

「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.



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Life and Death Education in Asia
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
Life and Death Education Series:
Seminar on "The Light of Life"

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Children Who Speak of Memories of a Previous Life as a Buddhist Monk: Three New Cases (12) An Integrated Discussion (1)

by Erlendur Haraldsson and
Godwin Samararatne

Discussion

We have described three cases of children who claim memories of having been monks in a previous life, and our attempts to verify their claims. These are **the only cases concerning monks that we have found among over two hundred cases that have been recorded in Sri Lanka.**

The majority of children in Sri Lanka and elsewhere who claim previous-life memories speak of an untimely violent death. The cases of Duminda and Ruvan differ for they claim to have lived as senior monks until they **died as relatively old men.**



The Previous Life of Gamage Ruvan Tharanga



The Previous Life of Duminda Bandara Ratnayake

Sandika's case is more typical, as he speaks of a death in a bomb blast and apparently at a relatively young age. The crucial question remains, how did these children come to utter their claims of having previously been monks? How did they develop ideas or images which they spoke of as they would of any other memories? We have no way of directly experiencing the images that may go through their minds, or directly testing whether they are making these stories up. We can only **test their accounts against objective realities in the lives of some persons who lived recently,** and we can **compare their behavioural characteristics and interests with those of these past personalities.**

In the case of Duminda we find that his statements fit important facts in the life of the abbot Gunnepana. In the case of Ruvan the behavioural features are dominant. Of the memory items his

statement about the clay monkey in Pitumbe, his very religious parents and his statements of leading the flower offerings, organizing religious processions, and motivating people towards meritorious living fit the life of Pannasekhara. The behavioural traits and interests of Duminda and Ruvan show **a good deal of resemblance with the respective abbots.**



The Previous Life of Sandika Tharanga



The Previous Life of Sandika Tharanga

No normal physical connection or interaction could be traced between these children's families and the abbots. If we tentatively assume that these children have in their mind genuine images or memories of real events or of someone's past subjective experiences, this must have taken place through some unknown processes. An alternative interpretation would be that, by chance, the statements of the children correspond with the life histories of the abbots concerned. If **these cases only consisted of alleged memories, we might find such explanation a reasonable solution.**

What complicates this hypothesis is that these three boys **have deep-seated, unusual behavioural features, which unfolded at a very early age.** They display behaviour that would fit dedicated monks who might be found worthy to be elected to high positions by their peers. From a young age these boys displayed a religious commitment and lifestyle of devoted Buddhist monks. For example, witnesses unanimously agree that they expressed calmness, dignity and devotion rarely found in young children.

Also at a very early age they wanted to dress as monks; furthermore they quickly knew the Pali words and phrases used in some religious ceremonies, and they knew the general behaviour appropriate in the setting in which monks live. Not only that; two of the three persistently requested that they be allowed to become monks again. Grudgingly, their parents gradually accepted their wishes, and they have now joined Buddhist monasteries at the earliest age possible. Apparently the children did not show any emotion when they left their parents, whereas the parents were sad..... (To Be Continued)



Duminda Bandara Ratnayake



Gamage Ruvan Tharanga

Life and Death Education in Asia

Life Enlightenment Charity Foundation

The word “Death” has been avoided in the Chinese tradition. Even the mere talking of it represents misfortune. Hence, we have not been trained with education that is related to death, dying and grief while we were young. By the time when we have finished our higher education and have become a full grown adult, yet sadly enough, we are still not yet prepared for things that are related to important issues of our life, such as the knowledge about death, how to comfort our dying relatives, and how to face grief and sorrow, etc. **The key point is the fact that we have never received any kinds of “Life and Death Education”.**

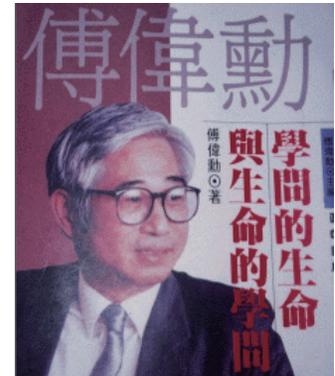
The 9·21 Taiwan earthquake, the 5·12 Sichuan earthquake, the 4·14 Qinghai earthquake, and the most lately 3·11 Japan Fukushima’s earthquake, Tsunami and nuclear leakage crisis, and so on, have all unveiled the simple fact on the fragility of human lives. Clearly, **the way to assist modern people** in the understanding of and in directly perceiving and experiencing the important issues of “life and death” has now become a most basic and fundamental issue for us all **to face squarely.**

Introduction of “Life and Death Education” and Its Development

1. The Introduction of “Life and Death Education”

“Life and Death Education” originally comes from “Life and Death Studies”. In 1993, Professor Charles

Wei-Hsun Fu has revealed the idea of using the kind of Chinese “Life and Death Wisdom” to combine with the Western study on “Thanatology” in his book “Dignity in Death and Dignity in Life” so as to establish a subject on “Life and Death Studies” which **takes death as the starting point to look back towards life itself.**

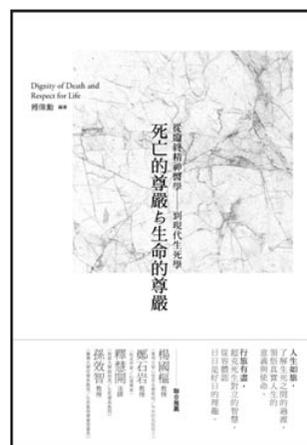


Prof Charles Wei-Hsun Fu of Taiwan

Conceived in this **broad sense** of the term, then “Life and Death Education” can be considered as **an education that walks us back from death towards life.** The Taiwanese scholar, Shu-Mei Wang, stated that: “By approaching the nature of Death and through different phenomena that are related to dying and grief, it will allow us to reflect and rethink in a profound manner the kinds of relationships among ourselves and others, society, nature and the whole universe, such that it becomes an education that enables us

to examine **the ultimate meanings and values of life.**”

To be understood in a more **narrow sense** of the term, “Life and Death Education” is equivalent to the Western study on “Thanatology” (that is, Death Education). In the



West, "Life and Death Education" is simply known as "Death Education". As a result of the taboo in Chinese cultural tradition, in which "Death Education" becomes a forbidden zone, and so it is all the more difficult for its promotion. In order to escape from this forbidden zone, Chinese people, especially in the Mainland and Hong Kong, have been using the name of "Life and Death Education". Hence, it is in this narrow sense of the term that both people in the Mainland and Hong Kong have adopted.

