Buddhist Palliative Care: Concepts and Applications

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Abstract

This research article aimed to: (1) examine the concepts of palliative care grounded in Buddhist principles; (2) analyze the process of caring for the spiritual and psychological well-being of terminally ill patients from a Buddhist perspective; and (3) propose guidelines for applying Buddhist teachings within the contemporary Thai healthcare context. The research employed a documentary methodology, utilizing the Three Characteristics of Existence (Tilakkhaṇa), the Threefold Training (Tisikkhā), and the Four Brahmaviharas as the conceptual framework. Data were collected from the Tipiṭaka, Aṭṭhakathā commentaries, and 42 academic publications indexed in the TCI and Scopus databases. Content analysis and descriptive narration were employed for data analysis.

The research results were found as follows: 1. The Three Characteristics of Existence (Tilakkhaṇa) and the Four Noble Truths (Ariyasacca) form the foundational Buddhist framework supporting death acceptance among terminal cancer patients in Thailand, with acceptance occurring through three dynamic phases: engaging with suffering, becoming open-minded about death, and adhering to Buddhist practices for increasing death consciousness. 2. Buddhist practices—particularly mindfulness (sati), loving-kindness meditation (mettā bhāvanā), and Dhamma recitation—significantly enhance the spiritual well-being (SWB) of terminally ill patients. Patients engaging in Buddhist practices more frequently demonstrated significantly higher spiritual well-being scores. 3. Effective application requires integrating the roles of Buddhist monks, family caregivers, and healthcare teams within a Three-Pillar Model encompassing physical, psychological, social, and spiritual dimensions of care. The knowledge generated by this research contributes to the development of culturally and religiously

congruent palliative care standards aligned with the Thai Buddhist context, ultimately enhancing the quality of life for patients in their final stage of life.

Keywords: Palliative Care, Buddhism, Mind Healing, Spiritual Well-Being, Three Characteristics of Existence

Introduction

Palliative care has been recognized by the World Health Organization (WHO, 2020) as a fundamental health right. Each year, more than 40 million patients worldwide require this form of care, yet only 14% receive it adequately. In the context of Thailand, approximately 78,540 cancer patients die annually—equivalent to 215 deaths per day (National Cancer Institute, 2019)—and more than 93% of the Thai population identifies as Buddhist (National Statistical Office, 2018). Consequently, Buddhist teachings exert a profound influence on attitudes and behaviors related to illness and death.

Prior research has consistently demonstrated that spiritual care is a critical component of palliative care. Kongsuwan et al. (2010) identified four core qualities of a peaceful death from the perspective of Thai Buddhist families in intensive care units: having a peaceful mind, freedom from suffering, family acceptance of the patient's death, and not being alone. Despite a growing body of literature in this area, research that systematically integrates Buddhist principles into palliative care systems remains limited—particularly with respect to practical application for healthcare personnel and care teams within the Thai social context.

This research aims to examine the concepts of Buddhist-based palliative care, analyze the process of psychological and spiritual caregiving for terminally ill patients, and propose guidelines for integrating Buddhist teachings into modern healthcare. Documentary research and content analysis serve as the primary methodologies. The findings are intended to contribute to the development of culturally appropriate palliative care standards and to serve as practical guidance for healthcare professionals, Buddhist monks, and policymakers.

Research Objectives

1. To examine the concepts of palliative care based on Buddhist principles as found in the Tipiṭaka and related research literature.

2. To analyze the process of psychological and spiritual caregiving for terminally ill patients in the Thai Buddhist context.

3. To propose guidelines for applying Buddhist teachings within contemporary healthcare systems.

Literature Review

This literature review encompasses three primary domains: (1) palliative care concepts and the notion of a good death in the Buddhist context; (2) Buddhist teachings applicable to spiritual caregiving; and (3) empirical research on the spiritual well-being of Thai Buddhist patients.

1. Palliative Care and the Good Death in the Buddhist Context

Kongsuwan et al. (2010), studying Thai Buddhist families in the ICU setting, identified four core qualities of a good death: having a peaceful mind, freedom from suffering, family acceptance, and not being alone. Stonington (2011) further described how a national program in Thailand employed Buddhist concepts to transform the perception of death from a "terminal point" into an "elongated interval"—a period of spiritual practice and preparation.

McCormick (2013) analyzed Buddhist ethics in end-of-life care decision-making and found that Buddhist principles—including compassion, non-harm, and dying with mindfulness—provide clear ethical guidance for decisions regarding the withdrawal of life-prolonging treatment. He argued that palliative care receives strong support from Buddhist doctrine, as it alleviates suffering and creates an opportunity for caregivers to accumulate merit (puñña).

2. Buddhist Teachings and Spiritual Care for Terminally Ill Patients

Pfeil (2012), writing in the Journal of Pain and Symptom Management, demonstrated that Buddhist teachings can foster a deeper understanding of incurable illness, enabling patients to focus their minds even when confronted with severe physical symptoms. Mindfulness (sati) in particular—the practice of maintaining equanimous awareness of all phenomena arising in body and mind—facilitates coping with pain and preserving mental serenity at the end of life (Khadro, 2003, as cited in Pokpalagon et al., 2022).

