



Life Enlightenment Charity Foundation Ltd  
生命提昇慈善基金會有限公司

# 生命提昇

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**End-of-Life Experiences: A  
Guide for Carers of the Dying**

**Nearing The End of Life:  
A Guide for Relatives and  
Friends of the Dying**

現今「生死教育」  
最缺乏的部份是什麼？  
由專家編寫的「生命手冊」  
臨終經驗—給亡者護理人員的指引  
臨近命終—給亡者親友的指引  
一個生命課程的開始

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Series on



“Research Reports”

# Children Who Speak of Memories of a Previous Life as a Buddhist Monk: Three New Cases (9)

The Case of Gamage Ruvan Tharanga Perera’s  
Previous Life as A Monk (3)

by Erlendur Haraldsson and  
Godwin Samararatne

## Excerpt of Last Issue

Ruvan was born in August 1987, and started to speak of a previous life **when he was 2 years old**. He stated that he had been a monk living in the Pitumpe monastery.

Ruvan said that this monastery was in Padukka, which is some 20 miles to the south of their home. Ruvan also stated that there was a monkey in the temple which was made of clay. The unexpected **verification** by the two authors of his very specific statement that there was **in the Pitumpe temple a monkey made of clay** was seen as evidence that Ruvan had lived in this place.

Ruvan’s mother stated that he had been talking about a Pitumpe monastery almost from the time he started to speak, and was keen to become a monk. He did not ask for toys, only for pictures of the Buddha, which he collected lovingly.



**Gamage Ruvan Tharanga**

Later on, a local reporter, Laksman Vithana, learnt about the case, interviewed Ruvan and his parents, and published a report in the newspaper **Lankadeepa** on November 3, 1993, when Ruvan was six years old. In this report some of Ruvan's statements were published. They are particularly important as **they were published before attempts were made to learn whether his statements regarding the Pitumpe monastery could be verified.**

A next-door neighbour, Mrs Karuna Wijeman, knew Ruvan from his birth. According to her, he started at the age of two to speak of a life as a monk. Another neighbour, Mrs Puspa Ranjani, also knew Ruvan from early childhood. He then talked about having lived in Pitumpe, and about being a monk.

## Further Evidences from Other Witnesses

Sometimes Ruvan would insist that the other children in his class stand as a mark of respect as when a monk is brought in a procession to preach a sermon. He would get them to imitate that they were beating drums, then he would walk into the classroom and sit cross-legged on a chair laid with white cloth. In place of a fan he would take a large leaf and hold it as a fan, then preach for about 15 minutes, ending the session

by 'offering merits' as monks do when they preach a sermon. **There is a special chant for offering merits and Ruvan would chant it in Pali.** Mrs Ranjani knew this chant. The other children accepted his behaviour, listened attentively and gave him due respect. Among the children he came to be known as 'Ruvan sadhu' (monk).

The Montessori pre-school was on the compound of the Dombagoda temple. There Ruvan had his first contact with monks, and became particularly attracted to Ven. Omatte Hemarama, who soon learnt about Ruvan's memories. Ruvan liked their robes, the pictures of Lord Buddha, and liked to go to their books and handle them. He liked to sketch pictures of the Buddha on the floor, and one day, he spoke of a monkey. When asked what monkey he was talking about, he replied, "the monkey in Pitumpe". Ruvan stated that he had been a monk in Pitumpe, that there were 3-4 monks in his temple and that he wanted to become a monk.

Ven. Hemarama knew there was a temple in Pitumpe and suggested to Ruvan's parents that they make inquiries and take him to Pitumpe. His parents were against this and no inquiries were made. It was not until two years later, after Ruvan had entered primary school, that the journalist published his report and the first contact was made with Pitumpe.





### Wearing His Favorite Robes

At the beginning of our investigation, we expected that Ruvan might have learnt about Pitumpe from the monks in Dombagoda. However, several witnesses asserted that Ruvan had mentioned Pitumpe before entering pre-school where he came to know the monks.