2. "Life and Death Education" Versus "Life Education"

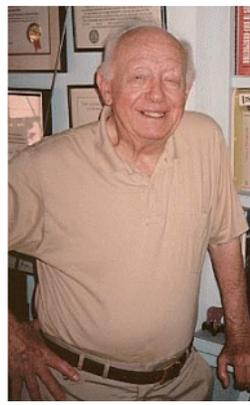
In recent years, the cry for "Life Education" is getting louder and louder, yet it is, indeed, a rarity for people to have a better understanding on the study of "Life and Death Education". Even so, we could still see a very strong relationship between the two:

Firstly, there is this intersection between "Life and Death Education" with "Life Education". Some scholars believe that a **broader sense for "Life Education"** should include human relationship, ethics, Life and Death Education, religion, funeral etiquette, and so on. Hence, "Life and Death Education" should already be included within "Life Education". However, some other "Life and Death Education" experts refute this kind of argument because they believe "Life and Death Education" should include all kinds of education in different stages from life to death, and thus "Life Education" should be incorporated into the holistic "Life and Death Education". It may be rather meaningless to have such kinds of debates, but at the same time, we can see a very close relationship between them.

Secondly, the interdependence between "Life and Death Education" and "Life Education". The beginning of "Life and Death Education" will have to depend upon the support of "Life Education". Yet, at the same time, the deepening of "Life Education" will have

to rely upon the beginning and continuation of "Life and Death Education", simply because **not discussing the issue of Death will only make "Life Education" to be rather superficial**. Taiwanese scholars, such as Lin Su-Shia and others, have divided up "Life Education" into two orientations, namely: ethical orientation and Life & Death orientation. At the present moment in the Mainland, "Life Education" only emphasizes on the issue of ethical orientation. In this regard, we may conclude that "Life and Death Education" is the important partner to drive on the development of "Life Education" to become more profound and well-balanced in actuality.

3. The Recent Development of "Life and Death Education"



Prof Herman Feifel of USA

After World War II, it was during an international psychological conference in 1956 that Professor Herman Feifel of the Medical School of the University of Southern California has presented some of his findings on death studies. Later in 1959, he has published an important book **"The Meaning of Death"**, which was to become one of the major works on the subject area of death studies. Since then, "Death Education" slowly developed in America, and some US universities and colleges gradually began to advocate "Death Education" in the curriculum.

Elisabeth Kubler-Ross, M.D., Thanatology's expert, has published another important book **"On Death and Dying"** in 1969. This and other works slowly became the classic teaching materials for "Death Education". **By 1974, 41 medical schools have already offered formal training programs on "Death Education"**. With those great efforts made by the experts in "Thanatology", "Death education" has

now been flourishing in various campuses across the USA. Relatively speaking, most of the students who took these programs and courses are still mainly medical doctors or nurses, but there are also a few students who are coming from other faculties like religion, philosophy, psychology, sociology, education, etc.



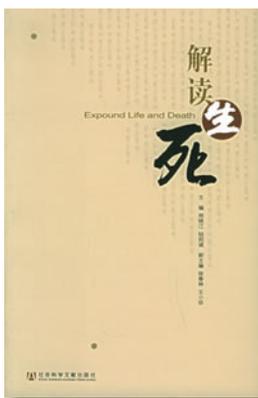
Dr. Kubler-Ross of USA

Professor Charles Wei-Hsun Fu (more commonly known as the Father of "Life and Death Education" in Taiwan) in Taiwan has made great efforts to establish the Institute and Department of Life-and-Death Studies at the Nanhua University in the 90s of the last century aiming at the elevation on the human quality of life, as well as on the human dignity and respect for death. The Department has already translated many publications into Chinese that are related to "Life and Death Education".



Prof Zheng Xiaojiang of China

Relatively speaking, both the Mainland and Hong Kong have lagged behind in this respect. The Mainland started to publish books on "Life and Death Education" only in the late 1990s, such as books by Professor Zheng Xiaojiang: "Good Death and Dying: Chinese View on Life and Death" (1999), and "In Search of the Truth in Life: Exploring the Issues of Life and



Death" (2002), etc. While in Hong Kong, the Chinese University of Hong Kong has established a general education program on "Death and Immortality" only recently, and Lingnan University has offered a similar program as well. At the same time, there are those in the Mainland and Hong Kong who have conducted research studies on "hospice" or "palliative care". However, the real meanings of "Life and Death Education" and its relevant curriculum still seem to be something that are unheard of, whether it is for medical students, university students, or for the general public.

4. The Future Development of "Palliative Care" and "Life and Death Education" in Asia

Among the various Chinese communities in Asia: "palliative care", "hospice" and related services are offered in Hong Kong as a direction towards a "good death" for the people; in Mainland China, this is known as "end-of-life care" services; whereas in the cases of Taiwan and Singapore, these are known as "palliative care" services.

(A) Taiwan

It began in the 90s of the last century. By then, it already had different voluntary agencies to work in various ways to promote "Hospice or Palliative Care" and related services. These include: (i) Christian Church's Mackay Memorial Hospital, in which its Zhuwei Hospital has formally established the "Hospice Ward" back in 1990; (ii) Catholic Church's Cardinal Tien Hospital has established the "St Joseph's Family Ward" in 1994; (iii) National Taiwan University Hospital has established the "Palliative Care Ward" in 1995.

With the official adoption of the new law on "Hospice Palliative Care Act" in 2000, gradually many more organizations have established the

“Hospice Wards”, such that these services are promoted in different hospitals across the whole of Taiwan. Currently, there are 46 hospitals that have “Hospice Palliative Care Ward”, totally 683 beds; 66 hospitals have offered “Hospice Home Care Service”; 73 hospitals have offered “Hospice Shared Care Service” in their general wards and tumor wards. Prof. Chen Jung-chi, the Chairman of the Board of Directors for the “Buddhist Lotus Hospice Care Foundation” and who has been highly acclaimed to be Taiwan’s “Hospice Helmsman”, is one of the leading figures in promoting the whole “Hospice Palliative Care” movement in Taiwan.



