

Bringing Stillness to Suffering: Integrating Buddhist Principles into Hospice Care

****All photos have been taken and shared with consent****

As a medical student in the UK, it's impossible to ignore the NHS' increasing strain due to underfunding and demographic shifts. Many of my peers are over-extending themselves to provide compassionate care or leaving the NHS entirely. Medical training focuses on producing safe doctors efficiently, often at the cost of depth and holistic experiences, leaving many of us feeling unprepared for culturally competent care. Hospices in the UK contrast to hospital environments, offering calmer, more personal care. Rooted in Christianity, these settings can unintentionally exclude non-Christian patients. Whilst over 200 hospices in the UK provide care based on clinical need, many are affiliated with Christian organisations including Marie Curie and Sue Ryder.



Pure Lotus Hospice of Compassion, Georgetown, Malaysia

This led me to Pure Lotus Hospice of Compassion, a free-of-charge hospice for cancer patients, founded in Buddhism. My aim was to explore a different spiritual approach to end-of-life care. Ultimately, faith can be a helpful tool for patients and their families as they transition towards death and as such, I feel a duty to facilitate spiritual care needs as much as medical.

Pure Lotus offers holistic care, from home visits to inpatient admission, to death; I was able to appreciate how important death is, as a part of the life process. Families often take in their loved one, and care for them at home for as long as possible, even at personal cost. Religious symbols at the entrance to homes helped guide conversations

for medical professionals. The doctor must be equipped to be culturally sensitive to different cultures within their own, a concept which is normalised but difficult to comprehend coming from a society where my personal demographics are the majority. This practise extends to language, using appropriate body language and respecting certain customs even if they differ to the doctor's own beliefs.



These photos show the journey of a patient who taught me lots about both life and death from home visit to his funeral.

One stark difference was the desire for home-based end-of-life care. In the UK, over-medicalisation is common, with lengthy hospital admissions waiting for social care provisions, likewise, patients are often not officially labelled dying until too late, when too unstable to move or unable to communicate their wishes.

Once at Pure Lotus, the Buddhist influence is clear, rather than crucifixes, there are statues of Buddha, the sounds of chanting coming from bedspaces and vegetarian

food. All patients and their families are counselled to understand the care their loved one will receive, setting expectations from both sides and allowing for questions to be asked. In the UK, healthcare is patient-driven, which may not suit all cultural background where family involvement is key. Ignoring this can result in patients and families feeling unheard.



Golden Buddha Statue, A place to chant Amitabha to repent for bad karma to enter the Pure Land after death.



Speaking to the family of a patient.

Likewise in the UK, the spiritual needs of non-Christian patients may not be met due to the provider's idea of "best interest" decisions. The dying process can be a hugely important stage of life that can influence rebirth, particularly for Buddhists and Hindus, making it essential for healthcare professionals to facilitate this process with appropriate spiritual guidance.

As a non-religious person myself, I initially lacked confidence when offering spiritual care. However, whilst at Pure Lotus, I have grown to appreciate that I often may not know what is appropriate for any particular person during each stage of life but have accepted this. Asking questions with humility facilitates trust and learning. I've had the opportunity to reflect on how lucky I am, free healthcare that is accessible to all is a huge privilege that I will move forward appreciating more. Similarly, small actions with good intentions often have a greater impact than grand gestures for our own personal gain. Finally, I have a much greater appreciation for language and non-verbal communication and understand the patience and creativity required to communicate effectively.



Spending time building a rapport and talking to a patient about life, religion (Catholicism) and the next steps in life and death.

Looking back on my personal and professional journey over the past few weeks, I'm really proud to have pushed myself out of my comfort zone. Travelling alone far from friends and family was difficult but opened the door to share experiences with new friends. The kindness that I've been shown along the way is heartwarming and a favour I hope to return and pass onto others in my journey through life. I've had the opportunity to appreciate the work of nursing staff and aides and see how integrated this care can be with doctors and spiritual leaders. I have also had the opportunity to teach. This is the first stage in my career where I feel qualified and ready to share my knowledge with other people and that's exciting, I'm looking forward to continued learning and sharing information with colleagues, students and patients.



Some of the nursing staff and volunteers who helped me along the way.



Helping with breast carcinoma wound dressings.



Cleaning a bed after the death of a patient.

I have also had the privilege of learning some of the basic Buddhist principles to help better serve the patients I treat. One of the most important take home messages I've learnt is that not knowing is not shameful. Asking questions with genuine curiosity has generally been well received and allows a greater understanding of why different individuals act in certain ways. As someone who is interested in becoming a palliative care physician, I feel that I understand the basic ways in which patients who belong to major religions may wish to be treated at the end-of-life and into death. This basic understanding will allow me to open difficult conversations and allow patients and their families to put their trust in my care.

Going forward, I hope to advocate for more culturally inclusive spiritual care in the UK. Spending time observing and reflecting has strengthened my commitment to virtue-based decision making in a personal and professional capacity and inspired me to continue my own journey in finding my own purpose in life. The reflective process that palliative care provides is something incredibly important to me and as such I am strongly considering a career in this field. This experience has given me a deeper understanding of how we can bring stillness to suffering, in providing intentional, personalised care through respect, presence and humanity.



A series of highlights sharing time with staff, patients and friends.