The Dombagoda monastery belongs to a different sect than the Pitumpe monastery, the Siam Nikaya sect. Their monks come from a higher cast and are affluent (Gombrich, 1971). There was no connection between the two monasteries, which were over 30 miles apart.

We learnt from an old, invalid monk in Dombagoda, Ven. Somaloka, that many years ago he casually met Ven. Pannasekhera at functions but never visited his temple. The old monk looked very frail and complained of lack of memory from which he had suffered for a number of years [Note: Some people do believe that Ruvan is the reincarnation of the Ven. Ganihigama Pannasekhera (1902-1986), the late abbot of the Pitumpe monastery].

Ven. Nawagamuwe Revata (another previous disciple of Ven. Ganihigama Pannasekhera, the late abbot of the Pitumpe monastery) told us at a later date that he remembered that in the late fifties when he lived in Pitumpe, Ven. Somaloka who at this time lived at a temple much closer to Pitumpe, did visit the Pitumpe temple. At this stage, we have no way of verifying either of their

statements. Assuming that the old monk did visit the Pitumpe temple, the question arises of whether or not he influenced Ruvan's memories.

According to both monks, Ruvan's connection at the Dombagoda monastery had been almost solely with Ven. Hemarama. If that is true, it is unlikely that Ruvan obtained any information about Pitumpe from Ven. Somaloka. Ven. Hemarama, probably in his forties, stated that he never knew about or met any monk from Pitumpe.

Shortly after the visit of the group from Pitumpe, Ruvan's family went to the Pitumpe monastery with the Lankadeepa reporter, Ven. Hemarama, and several other persons. Ruvan's father said that he instructed the party not to tell his son anything, or give him any leads, in order to test better whether he could recognize something.

According to the Lankadeepa report, Ruvan helped in locating the Pitumpe monastery after they arrived in the vicinity. (Note: It is confirmed that Ruvan has never been to the Pitumpe monastery before, and so it is impossible for him to know the exact location of the monastery). The memories of those who made the trip to Pitumpe had become vague about details by the time we interviewed them. It proved impossible to reconstruct reliably what happened there..... (To Be Continued)



### The Previous Life of Gamage Ruvan Tharanga

# End-of-Life Experiences: A Guide for Carers of the Dying (1)

By Sue Brayne  
and Dr Peter Fenwick

The Life Enlightenment Charity Foundation Limited hereby acknowledges the kind authorization, with a written permission, by the two authors to publish their following two publications in our English and Chinese bilingual magazine "Life Enlightenment" for a wider circulation to the general public, namely:

- (1) *Nearing the End of Life: A Guide for Relatives and Friends of the Dying;*
- (2) *End-of-Life Experiences: A Guide for Carers of the Dying.*

## Short Introduction of Both Authors

Sue Brayne MA, Post Grad Dip Couns, PGCE



Sue Brayne originally qualified as a State Registered Nurse. She went onto train as a *Life, Death, and Transition Facilitator* with the Elizabeth Kubler-Ross Foundation. After completing an *MA in the Rhetoric and Rituals of Death* in 2001, Sue began working with Dr Peter Fenwick as a Honorary Researcher into end-of-life experiences. She has several academic papers published on end-of-life experiences and provides educational workshops for carers, relatives and friends on the dying experience and spiritual aspects of the end-of-life care. Sue is also a psychotherapist, specializing in *trauma and bereavement work*, and is a trained *Further Education* teacher.