Prof. Chen Jung-chi of Taiwan



(B) Hong Kong

Under the support of the Keswick Foundation, the Society for the Promotion of Hospice Care was established back in June of 1986, with their motto on “When Days cannot be added to Life, add Life to Days”. Since then, they have been helping a lot of patients with "hospice" and related services.

As the years passed by, more and more hospitals started to provide "hospice" and related services as the societal needs increased in leaps and bounds. In the early 1990s, with the establishment of the Hospital Authority, which is more in tune with the concepts and philosophy of the "hospice care", more government hospitals also joined in to provide such kind of services across the board. Holistically speaking, this helped to further improve both the "quantity" and "quality" of "hospice care" in Hong Kong.

The Hospital Authority of the Hong Kong Special

Administrative Region Government has employed a “holistic care” approach as their principle, and endeavor to materialize a "humanistic" service to meet the various needs on the “physical, mental, social and spiritual” aspects of individuals.

It began to provide “hospice” services more than 10 years ago, from merely a hospitalized model to today’s comprehensive integrated service. Currently, there are 10 palliative care centers and 6 tumor centers, which are dedicated to provide “palliative” services for cancer patients. These palliative care centers are composed of 100 medical professionals, 1500 volunteers, and have already provided for more than 130,000 times of services to more than 8000 patients.

As a whole team, their shared belief is: “these terminal-cancer patients had made contributions to our society before, and now the utmost torture to them is the suffering of pains. If we could release them of their pains, and let them remember the best of things in their lives, and allow them to walk peacefully through the last stage of their lives in a dignified manner, which will be the best reward to them from those of us who are still living.”

In order to develop the local “palliative care” service so as to benefit more patients, the Hospital Authority has received generous supports from the “Li Ka Shing Foundation” (with the “Heart of Gold” program under the “Li Ka Shing Foundation”), together they promote the “Hong Kong Palliative Care Scheme”, which started its first phase in October 2007. The service has been fully launched in April 2008 for those terminal-cancer patients (including children and adults) to let more patients to receive a comprehensive and humanistic care service before and after death.

This “scheme” is operating under the basis of the existing “palliative care” service of the govern-

ment hospitals. It relies on the tumor center of each government hospital's cluster to **develop a comprehensive and integrated "palliative care" service**. And the scheme will expand its "palliative care" service to all the seven hospital clusters in Hong Kong, and extend to the community's full participation.

The Hospital Authority's multi-disciplinary professional medical teams aim to provide supports to those terminal-cancer patients so as to release their physical pains, to provide the necessary end-of-life care, and to enable these patients to **live up till the last moment of their lives in a dignified manner**. The trial period for this "scheme" is of three years and is hoped to open a brand new chapter for the palliative care service in Hong Kong. (Please refer to the website of the 'Heart of Gold: Hong Kong Hospice Service Scheme' under the "Li Ka Shing Foundation": <http://www21.ha.org.hk/sub/lks/tc/center.html>).

In 2011, when the "Heart of Gold: Hong Kong Hospice Service Scheme" under the "Li Ka Shing Foundation" has developed towards its second phase, with the further supports from the Hospital Authority, 10 hospice centers, and the Centre on Behavioral Health of the University of Hong Kong, it has kicked start the **"Hospice Home" website** - www.hospicehome.hk, which encompasses the power of science and technology, charity and community sense to engage everyone by overcoming the limitations of place and/or time in providing care and blessings, such that no matter where they are, those people of Hong Kong with a kind heart could rely on the website of "Hospice Home" to offer their kind supports, encouragements and blessings to those patients and to the Anti-Cancer Teams.

When Mr. Li Ka Shing, the chairman of the "Li Ka Shing Foundation", spoke of his own belief in sponsoring the scheme, he is, indeed, really showing his care, love and concern for the patients and the scheme: "We are grateful to be the sponsor of this



Various Issues of "The Economist"

scheme and to expand it further, as the world should not belong to those who are benumbed and unresponsive. As was revealed in the "Economist Intelligence Unit" on the 2010 "Quality of Death" Index survey, the Hong Kong ranking **has reminded us that we need to do more**. I particularly appreciate and would like to thank all those colleagues of the hospice care services, you have enabled those unfortunate patients to rely on your caregivers' arms to walk through their life journeys, and to allow their tired family members to have consolations. Your kind hearts are shining forth a beautiful last scenery to all those patients."

(C) China

Indeed, the "Li Ka Shing Foundation" has built up the first hospice hospital in the Mainland when the medical school of Shantou University was estab-



lished in China back in 1998. At the same time, the “Li Ka Shing Foundation” has also begun the “Heart of Gold: National Hospice Service Scheme”, by going directly to their homes in providing free pain relieving treatments and psychological counseling services for the poor terminal-cancer patients, the first of its kind in China. The scheme has already benefited more than 100,000 cancer patients by now. In fact, the “Foundation” has already made donations of more than 400 million Hong Kong dollars to 31 hospice centers across the Mainland, and another 10 centers in Hong Kong. Approximately more than 20,000 patients have received the services each year, while more than 12,000 volunteer workers have participated in the scheme. (Please refer to the report in the “Hospice Home” website - www.hospicehome.hk)

In 19th May 2010, the CCTV has reported that the Beijing Geriatric Hospital has officially established the “Palliative Ward” in Beijing, the capital city of China. This is the first Grade 3 Geriatric Hospital in Beijing to establish the first “Life Care Ward”. Beijing Geriatric Hospital is the basic medical insurance and occupational injury designated hospital in Beijing. From this, we can understand that China has started to take emphasis on “end-of-life care” services, and so this development trend is likely to flourish in the future.

(D) Singapore

The “Palliative Care Association of Johor Bahru” was established in 1995 in Johor Bahru, the place adjacent to both Malaysia and Singapore. At that time, it was an organization under the “Rotary Club”, and was providing a limited degree of “Palliative Care” service. In fact, it was merely a supporting service. By March 2007, the organization has officially become an independent social organization and continues to carry out its mission in providing free palliative care service for the patients. Its president Dr Angamuthu Rajoo said that: “Palliative care is a kind of merciful

and kind heart care and concern for the dying patients and their relatives. In addition, the association will also provide physical, emotional, mental and welfare supports.... All these services are free of charge. We are a non-governmental organization, and our expenditure to support these services is all relying on donations from the general public and the private organizations. Hence, there is no need for the patients to worry about the expenses for these services.”



