of Thai Buddhist Scholars

Professor Somparn Promta, PhD, one of Thailand's leading Buddhist philosophers, supported the pro-euthanasia movement and applied the concept of utilitarianism to Buddhist ethics claiming that a person's act is morally right if it results in happiness and the avoidance of pain. In his book *Buddhism and Ethical Problems* (1992), Professor Somparn Promta claims that even though Buddhist doctrine considers euthanasia a sin (*pāpa*) because it involves killing, Buddhism should allow performing euthanasia both disabled infant and incurable patient who must use life-supporting machines to prolong their lives. In such cases, he says euthanasia is a necessary sin that relieves physical pain and removes the crushing financial burden placed on their families and relatives. In addition, he argues that life-prolonging machines interfere with the law of *kamma*, but withholding or withdrawing unnecessary and extraordinary medical treatments does not interrupt the law of *kamma*; it simply allows death to take its natural course. In contrast, Associate Professor Pinit Ratanakul, PhD, founding director of the College of Religious Studies at Mahidol Univ., insists that attending doctors should not allow euthanasia because their actions corrupt the course of *kamma* and creates bad *kamma* for themselves if feelings of repugnance (*dosa*) for their actions later appear. If they do not permit euthanasia and allow the result of past bad *kamma* to take place, suffering (*dukkha*) is reduced until the effects of bad *kamma* are completely expunged. In his study, *To Save or Let Go* (2000), he proposes a guideline for finding a Buddhist solution within the framework of the doctrine of *kamma*, Buddhist psychology, and the teaching of compassion (*karuṇā*). He said:

Within this framework, the doctor ought not to interfere with the working of *kamma* through the means of euthanasia, either by actively taking the patient's life or by withdrawing life-support systems. The advice of Buddhism to a person with an incurable disease is to be patient and to perform good deeds to mitigate the effects of the past bad *kamma*. In health care, compassion implies two obligations doctors have towards their patient, namely to do all they can in their power to enhance the well-being and health of their

patients, and to do no further harm to the patients by preventing and alleviating their harm and suffering.

Furthermore, suffering (*dukkha*) from fear of death may also occur in a patient who requests his life be terminated and a patient who does not want the medical practitioner to stop life-support treatment or administer a lethal injection. Killing is always prohibited in Buddhism. Even when a patient has signed a living will to allow a third party to approve euthanasia, the third party cannot know whether the patient still has the same desire or not. However, it seems that Buddhism does allow people the right to refuse treatment and die naturally. It teaches us to be mindful and prepared for the hour of death when it comes, and not to seek to prolong life beyond its natural span.

III. Euthanasia in Buddhism with Special Reference to the Case of Buddhādāsa Bhikkhu

In particular, the death of Buddhādāsa Bhikkhu needs to be examined regarding the issue of euthanasia and the right of a patient to refuse treatment. As previously mentioned, Buddhādāsa Bhikkhu was a well-known 20th century innovative re-interpreter of Buddhist doctrine who had no desire to have his life prolonged by extraordinary means. He made his wishes known to his disciples and had also written a living will stating so. He preferred to die peacefully and naturally. He claimed that the use of modern mechanical devices to cure illness was unnatural, and he strongly emphasized and believed in the power of self-healing through natural means in accordance with the Buddha's teachings (*dhamma*). When he was diagnosed with heart disease in October 1991, doctors wanted to treat him at a hospital, but he refused, preferring instead to treat himself at his own monastery, Suanmok, without any high-tech medical assistance. He was not hostile toward modern science, but he viewed medical science as only one component in the treatment of illness. He did not reject all medical treatments, but he rejected the use of modern high-tech medical devices to prolong the dying process. He believed that even if the last