### Dr Peter Fenwick BA (Cantab), MBBChir (Cantab), FRCPsych



Dr Peter Fenwick is a Fellow of the Royal College of Psychiatrists and has worked mainly in the field of **neuropsychiatry and epilepsy**. He has held Consultant posts at St Thomas's Hospital, the Westminster Hospital and for many years at the Maudsley Hospital and Kings College Institute of Psychiatry, the Radcliffe Infirmary in Oxford, and now at the Department of Neuropsychiatry at Southampton University. Currently, he is the Honorary Clinical Consultant neurophysiologist at Broadmoor Hospital, and Honorary Senior Lecturer at the Institute of Psychiatry, University of Southampton, UK. He has a long standing interest in End-of-Life Experiences (ELEs), as well as in Near-Death Experiences (NDEs), and featured in the first UK documentary film shown on NDEs in 1987. He is now leading a multi-disciplinary project, researching End-of-Life Experiences and their importance for the dying and the bereaved.

## INTRODUCTION TO END-OF-LIFE EXPERIENCES (ELEs)

Welcome to this educational guide to End-of-Life Experiences (ELEs).

**Nursing home carers and hospice workers** often say they feel ill-prepared to deal with existential issues, or difficult questions about death and dying, that may arise during the last few weeks and days of a person's life.

We hope this guide will provide support for you in end-of-life care, as well as helping you gain a better understanding of the dying process. What it's not intended to do is dictate, predict or determine how death 'should be', nor does it wish to romanticise the end of life in any way.

**Death is a singularly personal experience, coloured by the person's own life experiences, beliefs and culture.**

In addition, many of the dying **find death frightening to contemplate**, and may deny that their life is drawing to a close.

So, it is essential to **respect the person's individual needs**, and **be aware** of the danger of **imposing** on them your own beliefs about death and dying.

Nevertheless, the dying process may be recognised by certain behaviour and language which differ from the ordinary.

Learning to recognise these things can help both the carer and the dying to ease the passage towards death.

*"When a patient is severely ill, he is often treated like a person with no right to an opinion. It is often someone else who makes the decision if and when and where a patient should be hospitalised. It would take so little to remember that the **sick person too has feelings, wishes, and opinions**, and has – most important of all – **the right to be heard.**"*

Elizabeth Kubler Ross

## A SHORT HISTORY OF ELES

Death is both emotionally and intellectually **challenging**, and will always carry with it a certain mystery.

None of us truly knows what happens after death, irrespective of our religious or spiritual beliefs.

However, we do know that ELES have been experienced by the dying for thousands of years, and that they are reported in many different cultures and religious practices.

There is now an increased acceptance within the scientific and medical arenas that these experiences are more diverse and subtle than **deathbed visions** as traditionally reported, and that they are **not at all unusual**.

Following from ELE studies conducted by the

authors with palliative care nurses and doctors, hospice workers and nursing home carers, Dr Peter Fenwick (of Kings College Institute of Psychiatry, and the Department of Neuropsychiatry, Southampton University) recently received over 700 emails in response to an appearance on national television in the UK speaking about ELES.

These contained personal accounts of ELES during the dying process of relatives and friends, and provided **unequivocal confirmation that ELES occur widely**, and need to be taken seriously.

Many responders spoke of how this was the first time they had admitted to their experience, and how they had previously **feared ridicule or even dismissal**.

*“The dying would like us to relate to them as people who are living, compassionately accepting their vulnerability and suffering while still **seeing them as whole**.”*

Christine Longaker

..... (To be Continued)



**Dr Peter Fenwick and Sue Brayne**



# Nearing the End of Life: A Guide for Relatives and Friends of the Dying (1)

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and Dr Peter Fenwick

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## INTRODUCTION

***Death is not usually a time of wonderful experiences. But it is frequently a time for healing experiences.***

Dr Sherwin Nuland

Welcome to ***Nearing the End: a Guide for Relatives and Friends of the Dying***. We hope it will provide support and direction for you during the difficult times when someone you love and care for is dying.

Death is an emotive subject. In our modern culture most of us have little direct or personal experience of it. As a result, we can often be ignorant or afraid of death and dying. ***Rather than accepting it as part of our life experience, we can find ourselves running away.***

This Guide – which draws on our research into end-of-life experiences – looks at the physical, emotional and spiritual progression of the dying process, and the impact this can have on you as relatives and friends, especially if you have never been with a dying person before. (Spirituality, within this context, is concerned with the search for meaning, purpose and hope).