Dr. Lien Ying Chow of Singapore

At the same time, there is another charity organization known as the “Lien Foundation” in Singapore has begun to actively promote and provide the “Palliative Care” services since 2006. It has also established the “Palliative Care Research and Education Institute” (known as the “Lien Center of Palliative Care with its website - <http://www.duke-nus.edu.sg/web/research/centers/lien-center-palliative-care>), the first of its kind in Asia.

The “Lien Foundation” has also set up the “Life Before Death” program (Website: <http://www.lifebeforedeath.com>) so as to promote a better “End-of-life Care”. This program has employed social media, art, movie and photography to influence people’s minds. This program also aims at letting people to think about and talk about death and the dying process, and to emphasize on an urgent need for a better care and service for the group of dying persons.

(Remark: The “Lien Foundation” was founded by Singapore business leader and Diplomat, Dr. Lien Ying Chow, and is aiming to be a philanthropic foundation. Its model of radical philanthropy pioneers new ground by investing in innovative solutions. The Foundation aims at strengthening the social vulnerable groups to have chances to receive education,

the elderly to have quality nursing service, and a sustainable water and hygiene environment.)

Singapore's "Lien Foundation" has also aroused the attention of the general public and the government not only on the quality of life, but also take "End-of-life Care" (or Palliative Care) seriously. Thus, they specially commissioned the "Economist Intelligence Unit" to provide a detailed full report on the global "Quality of Death" Index. This report was released globally on 14th July 2010, and is considered the first of its kind in the whole world. It has surveyed and interviewed doctors, experts and medical professionals from 40 countries, asking them about the "Quality of Death" of people in their own countries. The survey items included many different aspects, such as "end-of-life care, whether patients could receive pain relief service immediately, and the transparency of doctors, etc."

This research report reveals that globally over a hundred million dying patients and their family members would need the "end-of-life care" service each year, but only less than 8% of the total number could have enjoyed these services. This gives us a very strong signal that even through the standard of living has increased in Asia in recent years, but the standard of "palliative care" has not been elevated simultaneously. Even for those countries with strong economic growth like the "BRIC" countries, they are still lagging far behind. The report states that: "Even though the 'Quality of Life' is a daily vocabulary, but the 'Quality of Death' is still another matter altogether."

According to this study, the majority of those related organizations that specialized on "palliative care" are "not included under the National Health Insurance system.... Few countries, and even for those wealthy countries that have advanced health insurance system, have brought in palliative care under their holistic health insurance policy." Even for the supply of pain relief drugs have been "negligible for the

majority of the countries", and the reason is simply because it is fearful that these drugs would be used and traded illegally. And their para-medical professionals have also lacked the related medical training on injections.

Another challenge is to overcome people's view on "Death" and the cultural taboo, in order that the "palliative care" and related services could be uplifted. The report further states that as the aging population is increasing in the global scene, the demands for "palliative care" across the world will continue to grow. Hence, governments, voluntary organizations and service providers of different fields will have to race against time so as to cater for and fulfill this trend of ever-increasing social needs.

Finally, this report also provides a league table of ranking for the service quality of "palliative care" in different countries. Among the 40 countries under consideration: the UK ranked No. 1, Australia No. 2, New Zealand No. 3, Ireland No. 4, Belgium No. 5, Austria No. 6, The Netherland No. 7, Germany No. 8, Canada No. 9, the USA No. 10.... (Asia) Taiwan No. 14, Singapore No. 18, Hong Kong No. 20, Japan No. 23, South Korea No. 32, Malaysia No. 33, China No. 37, and India No. 40 (which is the last one).

(E) Holistic Picture in Asia

Taiwan has the highest quality accreditation of "Palliative Care" service in Asia. According to the detailed evaluations and comparisons in the report, Taiwan ranked (within this global ranking) for the four key dimensions respectively: end-of-life care medical infrastructure: No. 15; whether providing end-of-life care: No. 19; fees for the end-of-life care: No. 10; and quality of the end-of-life care: No. 10.

According to the report, the UK, Australia and New Zealand have incorporated "palliative care" into their National Medical Policies, and so these governments have ensured that their people could be

able to receive “palliative care” service when needed; and also the UK is the first country in promoting “palliative care” service in the world.

The report also states that the reason why Taiwan could be No. 1 in Asia is because it has already ensured the need for “palliative care” much earlier than most other Asian countries. In addition, “palliative care” has already been included in their National Health Insurance policy; in this respect, there are still many countries in the world, even for those wealthy advanced countries, that could not act on this.

The report also mentions that why Taiwan’s performance is much better than that of Singapore is because Singapore’s medical insurance expenditure only accounts for 3.3% of its GDP, which is much lower than the world average of 8.8%; on top of that, when comparing with those advanced countries like Japan, Singapore’s aging population is not that high.

Even though Hong Kong ranks No. 3 in Asia, only next to Taiwan and Singapore, yet its palliative care service providers affirms that the “Life and Death Education” in Hong Kong has only started up very late. Hence, the general mindset of the Hong

Kong people is still trying to avoid the speaking of “Death” matters. In this way, as people still cannot face up with this issue of confronting “Death” as a natural process, it seems likely that this so-called modern city of Hong Kong will fall short of its name as an “International Metropolis”, but will only be lagging behind still in the feudal age. Obviously, cursing someone “not to have good death” is an evil act, but it could easily become the portrayal of our Hong Kong society.

Frankly speaking, will the last journey of life to be taken care at in an all-rounded fashion, so that people could pass away peacefully and with dignity? This is, indeed, the real meaning for “good death”. Thus, the revelation of this report is that,

with regards to the promotion and provision of the service and quality of “palliative care” within Asian countries, there is still a great need for greater efforts in order to solve a series of social problems that will be associated with the aging population. Among which, we think that “Life and Death Education” is one of the crucial elements that should not be neglected. It is hoped that those caring people from all walks of life could use education as the guiding principle, and as the key to solve those problems.