conscious moments of one's life, one still has the opportunity to expunge all defilements and attachments, allowing one to attain *nibbāna*. After suffering a stroke, he went into a coma in the early morning of May 25th, 1993. Afterward, his attending doctors and his disciples debated whether to send him to a hospital or keep him at the monastery. Nitipat Jearakul, one of his attending doctors, explained to the disciples that Doctor Nipon Pongvarin, a neurologist at Siriraj Hospital, had suggested bringing Buddhādāsa Bhikkhu to him. Buddhādāsa Bhikkhu was admitted to Siriraj Hospital after 1 a.m. on May 29th. There the attending doctors decided to use life-prolonging medical devices to save him. Buddhādāsa Bhikkhu remained in a coma for one month. After some of his lay disciples saw no improvement in their master's condition, they protested vehemently because such treatments were against the wishes of their master. They wanted the attending doctors to stop all life-prolonging treatments and send him back to his monastery to die naturally. Nevertheless, his doctors, believing success possible, continued to treat him. Buddhādāsa Bhikkhu's blood pressure returned to normal, and on June 8th, his doctors decided to return him to his monastery by plane, but with the automatic respirator and feeding tubes in place. He arrived at Suanmok about 10:30 a.m., after 41 days at Siriraj Hospital, and died peacefully 50 minutes later.

Two issues arise here. Firstly, some of his lay disciples requested the doctors cease all medical treatments but the doctors refused. If their request had been granted, it would have been non-voluntary passive euthanasia. Should the doctors have allowed passive euthanasia? The second issue is whether or not his disciples and his doctors should have respected his right to refuse treatment or not. I used Buddhist teachings to analyze and address these issues.

For the first issue, I applied five factors to the first precept to judge whether or not the doctors should have permitted passive euthanasia. Let's analyze each factor.

A. Object: Buddhādāsa Bhikkhu had life. In Buddhism's "Middle-Length Discourses" (*Majjhima nikāya*), it explains three qualities to

determine the presence of life in the physical body. Those are vitality, heat and consciousness. We can not determine whether or not he had consciousness because he was in a coma, but he did have vitality and body heat. Therefore, he was alive.

B. Perception: his doctors knew he had vitality and body heat proving he was still alive.

C. Intention: the *Pāli* Canon explains that “intention” is the major factor in determining whether the first precept has been violated or not.

We know that some of his lay disciples thought it over and had the intent to act. They knew the result of their actions would be the death of their master but they made the request anyway.

D. Effort: the doctors did not take him off the respirator and also did not cease life-prolonging treatments.

E. Result: Naturally, he died after the doctors sent him back to his monastery, but he did not die as a result of their actions.

I propose that his lay disciples’ request to stop the pointless treatments and allow their master to die would have violated the first precept because they fully realized what the result of their actions would be. I must side with the doctors in their decision to continue treatment. Their decision did not violate Buddhism’s first precept and they avoided any bad kammic consequences for themselves.

Buddhadāsa Bhikkhu preferred to encounter death with a peaceful mind so he intended to reject the use of extraordinary means to prolong his life. However, his right to a natural death was overruled by his attending doctors. His case began a debate on the issue of the right to refuse treatment.

Buddhadāsa Bhikkhu was in a coma and unable to speak for himself. I want to express two opinions on his case. Firstly, his disciples and his doctors knew of his wishes to not use extraordinary means to prolong his life. His disciples and his doctors should have complied with his wishes by not using artificial means and allowing him to die naturally because his wishes did not violate Buddhist morals. He had no desire to cause himself more suffering; he only wanted to confront death with a peaceful mind. Secondly, if he had not expressed his intentions or had not prepared a living will and rejected life-prolonging treatments, his doctors would have had a moral duty to treat

him. This is an expression of compassion (*karuṇā*) wherein people desire to relieve others of suffering (*dukkha*). However, because he had a living will, his doctors should not have put him on life support in the first place as that could increase needless suffering and interfere with his wishes.

The WMA also affirmed the rights of unconscious patients in their “Declaration of Lisbon on the Rights of the Patient,” ratified by the 34th WMA Assembly, Lisbon, Portugal, in September/October 1981. It was revised by the 171th WMA Council Session in Santiago, Chile, in October 2005. It says:

If the patient is unconscious or otherwise unable to express his/her will, informed consent must be obtained whenever possible, from a legally entitled representative. If a legally entitled representative is not available, but medical intervention is urgently needed, consent of the patient may be presumed, unless it is obvious and beyond any doubt on the basis of the patient’s previous firm expression or conviction that he/she would refuse consent to the intervention in that situation. However, physicians should always try to save the life of a patient unconscious due to a suicide attempt. (World Medical Association 2005)

The actions of Buddhādāsa Bhikkhu’s doctors in deciding to send him to Siriraj Hospital to save him by extraordinary means were in conflict with this declaration because they knew of his expressed wishes beforehand.