How we respond to death depends on the nature of our relationship to the dying person. For instance, we will react quite differently to the death of a child



**Dr Peter Fenwick delivering a lecture in Hong Kong**

than to the death of an elderly relative. We may be affected by the death of a close friend more than a close relative. We may grieve more acutely over the death of one parent than the other.

Knowing what to expect can lessen any dread of what you may see and experience, and can **help you to play a positive and supporting role** when someone close to you approaches the end of their life.

**The questions this Guide will try to answer:**

- Why is there so much fear of death?
- What do dying people need?
- What is the best way to support someone – spiritually and emotionally – who is dying?
- What should you do if you need to stop life-extending treatment?
- Should you be there at the end?
- What happens as the person enters their final phase?
- What happens at the moment of death?
- How can you support yourself – before, during and immediately afterwards?

The Guide also contains practical information on the importance of good listening skills, and how to recognize and respond to what is happening as the dying person approaches death. In addition, at the back of the brochure there is a helpful “what you may need to think about” section for relatives, and there are suggestions for friends.

Being with a dying person is **profoundly meaningful**. However, it can also throw you into turmoil and take you on a journey deep into your self,

which often changes your perception of life.

**As with any voyage, it is wise to be well prepared.**

### WHAT THE GUIDE DOESN'T DO

This Guide does not address sudden death, death from suicide, questions of where it is best to die, bereavement issues, funeral planning or the ethical implications of euthanasia.

**Nor does it consider** what might happen to people after death, or whether there is any form of afterlife.

Moreover, the Guide does not wish to romanticize death, or determine how death ‘should be’. Death is an intensely personal experience, influenced by every individual’s belief system and personal history. Their dying process will happen in its own time and in its own way.

### FEAR OF DEATH

***“Death is hard work. Death is in control of the process. I cannot influence its course. All I can do is wait. I was given my life. I had to live it, and now I am giving it back.”***

(Edelgard Clavey, died January 2004:  
Taken from *Noch Mal Leben Vor Dem Tod*,  
2007)

It's a sad fact these days that most people in the West learn about death **second-hand** – usually from reading novels or watching films. But, no matter how evocatively death is portrayed on film or in fiction, it is **completely different when you experience the real thing**.

Until the mid 20<sup>th</sup> Century, most people died at home, with their family and community around them. Death was an accepted part of everyday life, and old age was relatively rare.

Since then, our Western relationship with death has changed greatly. We live much longer, and most of us will die in a hospital, in a hospice or in residential care rather than at home with our family. This means that remarkably few of us have been present at the moment of someone's death. As a result, there is fear and sometimes even horror just at the thought of seeing a dead body.

Many of us therefore not only view death and dying with dread, but are **unprepared to deal with issues** that confront us when someone we love starts to die. We **don't know what to expect or how to react**, or how to provide the support our dying relative or friend really needs.

This is especially true when people die in institutions. It's easy to become enmeshed in medical and clinical processes and practices, where emphasis is placed on life-extending treatment and on our own desire for our relative or friend to recover, **rather than on what the dying person really needs**.

## DEATH AS A “MEDICAL FAILURE”

***Dying cannot be made good or well-managed if there is no recognition of dying .***

Professor Allan Kellehear

In our Western science-base culture, a doctor's task is seen above all as saving and preserving life. Death, as a consequence, is often regard as a medical failure.

Thus **the dying process can become something of a game of pretence**, instead of a **meaningful spiritual progression** where everyone concerned can face the truth and grow together.

Even hospices can find it awkward to **draw attention** to death and dying. References to death are usually tucked away on the back of brochures or not mentioned at all. The language surrounding end-of-life care is more often about pain control, medication and prolonging life than about the reality that the patient is **going to die**.

So, rather than having the time to prepare for death, it is not uncommon for instance, for a terminally-ill person to be receiving life-preserving medical treatment such as chemotherapy until their final moments.