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More Singaporeans signing up for 'living wills'

Poon Chian Hui
The Straits Times

Publication Date : 13-02-2012



<http://www.asianewsnet.net/home/news.php?id=27605&sec=1>

News & Information Team

Background Story

'I believe Singaporeans are generally still quite traditional and conservative... Speaking about death and end-of-life issues remains a taboo subject.'

Mr J. Lee made a **living will** eight years ago after deciding he would like to die with the minimum of suffering. He went to his doctor to sign up, after reading about AMDs in the newspapers.

'If I die tomorrow of a stroke, I don't mind,' said the retired dentist, 88. 'What I'm concerned is that if I'm on life support, I may be **suffering for five or six months before I go.**'

Anyone above the age of 21 and of sound mind can make a **living will** for free. These AMDs are acted upon when a person is terminally ill and is either unconscious or unable to make a rational decision.

Application forms are available at polyclinics and most private clinics. The person making the will does not need to hire a lawyer, but the form must be signed by two witnesses, one of whom must be a doctor. The other witness must not stand to gain from the applicant's death.

Once the will has been made, family members cannot stop the doctor from carrying out its wishes, even if they have objections. But **applicants are free to change their mind at any time.**

Of the current living wills signed, seven have been acted on. Last year, five people revoked their decisions, according to Ministry of Health figures.



"I believe Singaporeans are generally still quite traditional and conservative...Speaking about death and end-of-life issues remains a taboo subject."

Dr Lam Pin Min (above), chairman of the Government Parliamentary Committee for Health, on the need for greater public awareness

A growing number of Singaporeans are making the difficult decision **not to be put on life support when the end comes.**

By last December, about 15,000 had signed up for '**living wills**', which aim to minimise suffering by instructing doctors not to use artificial means, such as respirators, to keep them alive. This is a steady increase from the 10,100 Advance Medical Directives (AMDs) made by 2008.

The rise may be due to an increased awareness of living wills, said Dr Lam Pin Min, chairman of the Government Parliamentary Committee for Health.

Back in 2006, it was revealed in Parliament that few had taken up living wills. Only 3,840 had signed up at that time, even though they had been in place for a decade. It prompted then Health Minister Khaw Boon Wan to say that the ministry would focus on living wills for the next five years. Public awareness about such issues has since improved.

The living wills, advance care planning and palliative care all play a role in care for the dying. To raise awareness, the ministry has been holding discussions, talks and seminars for health-care professionals, as well as publicising the matter through the media. Educational materials on living wills were also distributed to doctors and health-care institutions, it added.

While these efforts seem to have paid off, some barriers remain. Associate Professor Cynthia Goh, head of palliative medicine at the National Cancer Centre Singapore, said the narrow scope of the wills means that they may end up useless, even for those who had signed up. The directive is carried out only in very specific circumstances, she noted. Patients must be terminally ill and unable to communicate, unconscious or mentally unsound.

This is when doctors will turn to the living will, if one is made. Three of them must first certify the patient as terminally ill.

'It's very prescribed,' said Prof Goh. 'Most people do not get into such circumstances. For example, many would still be able to communicate until the end.'

Most general practitioners and health-care staff also do not routinely bring up the issue with patients, she added. This is partly because it is illegal for them to ask patients if they have signed a living will or intend to do so. Doctors who do so could be fined up to \$5,000, sent to jail for a year, or both.

Dr Chai Chin Yoong, chief executive of the Parkway Shenton chain, said its doctors will help only when patients inquire.

Some of its limitations were discussed in Parliament in 2008, and a public consultation was held two years later but no policy changes have yet been made.

Public awareness also needs to be shored up. For one thing, many may mistakenly associate living wills with euthanasia, said Dr Chia Shi-Lu, a member of the Government Parliamentary Committee for Health.

Euthanasia means deliberately ending a life, while living wills are used only when there is no hope of a cure.

Dr Lam added: 'I believe Singaporeans are generally still quite traditional and conservative in our thoughts, and speaking about death and end-of-life issues remains a taboo subject.'

But the living wills are useful, practically as well as ethically. End-of-life issues can be a significant emotional and financial burden on the family, pointed out Dr Chia.

Mr Lee was diagnosed with stomach cancer last year. He is undergoing radiotherapy and receiving palliative care from Assisi Hospice. But if his condition worsens to the point where life support is required, he may have to move into a hospice.

Fees for the stay, as well as daily medication and life support treatment, are likely to run high. 'I rather save the money for my daughter,' he said.

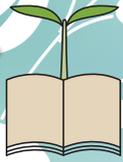
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End-of-Life Experiences: A Guide for Carers of the Dying (4)

By Sue Brayne and
Dr Peter Fenwick

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- (1) *Nearing the End of Life: A Guide for Relatives and Friends of the Dying;*
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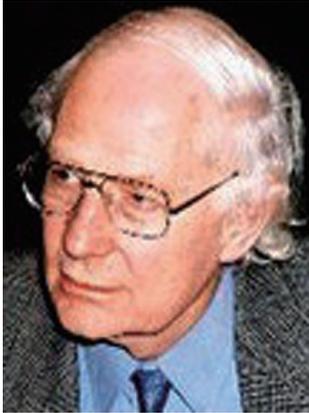
Short Introduction of Both Authors

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.

IS THERE ONE RIGHT TIME TO TALK ABOUT DEATH?

The short answer is no.

It may have been playing on someone's mind for a long time, and suddenly out of the blue – for instance, as you are helping them to wash – they may start talking about it, or ask you questions about your own beliefs. Or it may be late at night when they can't sleep, or early in the morning when they first awake.

Alternatively, they may vacillate between wanting to talk about it, and then denying their death.

Again, it's imperative to stay with the person's process, and to respect what they can, or cannot deal with in any given moment. Unless we have approached actual death ourselves, none of us knows from our own experience what it is like to go through the dying process or how we will deal with it when our turn comes.

The **best policy** is to treat others as you would like to be treated yourself, **with respect and dignity**.

For some people, talking about death is more complex and alarming, especially if they have unfinished business playing on their mind.

They may express a desire to talk, but not know how to go about it. This is when good communication skills are vital.