Based on the third item of this declaration, on April 16th, 1998, the Medical Council of Thailand made the following statement for clarification. It was issued five years after Buddhādāsa Bhikkhu’s death and says:

Patients who seek medical services have the right to receive their complete current medical information from their doctor in order to thoroughly understand their illness. Furthermore, the patient can either voluntarily consent to or refuse treatment from the medical practitioner treating him/her except in emergencies or in life threatening situations. (Buddhādāsa Bhikkhu 2000, 2)

Therefore, I propose that medical practitioners must legally comply with a patient’s right to refuse medical treatment.

Buddhism has no belief in God; therefore, all human beings are equal.

Buddhadāsa Bhikkhu's living will made clear the wishes of this revered monk who had devoted over sixty years of his life to understanding the heart of the Buddhist teachings. He had practiced Buddhism daily and had prepared his mind to confront death peacefully. He was ready to face death without fear and often insisted that people have the opportunity to attain liberation (*nibbāna*) up until the last conscious moment of life. According to Buddhist teaching, the thought process that arises near the time death (*maranā-āssanavīthi*) is very important. If a dying person has an untainted mind at the moment of death, they will be reborn into a happier existence (*sugatibhūmi*). In the book *Living Will Declaration of Geriatrics Institution* (1998), Theravada scholar Phra Brahmaganabhorn (P. A. Payutto) explains that Buddhism affirms that human beings have the opportunity to become enlightened even in their last consciousness moments of life. Therefore, the actions of Buddhadāsa Bhikkhu's doctors and his disciples can be regarded as not only interrupting the thought process of dying (*cuticittavīthi*), but also his opportunity for enlightenment.

IV. The Application of Buddhadāsa Bhikkhu's Teachings to Guide Thai Medical Practitioners on the Issue of Euthanasia

From a traditional view of Buddhism, one should not seek to prolong life beyond its natural span. To do so is a futile action that creates more suffering (*dukkha*) from fear and anxiety over dying. The idea of hospice care is supported by most Buddhists because it focuses on providing palliative care for a terminally ill patient's pain and symptoms, and it attends to their psychological and spiritual needs. Compassion (*karuṇā*) is expressed through this kind of care because it helps the dying have peace of mind and helps mitigate their emotions to be as calm as possible. Spiritual care is a basic component of hospice philosophy and practice, and the teachings of the Buddha and of Buddhadāsa Bhikkhu also provide guidelines on the proper approach to death. Buddha taught that the awareness of death (*maranā*) is

auspicious and beneficial to daily life. He also emphasized that we should be aware of it with every breath we take in order to see the truth. This will bring mindfulness and allow us to live fully aware. Buddha stressed that the greatest fruit from being mindful of death was immortality. He said, “O monks, mindfulness of death, if developed and cultivated, brings great fruit and benefit; it merges in deathlessness, ends in the deathlessness (*AN* 8, 73).” Buddhādāsa Bhikkhu insisted that a good death was a peaceful death with full consciousness. The point to consider is not the circumstance of death, but cultivating a fully conscious mind that naturally accepts death. He advises us of the proper way to contemplate death, namely “death before death” (*taikawntai*). This means to expunge all one’s defilements (*kilesa*) and attachment to self (*atta*) before one dies. This should be a daily practice for all people. He suggested the practice of the complete erasure of any concept of self to be practiced on a routine basis until it is achieved. Its aim is to overcome death by preparing one’s mind to accept that death is the truth of life, as well as to renounce one’s own self when death arrives. From the Buddhist moral perspective, that is a good and proper death.

V. Conclusions and Recommendations

When viewing the issue of euthanasia from the perspective of Buddhism’s first five precepts, a person must avoid harming another and also not violate another’s rights. Medical practitioners can try to relieve pain and suffering (*dukkha*), but they must not actively perform euthanasia. I agree that if a patient, who is conscious and under no pressure, calls for withholding or withdrawing unnecessary and extraordinary medical treatment and prefers to die naturally, medical practitioners should accept and respect that patient’s right of autonomy. Regardless, medical practitioners must refrain from deliberate acts that would end a patient’s life and make that known to the patient, even if the patient or his legal guardian requests it. In the case of an unconscious patient, there are two possible scenarios. Firstly, if the patient voices his intent or prepares a living will refusing medical treatment, the doctor should accept