**Failure to name the 'D' word can be distressing for everyone.**

Relatives may know the person is dying, but are fearful of making things worse by talking about it. The dying person may be afraid of discussing it for fear of upsetting relatives.

Therefore **death becomes the 'elephant in the room'**. Everyone knows it is there, but pretends it is not.

**WHAT DO PEOPLE NEED AS THEY NEAR THE END OF LIFE?**

***'When you are facing the end, everything that's not real is stripped away. You're the most real you'll ever be, more real than you have ever been before.'***

Walter Schels and Beate Lakotta,  
Authors of *Noch Mal Leben Vor Dem Tod*,  
2007

Of course, **the dying need appropriate physical pain control**. But they also have what might be termed soul needs – to **feel heard, cared-for, connected and emotionally safe**. They **want to be understood and accepted** like anyone else.

Some people are fortunate in being able to **approach their dying process at peace** with themselves and with those they love. But that's not always the case. People can be frightened, confused, unable to express what they're feeling or what they need.

- They may be afraid to die.
- They may feel they're a burden to you, to their

family or society.

- They may be raging at the thought of being cheated of life.
- They may feel lost and alone, and desperate for someone to ask how they truly feel.
- They may feel angry and let down by God.
- They may be clinging onto hope for a miracle cure.
- They feel as if they have waste their life and be grieving missed opportunities.
- They may be desperate to die.
- They may want to make contact with ex-partners or estranged family or friends.
- They may want to confess to things that have happened in the past, or to ask for forgiveness. This can be painful and upsetting for relatives, but it can also be **powerfully healing**.
- They may become irrationally angry, blaming and resentful towards you, or the medical and nursing staff, or the world at large.
- They may be missing relatives and friends who are unable to be with them.

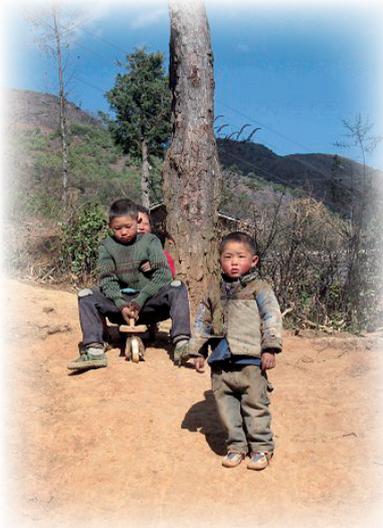
If your relative or friend is becoming anxious or upset and you feel unable to deal with this, do talk to the nursing staff. The person may not be able to tell you exactly what's going on for them. Indeed, they may find it difficult to understand themselves. But they may be willing to talk to a nurse, pastoral carer, volunteer visitor, or particular friend.

Do your best to be there for the person who is dying, in any way that you can, but make sure you take care of yourself too. You will feel okay about being alone with the dying person. You may want and need company. But be aware that **some close family members may find the thought of sitting with their dying relative too upsetting**.

**Saying goodbye in person** is an important process for everyone. **With gentle encouragement and support**, anxious or frightened relatives can often **overcome their alarm** and find comfort in having done so..... (To be Continued)