Phra Paisal Visalo (2016), a prominent Thai forest-tradition monk and advocate for death literacy, proposed that Buddhist spiritual care for dying patients must engage "Head, Heart, and Hands"—that is, Dhamma knowledge, compassion (karuṇā), and concrete practice. Practical interventions include softly chanting "Buddho" near the patient's ear, holding the patient's hand, and reminding them of the merit they have accumulated throughout their life.

3. Empirical Research on the Spiritual Well-Being of Thai Buddhist Patients

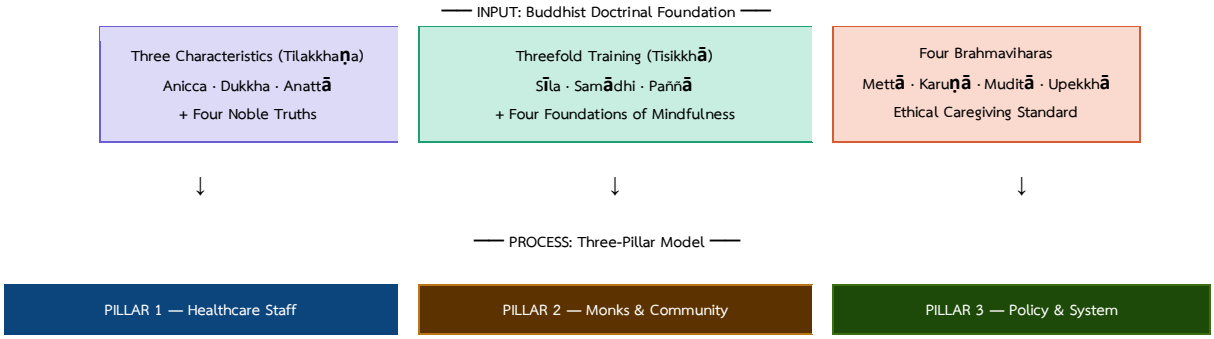
Pokpalagon et al. (2022) examined spiritual needs, spiritual well-being (SWB), and Buddhist practices among terminally ill patients across four palliative care settings in Thailand. They found that patients who practiced Buddhist activities more frequently had statistically significantly higher SWB scores, and recommended that religious strategies be emphasized and integrated into palliative care. Regarding home-based care, Kamonrat et al. (2022) employed Constructivist Grounded Theory with 30 respondents across Ang Thong, Ayutthaya, and Pathum Thani provinces, and found that prayer, Dhamma listening, meditation, and mindfulness practice were the key attributes of Buddhist religious care at the end of life.

Thanasilp et al. (2020) explored the death acceptance process among Thai Buddhist patients with life-limiting cancer in palliative care settings, identifying a three-phase dynamic process: engaging with suffering, becoming open-minded about death, and adhering to Buddhist practices to deepen death consciousness.

In summary, a significant knowledge gap remains: the absence of a systematic synthesis that connects Buddhist teachings to a comprehensive, integrated model of palliative care within the Thai context, and the lack of a structured framework for integrating the roles of Buddhist monks into multidisciplinary healthcare teams. This research aims to fill that gap.

Conceptual Framework

This documentary research was guided by a Theravāda Buddhist conceptual framework comprising three interlocking components: (1) the Three Characteristics of Existence (Tilakkhaṇa)—the intellectual foundation for understanding the nature of life and death; (2) the Threefold Training (Tisikkhā: morality, concentration, and wisdom) and the Four Foundations of Mindfulness (Satipaṭṭhāna)—a systematic process for mental development for both patients and caregivers; and (3) the Four Brahmaviharas (loving-kindness, compassion, sympathetic joy, and equanimity)—the ethical code for healthcare professionals and caregivers. These three components were analyzed in relation to the four dimensions of modern palliative care (physical, psychological, social, and spiritual) in order to develop a holistic care model appropriate to the Thai Buddhist context