and respect the patient's wish. Secondly, if a patient does not voice his intent and does not prepare a living will, the doctor should use any means possible to save him. If a patient's condition has no prospect for recovery, his doctor should not use extraordinary means to prolong his life but should allow the patient to die naturally. In the case of a patient in a persistent vegetative state on life-support, if a doctor puts a patient on life-support, they should not take them off it. That would violate Buddhism's first precept and create bad *kamma*. If they don't put a patient on life-support in the first place, that does not violate the first precept. The case of Buddhadāsa Bhikkhu shows the importance of having a living will and the rights of the patient. Sometimes people try to impose their will on another's fate as if they were God. Doctors tend not to ask a patient whether they want to live or die. No matter what the case, no one should take the liberty of deciding another's fate. The practice of compassion (*karuṇā*) can be applied in hospice care to help patients confront death consciously and unafraid without interfering with the law of *kamma*. We need to open our minds and learn to view death as a natural phenomenon of life, as Buddhadāsa Bhikkhu did. Based on Buddhist teachings, anyone who wants to be happy and be reborn into a higher realm should be mindful of death on a daily basis in order to experience their last moments in life fully conscious and with an untarnished mind.

Abbreviations

AN Aṅguttara Nikāya

MN Majjhima Nikāya

Vin Vinaya Pitaka

References

Primary Sources

Majjhima Nikāya. 2 vols. eds., V. Trenckner and R. Chalmers. London: Pali Text Society, 1948.

Secondary Sources

- American Medical Association 1992 “Decisions near the End of Life.” <http://www.ama-assn.org/resources/doc/code-medical-et-hics/2211a.pdf> (accessed October 14, 1992).
- Bhikkhu Bodhi, and Nyanponika Thera, trans. 1999 *Numerical Discourses of the Buddha: An Anthology of Suttas from the Anguttara Nikaya*. Berkeley: Altamira.
- Buddhadāsa Bhikkhu 1984 *Heart: Wood from The Bo Tree*. Trans. Mok Suan. Bangkok: Thammasapa.
- Geriatrics Institution 1998 *Living Will Declaration*. Bangkok: The Agriculture Co-operative Federation of Thailand Printing House.
- Gifford, Eugenie Anne 1993 “Artesmoriendi: Active Euthanasia and the Art of Dying.” *UCLA Law Review* 40:1545- 83.
- Horner, I. B., trans. 1992 *Vinaya Pitaka: The Book of the Discipline*. vol. 1. London: Pali Text Society.
- trans. 1995 *Majjhima Nikāya: The Middle-Length Discourses*, 2 vols. London: Pali Text Society.

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- Jearakul, Nitipat 2012 *Than Acharn Buddhādāsa Khonkhai Thī Phom Dai Rūjak Bantheuk Jāk Phaēt Phū Thawāi Kān Raksā* [Master Buddhādāsa, the patient I know: A Note from the attending doctor]. Ed. Aonsri Ngamwittayapong. Bangkok: kanlayanatam.
- Keown, Damien 2005 *Buddhist Ethics: A Very Short Introduction*. NY: Oxford Univ.
- Promta, Somparn 1992 *Phutthasatsana Kap Panhājariyasāt* [Buddhism and Ethical Problems]. Bangkok: Buddhachad.
- Ratanakul, Pinit 2000 "To Save or Let Go: Thai Buddhist Perspective on Euthanasia." In *Contemporary Buddhism Ethics*, ed. Damien Keown. Surrey: Routledge Curzon.
- The Council of State 2007 "National Health Act, B.E. 2550 (A.D. 2007)." *Government Gazette* 124 (16a): 1- 20.
- The Medical Council 2000 "The Declaration of Patient's Rights." *The Thai Medical Council of Thailand Bulletin* 7(8): 2- 3.
- World Medical Association 1987 "WMA Declaration on Euthanasia." <http://www.wma.net/en/30publications/10policies/e13/> (accessed May 1, 2005).
- 2005 "WMA Declaration of Lisbon on the Rights of the Patient." <http://dl.med.or.jp/dl-med/wma/lisbon2005e.pdf> (accessed October 1, 2005).