# The Project on the "Life Enlightenment Hospital"

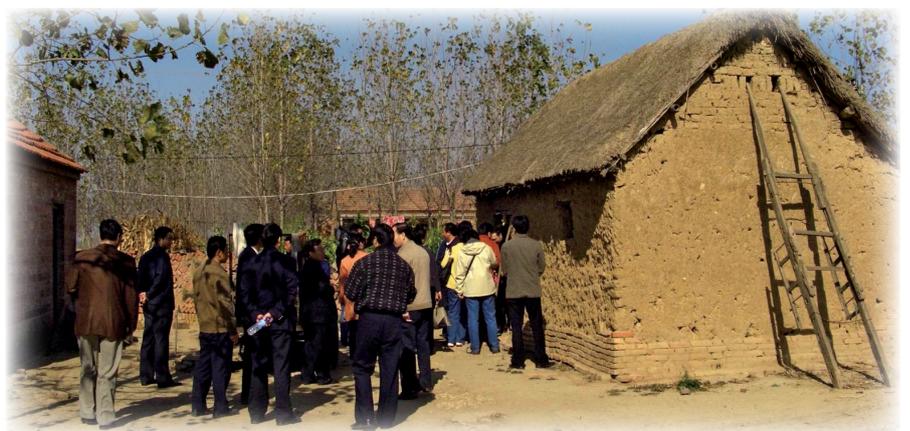
The notion and plan of the "Life Enlightenment Hospital" is a totally new, innovative and unique large project on medical services. The core of the project is initially to establish a full service private hospital with 260 beds. Besides the provisions of general medical care, it will also provide **an innovative integrated holistic caring service** that has never been provided by hospitals and other institutions before. This unique kind of **"end-of-life care"** will comprise of the following:



Currently, the services provided are very incomplete and fragmented, such that it makes the dying persons and their relatives to have suffered, especially from the **flaws and faults** that are caused by the present death and dying services. The scientific knowledge on brain cognition in advanced modern sciences has unveiled the fact that "human cognition" does not necessarily occur only in the human brain. There are some cardiac arrest patients who have suffered from their health problems and

1. **Death Education, and knowledge on course of the after-death world** – to eliminate the patients' feeling of loss towards death and fear;
2. **Palliative care before death** – including care service for the dying persons' relatives and caregivers;
3. **An all-round "end-of-life care" and after-death services** – caring services for the dead at the crucial moments of death and dying, as well as the "guiding services for both the few hours, and (for navigating through the critical period) within 49 days, after death".

had gone through the "Near-Death Experiences" (NDEs), as well as those who have revived from their deaths, due to various causes, and had also gone through the "Near-Death Experiences". These people could provide lots of relevant information in providing a clue that deceased persons could still have their "cognitive ability" even after "clinical death". **These empirical experiments, which have been conducted by world-renowned authoritative scientists with their reports published in scientific journals, have found to be strong proofs with solid scientific evidence.**



In fact, modern people have a very limited understanding on death.



Scientists have found that about 10-15% of those cardiac arrest patients who had been confirmed as “clinically dead” (that is, the cessations of breaths, heart beats and brain functions) could be revived by “cardiopulmonary resuscitation” (CPR) from death. Their “experiences of clinical death” could provide solid scientific evidence in proving that the human “consciousness and awareness” continue to exist during the “state of death”.

In fact, the findings of at least five scientific researches conducted independently in England, USA and Holland have shown that about 10% of those patients who have later survived, after suffering from acute cardiac arrest and were confirmed as in the “state of clinical death”, were found that they still had their “continuation of consciousness” during that time period.

This “continuation of consciousness” of a person never cease even during the “state of clinical death”.

This discovery has a strong and significant meaning to it, which has confirmed the fact that it does not mean that nothing will remain after death, but instead, the “continuation of consciousness” of a person still continues to keep on functioning. In fact, these relevant researches and their findings had now been published in such renowned medical journals as “Resuscitation” and “The Lancet”, where availed relevant research reports.

**Dr. Sam Parnia**, as Chairman of the “Horizon Research Foundation”, an independent organization focused on research of the “mental states of human beings during terminal moments”, has announced the launching of a large-scale research project during the “Symposium on Human Consciousness” held by the United Nations in September of 2008. This is a large-scale research experiment on the topic of “whether

there is the continuation of consciousness and awareness at the moment of death”? This research project would last for three years, and has been carried out by 25 physicians from nine different hospitals in both England and USA. This research project has sampled on researching 1,500 patients

who had survived cardiac arrest, which is led by Dr. Sam Parnia, the Honorary Senior Clinical Researcher at the University of Southampton, UK, together with **Dr. Peter Fenwick**, an authoritative Neuropsychiatrist.