*Whether dying persons are telling us of the glimpse of the next world or conversing with people we can't see, we should consider ourselves immensely blessed when it happens. If we don't make the mistake of assuming they are 'confused' we are likely to feel some of the excitement they convey. For we are witnessing the momentary merging of two worlds that at all other times remains tightly compartmentalised and mutually inaccessible. That merging is what I mean by the **spirituality of death**.*

L. STAFFORD BETTY

IMPORTANCE OF GOOD COMMUNICATION SKILLS

Some people want to talk about their death, but are confused about what they believe or think.

Therefore, patients might use ‘tester’ questions such as ‘What do you believe will happen to you after death?’ Or, ‘Do you have a religious belief?’

This can feel as if you have been put on the spot. But, responses from carers consistently confirm that **truth is the best policy.**

By sharing what you believe, you can help the person to discover what is true for them. This can provide immense comfort for what is to come.

However, to share your beliefs is very different from evangelising. Evangelising means forcing your beliefs on to someone. Sharing is being open about what you believe, but also being willing to listen to other viewpoints.

So, it's important that you communicate clearly and honestly, without judgment. At the heart of good communication lies a willingness to listen. This may seem obvious, but it is surprising **how few people know how to listen well.**

The simple act of listening actively and well is one of the greatest gifts we can give a fellow human being.

It sends the signal that:

You matter, and what you think and feel matters too.

This is never more important than when you are with someone who is approaching death.

Here are a few golden rules for active listening:

- **Engaged body language.** Look the person in the eye. Be alert and attentive to what they are telling you, and how they are telling you. Listen to their tone of voice; their willingness to engage with you; their willingness to meet your eyes. Is what they are saying really what they mean? Are they asking you something with their body language that they are not expressing with words?
- **Put your own thoughts aside.** It's easy for your attention to be hijacked by your own thoughts, such as the row you had with your daughter this morning, the shopping to be done, the washing machine breaking down, or your being tired and wanting to be home. So, it's about **training yourself to be fully present and attentive.**
- **Use open questions,** such as *How, When, Where, Who, What,* and (although be a bit more careful with this one, as it can sometimes sound intrusive), *Why.*

Open questions give the message that you are interested, and encourage the person to tell their story. Closed questions such as *Do you? Will you? Can you?* prompt yes/no answers which often closes communication.

*You just need to listen. I'm asked a lot about my own beliefs. People want to know and I think that's part of the sharing. I'm happy to talk about my beliefs to patients if they ask. And sometimes this leads patients on to talk about the afterlife and things like that. So **that's how they test the water a bit.***

PALLIATIVE CARE NURSE

..... (To be Continued)

Nearing the End of Life :

A Guide for

Relatives and Friends of the Dying (4)

**By Sue Brayne and
Dr Peter Fenwick**

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End-of-life experience or drug-induced hallucination?

The difference between genuine end-of-life experiences and drug-induced hallucinations is clear to nursing staff and to patients.

People who have drug-induced hallucinations will describe such things as the wallpaper moving, the carpet undulating, insects crawling up walls, strange animals walking around on the floor, or devils or dragons dancing in the light.

They may 'pluck' at their sheets or at the air, and shiver. These hallucinations are generally experienced as annoying rather than frightening, and doctors can control them with medication.

In contrast, people who have end-of-life-experiences seem to be calmed and soothed by them. They appear to help the person to let go of the physical world and overcome their fear of dying.



What should I do if my relative is having – or not having – an end-of-life experience ?

These End-of-Life Experiences are real to those who have them. Listen to them without judgment or dismissal. It is important to remember that this is something they are actually experiencing, and that is not for us to say whether it is authentic or imagined.

It is crucial that the dying person's reality is supported. Practice your listening skills ([please refer to the section on "How To Listen Well"](#)) to help your relative or friend know you really care about what is happening to them, and that you are willing to hear about it.

Tell them how much it means to you know they are being reassured, even if you are unable to share their visions.

Put any disbelief or prejudices aside, and truly listen. Help them by asking questions such as 'What does he/ she look like? How many have come to see you?' 'What does it feel like, or look like?'

If your relative or friend is not having this kind of end-of-life experience, that doesn't mean they are having a 'bad death'.

We don't and can't completely know what goes on in the mind of a dying person, or what they may be experiencing while asleep, confused, or in a coma. Reaching out a caring hand is very reassuring, as well as quietly saying loving words of farewell.

It is also important to know that some people become distressed by seeing end-of-life visions. If this is happening, tell the nursing staff, and they will provide medication to help relax and soothe the person.

What happens if my relative or friend has dementia ?

Judith's Story

When my mother was suffering from the terrors of Alzheimer's, rarely being "in this world", she recovered sufficiently to have a day of complete clarity with me, when we were able to say all we needed to say.

On the final day, just before she died, she murmured something which meant she was making a reconciliation with my dear husband, which in turn, allowed me to move forward.

Dementia or severe cognitive impairment is a growing issue in the elderly. More than 100,000 people die with dementia in England and Wales each year. Research suggests the overall prevalence of dementia in those over the age of 65 is about 5%.

The impact dementia has on the dying process can be confusing and alarming. It can be difficult, and sometimes impossible, to reach the person, or understand what they are saying or what they may want.

However, we have come across many reports of those with severe dementia suddenly becoming lucid enough to say farewell to those around them, or talk coherently about seeing dead relatives.

So don't dismiss everything they say as disjointed ramblings. And be available in case this person does return to clarity and wants to make a final connection.

Mark's Story

I was present with my fiancée at the bedside of my future mother-in-law. Hers was not an easy death. She seemed to find it hard to let go because she was crying out and sounding very confused. But for me, the experience was strangely gentle, and also rather prosaic.

Eventually, we noticed her breathing had altered. We called the nurse into the room, and she confirmed that she was dying. We held her hands, and I could feel the warmth and the life ebbing out of her body from her limbs upwards, until the final breaths about 15 minutes later.

She had always been very private about her fears around dying. But hers was, despite the distress of her final days, as good a death for her as we could reasonably have hoped for. This was the first time I had been at the bedside of someone as they die, and I'm very glad I was there.

WHAT SHOULD I DO IF I CAN'T BE THERE?

When it's not possible to spend time with the dying person, you can **still feel connected** to them.

Memories of someone who is dying or has died are often bitter-sweet. Reminiscences become part of who you are. It's important to find something that helps you **achieve a sense of completion**.

You might, for instance, want to create a special space where you can light a candle and say prayers- or whatever you need to do – to say goodbye.