The numerous research findings of the different experiments have confirmed that the “consciousness and cognitive ability” of human beings continue to exist even after death. Furthermore, it has also shown that the physical bodies still have not yet died completely after a few hours to a few days, and so special caring services for them are much needed. In fact, a related large-scale study of near-death experiences has already been launched. Therefore,

the palliative care services before death, the end-of-life care services, and the “guiding services after death” are clearly all extremely important for the dying persons. If the dying person has received the necessary **“Death Education”** while one is still alive, and has learned the necessary knowledge on the operations of the **“World After Death”**, they will definitely understand the importance of the “end-of-life care services”. As a result, the society will have a huge demand for this kind of service. Unfortunately, there is still not a single institution that can provide such type of comprehensive services at the present moment. **Such a fault is, indeed, a great regret for all human beings, but, at the same time, it is actually a great business opportunity.** As such, in order to assist the dying persons to have real and civilized cares during their last journeys in life, the “Life Enlightenment Charity Foundation Limited” has proposed to establish this Special Project on the “Life Enlightenment Hospital”.



project of great potential can help to nurture numerous other charity projects and items, with its sustainable resources to be perpetually developing, without ever drying up. The “Foundation” anticipates that this Special Project of the “Life Enlightenment Hospital” would create great demands in Hong Kong, the Mainland, and even for the whole world, due to **its innovativeness and uniqueness** (especially on the various integral components of the end-of-life care, education on death, as well as the continuity of the holistic integrated services). Hence, upon the completion of its structure and the launching of its operation in Hong Kong, the “Life Enlightenment Hospital” will become a unique role model of its own, so that its mode of operations would then be further extended to the rest of China, and to the global market of the whole world in a “franchise manner”.

It is estimated that the total investments for the first phase of development for the “Life Enlightenment Hospital” will require HK\$2.7 billion. As this Special Project will have new sources of income coming from its innovative services (such as the “end-of-life care”

## “Life Enlightenment Charity Foundation” \*

“Life Enlightenment Charity Foundation Limited” (herein known as the “Foundation”) actively advocates the Special Project on the “Life Enlightenment Hospital”, through playing the role of a **charity body**. Upon the completion of this Special Project, **the “Foundation” will re-invest all the amounts of profits gained from this operation for other charity projects**, so that this innovative



services, etc.), therefore it is expected that the payback period for this project would be around seven years. Furthermore, the "Foundation" is exploring its feasibility on all sorts and styles of financing alternatives, which may take different formats of financial cooperation with **public and/or private organizations, and direct investments of individuals, as well as loans, subsidies, and/or donations.**



We strongly believe this Special Project on the "Life Enlightenment Hospital" can actually cater for the real needs of dying persons, and will really provide the real caring services for their last journeys in life while living in a civilized society, all of which will simultaneously create a whole new market. Therefore, this is, indeed, a project that is both of a charitable nature and of great commercial opportunities.

\* "Life Enlightenment Charity Foundation Limited" is a **registered charity body in the Hong Kong Special Administration Region of China.** The general public can find evidence on the Hong Kong Special Administration Region Government website at URL: [http://www.ird.gov.hk/chi/tax/ach\\_search.htm](http://www.ird.gov.hk/chi/tax/ach_search.htm)

### No Restrictions on Any Religious Beliefs

Many people might have misunderstood that the all-rounded "end-of-life care services" during and after death – especially the "guiding services for both the few hours, and (for navigating through the critical

period) within 49 days, after death" – would let this Special Project on the "Life Enlightenment Hospital" to be restricted by and confined with the religious norms of "Tibetan Buddhism"? **The answer is totally negative, that is, there are absolutely no restrictions at all on any religious beliefs.** This is because the