Perhaps write them a letter expressing the things you wanted to say but never did. If they have already died, you might want to burn the letter **ceremonially** or bury it.

Maybe you need to go into nature to say your farewells, or to buy a special tree or flower and plant it in their memory.

Funerals are of course central to the grieving process. They allow us to share our grief and to take part in an established social and personal ritual of saying goodbye, surrounded by others who also knew and loved the person.

If you find you are struggling with your grief, or holding onto unresolved feelings for this person, do consider talking to a bereavement counsellor..... (To be Continued)





Organized by the **Dudjom Buddhist Association International Limited**



Co-organized by the **Life Enlightenment Charity Foundation Limited**



A project funded by
Love Ideas ♥ HK

of **The Li Ka Shing Foundation**

Life and Death Education Series: Seminar on “The Light of Life”

**Due to Limited Seats Available,
Reserve Your Seats A.S.A.P.
Don't Miss This Great Opportunity!**

Since 2000, the **Dudjom Buddhist Association (International)** has endeavored to advocate on the importance of “life and death education”. We have invited internationally-renowned scholars and experts to deliver lectures; and in certain cases, we have cooperated with relevant academic institutions. Lecture and seminar series, training programs on “life and death education”, as well as information of multi-media publications, including periodical journals, audio-visual materials and so on, are extremely lacking in the contemporary society of Hong Kong.

Due to the general lack of knowledge on “life and death education”, this will bring fears, psychological damages and/or even tragedies to both the deceased persons and their families before death. At the same time, **modern people are incapable of constructing a holistic perspective towards life, world-view, as well as spiritual quality. As a result, many family and social tragedies occurred in our society.**

The Dudjom Buddhist Association (International) appreciates the great fortune of having the encouragement

and full support from both friends and the general populace. Through an open platform of fair competition, we have successfully obtained the generous sponsorship on 6th August, 2011 in the second round of the charity activity of “**Love Ideas, Love HK**”, sponsored by the “**Li Ka Shing Foundation**”. This becomes the main financial source for our continued advocacy in this year on “life and death education” in Hong Kong.

We are, indeed, most honored to be able to participate in this **profoundly meaningful** charity activity of “**Love Ideas, Love HK**”, sponsored by the “**Li Ka Shing Foundation**”, through a fair, equitable and open platform of fair competition by general voting of “one person one vote” in **selecting the different meaningful program items**, so that our whole community will be benefited from them. The program item that the Dudjom Buddhist Association (International) has been given the sponsorship is entitled simply as “**Life and Death Education**”, which belongs to the category of “education”.

For the aspect of “life education”, there are various courses that pertain to those in relations to the value-added self-hood and that of the elevation on psychological quality. Not only would these enhance one’s working capability, but more importantly, these would also enhance the counsel, relief and support of one’s spiritual and emotional aspects. As such, one can construct a stable, active and positive view towards life, with positive value orientations. As for the aspect of “death education”, special weight has been given to **the true understanding on the real situations and true meanings of death, as well as the mastery of the correct ways to deal with death issues**, from which one can then become more zealous towards life and its living, through one’s further upgrading to have a much deeper and true cognition in the meaning of life. As a result, one can truly be living a much happier, more splendid and joyful living.

In this regard, the Dudjom Buddhist Association (International) will be holding a seminar on “life and death education” at the “Hong Kong Convention and Exhibition Centre”, at Wan Chai, Hong Kong on 5th August, 2012 (Sunday) with the following details:

Life & Death Education Series: Seminar on “The Light of Life”

Date: 5th August, 2012 (Sunday)

Time: 2:00 to 5:00 P.M.

Venue: Meeting Room S221, Hong Kong Convention and Exhibition Centre, Wan Chai, Hong Kong (Expo Drive Entrance).

Keynote Speakers & Sub-Topics:

(1) **Ms Evelyn Elsaesser-Valarino** – **Lessons From the Light: What NDEs Teach About Life and Death;**

(2) **Professor Janice M. Holden** – **The Role of Near-Death Experiences, Deathbed Visions, and After-Death Communication in Grief and Grief Counseling.**

Fees: HK\$50; An additional fee of HK\$30 for those requiring professional simultaneous interpretation services with headphones (**services available for English to be translated into Cantonese**)

Short Introduction of Keynote Speakers:

(1) Ms Evelyn Elsaesser-Valarino



Ms. Evelyn Elsaesser-Valarino

For over thirty years, Ms. Elsaesser-Valarino has devoted much of her time to research on Near-Death Experiences (NDEs) and its after-effects, and has authored several books and articles on the topic. She frequently gives lectures in Switzerland, other European countries, and the USA, attending international conferences and regularly contributes to their collective publications and congress proceedings. She is the European coordinator of IANDS (International Association for Near-Death Studies), as well as a special advisor for international relations of the Netzwerk Nahtoderfahrung IANDS Germany,

She is also an honorary member of SEDEL (Sociedad Española para la Difusión de la Espiritualidad, that is, the Spanish Society for the Diffusion of Spirituality). She further serves as a coordinator of the Scientific and Medical Network SMN of Switzerland for many years, and is a member of the scientific committee and honorary member of INREES (Institut de Recherche sur les Expériences Extraordinaires, that is, the Research Institute for Extraordinary Experiences) in Paris.

Furthermore, her book entitled “On the Other Side of Life: Exploring the Phenomenon on the Near-Death Experience” (柳暗花明又一生, published in six languages); and another co-authored book with professor emeritus Kenneth Ring entitled “Lessons From the Light: What We Can Learn From the Near-Death Experience” (穿透生死迷思, published in ten languages) have been published by the Chinese publisher Yuan-Liou in Taipei, Taiwan.

Synopsis of Topic:

Three major aspects of the Near-Death Experience (NDE) will be presented in this talk, namely:

- (i) The **Life review** – NDErs view in three dimensions, in full color, sound, and scent and out of time, every single event of their lives. They come to understand how their actions, words, and even thoughts, have affected the persons involved in the scene they review. They gain a holistic understanding of the impact of their deeds, the ones they are proud of as well as the more negative ones, by reliving the event not only from their own perspective but also from the one of the persons involved. The life review is highly transformative and pedagogic because it confronts us with our intrinsic responsibility towards our fellow humans and entails an empathic identification with all the persons we come across during our lifetime.
- (ii) The **After-effects** of NDEs – NDEs provoke a massive and fundamental questioning of values and objectives and the way to live one's life. The major After-effects of NDEs concern the conception of life and death and self-conception, as well as social and material issues. These personality changes have heavy implications in the lives of NDErs which will be presented and analyzed.
- (iii) The **"Lessons from the Light"** – NDEs trigger a profound change in attitude and belief systems, mainly due to an encounter with a "Being of Light" which is the core experience of this phenomenon. These "Lessons from the Light" are accessible not only to NDErs but to all individuals who learn about NDEs and deepen their understanding of this transpersonal experience.

(2) Prof. Janice M. Holden



Prof. Janice M. Holden

Prof. Janice M. Holden, Ed.D., is professor of counseling, and Chair of the Department of Counseling and Higher Education at the University of North Texas, Denton, Texas, USA. Her primary specialization is the transpersonal perspective in counseling, with implications on experiences that transcend the usual limits of space and time, and their associated developmental potential. In particular, she has researched near-death experiences (NDEs), with over 30 journal articles, book chapters and numerous presentations.

Dr. Holden served six years on the Board of Directors of the International Association for Near-Death Studies (IANDS) since 2000, and was their past President for three years. Among other major works, she authored *the Near-Death Experiences: Index to the Periodical Literature through 2005*, *the Near-Death Experiences, Part 1: Recognizing a Pleasurable Near-Death Experience*, and lead-edited *The Handbook of Near-Death Experience: Thirty Years of Investigation* (2009, Praeger), in which leading researchers in the field of near-death studies provided comprehensive, critical reviews of all NDE-related research through 2005; and serves currently as the editor of *the Journal of Near-Death Studies*. Dr. Holden is a Texas Licensed Professional Counselor-Supervisor, Texas Licensed Marriage and Family Therapist, and National Certified Counselor in the United States of America.

Synopsis of Topic:

Research on three transpersonal experiences surrounding death – **near-death experiences, deathbed visions, and after-death communication** – indicates that they are virtually always a source of comfort, reassurance, and hope to the bereaved. In this talk, Dr. Holden will define and provide examples of each type of experience, will present research results that indicate the overwhelmingly beneficial effects of these experiences for the bereaved, and will explain how counselors and other health professionals can interact with the bereaved about these experiences in ways that best promote the progression of the grieving process and the general well-being of the bereaved.

Application Form:

Name: _____ Tel: _____ Email: _____

Address: _____

I would like to order tickets as follows:

_____ ticket(s) at HK\$50 each, and/or _____ ticket(s) at HK\$80 each (HK\$80 ticket includes professional simultaneous interpretation service to have English to be translated into Cantonese with headphone);

Total amount in HK\$ _____, Directly Deposit / Cash / Cheque _____

For Official to Fill Out

Registration No.: _____ Ticket No.: A _____, B _____

Payment Methods:

1) **Cheque Mailing:** Please fill in the application form with the total amount in a crossed cheque payable to “Dudjom Buddhist Association International Limited”, and send them directly to our address at: **4/F, Federal Centre, 77 Sheung On Street, Chaiwan, Hong Kong;** OR

2) **Direct Deposit:** Directly deposit the total amount to the bank account of “Dudjom Buddhist Association International Limited” at Hong Kong Bank: Hong Kong Dollar Saving A/C No: **579-2-006529**. After which, please send the deposit slip together with the filled-in application form by post to our address, or fax them to **(852) 3157-1144**.

Ticket(s) and receipt(s) will be sent back to you (via your full address) by post.

**Please call us for enquiry at (852) 2558-3680,
or email to info@dudjomba.org.hk**

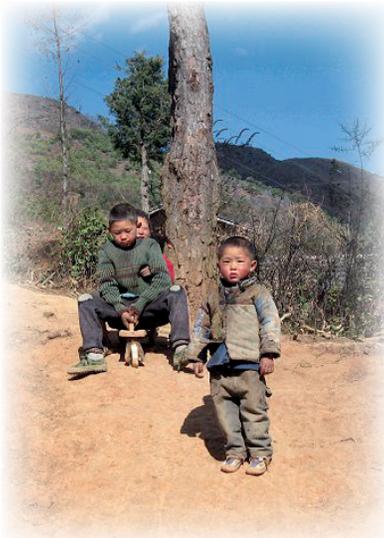
You can also download the Application Form from our website at <http://www.dudjomba.org.hk>, or call us to fax you the Application Form. After you have filled in the form, please send it back to us, together with the necessary amount, by either fax or mail. Thank you very much!

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:

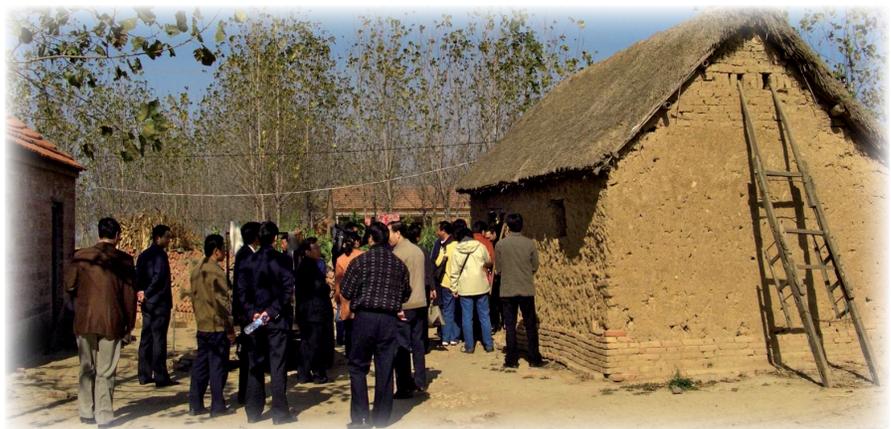
1. **Death Education, and knowledge on course of the after-death world** – to eliminate the patients' feeling of loss towards death and fear;
2. **Palliative care before death** – including care service for the dying persons' relatives and caregivers;
3. **An all-round "end-of-life care" and after-death 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".

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



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

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.**





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



The Project on the "Life Enlightenment Hospital"

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

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