"World After Death" is a kind of environment that exist in Nature, and its Law of Evolution is well beyond any religious norms. In this regard, the kind of spiritual guidance for all human beings, and even for all sentient beings, to select for the right paths, while protecting them from falling into dangerous pitfalls, when entering into the "World After Death" should be a kind of universal education and basic knowledge, and is thus not confined to any religions. As such, this Special Project on the "Life Enlightenment Hospital" is suitable for all human, and sentient, beings. Yet, on the other hand, this Special Project will not hinder anyone to conduct any kind of religious rituals and ceremonies. Indeed, it can be described as the best place of help and guidance, in terms of spiritual shelter and refuge, for all human, and sentient, beings. It is



also the best place of spiritual assistance in guiding one's spiritual "life" to be uplifted, and to become "enlightened" eventually and successfully. From the deepest of our hearts, we hereby sincerely wish and pray that such a **perfect kind of "Life Enlightenment Hospital" would soon be established !**



# Donation Form

**“Life Enlightenment Charity Foundation Limited” is a registered charity in the Hong Kong Special Administrative Region government, and all donations will be exempted from tax under Inland Revenue Ordinance 88 of the HKSAR Government.**

Please make a donation to the Life Enlightenment Charity Foundation Limited and help to carry out



## Life and Death Education

**Various charitable activities,  
Establishment of the “Life Enlightenment”  
Hospital and its innovative services.**



### We need your donations!

**To make your donation, please complete this form and return it to: “Life Enlightenment Charity Foundation Limited”, at 4/F, Federal Centre, 77 Sheung On Street, Chaiwan, Hong Kong.**

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile number: \_\_\_\_\_ Office phone number: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax number: \_\_\_\_\_

I would like to make a donation of HK\$ \_\_\_\_\_ for:

- All projects:
- Life and Death Education, Printing of “Life Enlightenment” Bi-monthly Magazine:
- “Life Enlightenment” Hospital Establishment Foundation:
- No need to express gratitude.

#### I prefer to make payment in:

- Cash:
- Cheque(s) ( \_\_\_\_\_ Bank, Cheque number: \_\_\_\_\_ ):
- Directly deposit to the Foundation’s Bank account (Please fax the deposit slip to 3157 1144, dated: \_\_\_\_\_ ):
- AutoPay (Monthly AutoPay amount: \_\_\_\_\_, Receipt will be sent in April of each year. If you choose the AutoPay method, please contact us at 2558 3680 for registration.)

**Please make payment by sending a crossed cheque, payable to “Life Enlightenment Charity Foundation Limited”, together with the filled-in form to 4/F, Federal Centre, 77 Sheung On Street, Chaiwan, Hong Kong; OR Deposit to the bank account of “Life Enlightenment Charity Foundation Limited” (Hong Kong Bank: 809-523715-292). After which, please send the deposit slip and the filled-in form to our address, or fax them to (852) 3157 1144. Receipt will be sent to you afterward. For phone enquiry, please call: 2558 3680.**

**Boundless Thanks, Boundless Blessings**

# 「生命提昇慈善基金會」的標誌 Logo of "Life Enlightenment Charity Foundation"



標誌的下方是一雙手，代表人類互相守望相助，以「生命燃點生命」。正在燃點的燭光，表示人類的智慧獲得啟迪，照耀著人類的社會及其文明，引向美好的將來。左右兩旁，分別有兩個人手攜手地往上提昇，表示著人類整體之「生命、精神素質」得以提昇，從而發揚人類的文明，促進世界社會之「和諧共融」。

The two hands at the bottom of the emblem represent the mutual care and support of all human beings through our motto of "Life Lights Up Life". The lamp of the lighting candle represents the enlightened human wisdom will be able to shine upon our human society and civilization, and thus will lead to a better and brighter future. On top of that, at the two sides, the two persons are united and are joining hands together for a higher elevation upward towards the sky. This symbolizes that the "quality of life and spirit" of the whole humankind would be further elevated so as to evolve our human civilization to higher levels of progression and elevation, towards a more universal "harmonious and accommodative" global community.