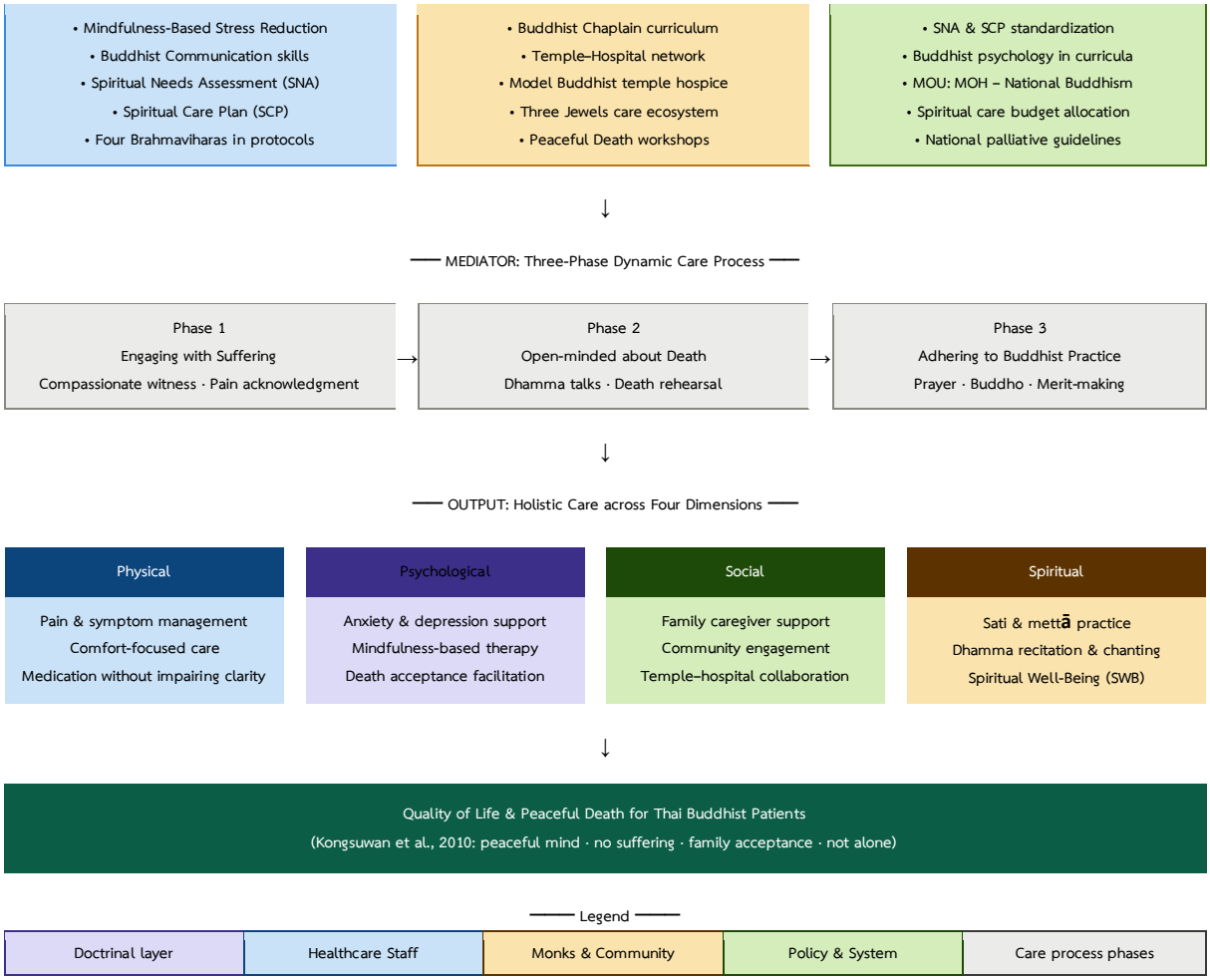


Figure 1. Conceptual Framework: Integration of Tilakkhaṇa, Tisikkhā, and the Four Brahmaviharas with the Four Dimensions of Palliative Care

Research Methodology

Population and Sample

This documentary research drew from a population of Buddhist texts and related academic publications, comprising the 45-volume Thai Tipiṭaka (Mahachulalongkornrajavidyalaya University edition, 1996), Aṭṭhakathā commentaries, and journal articles indexed in TCI and Scopus between 2010 and 2024, covering palliative care, Buddhism, mental health, and spirituality. The sample consisted of 42 documents selected according to established inclusion and exclusion criteria, comprising 12 primary source documents and 30 secondary source documents.

Research Instruments

Two instruments were employed: (1) a data recording form for collecting content from documents, verified for content validity (Content Validity Index: CVI ≥ 0.80) by three expert reviewers; and (2) a content analysis checklist for categorizing data according to the research framework.

Data Collection

Data were retrieved using bilingual keywords: "palliative care," "Buddhism," "mental health," "death," "spirituality," "spiritual well-being," "death acceptance," and "mindfulness" across TCI, Scopus, PubMed, and Google Scholar databases, as well as primary Buddhist scriptural sources. Documents were subsequently screened against pre-defined inclusion and exclusion criteria.

Data Analysis

Content analysis (CA) and research synthesis were applied to categorize findings by research objective and present results in descriptive narrative form. Credibility was established through triangulation across three types of data sources.

Research Results

Objective 1: Buddhist Concepts Underpinning Palliative Care The research found that Buddhist teachings applicable to palliative care can be classified into three hierarchical layers:

Layer 1 — Foundational Teachings: The Three Characteristics of Existence (Tilakkhaṇa: impermanence, suffering, and non-self) and the Four Noble Truths constitute the intellectual framework helping patients understand the nature of suffering and liberation. Suffering arising from illness is not a personal failing but a natural feature of conditioned existence—a perspective that fundamentally differs from the biomedical worldview.

Layer 2 — Mental Development: The Threefold Training and the Four Foundations of Mindfulness are tools for mental cultivation enabling patients to dwell with pain through concentration and equanimity (upekkhā).

Layer 3 — Caregiving Ethics: The Four Brahmaviharas and the spirit of karuṇā (compassion) provide the ethical orientation for healthcare staff and monks in delivering authentic, heartfelt care.

Table 1. Buddhist Teachings and Their Application in Palliative Care

Teaching	Meaning and Core Principle	Application in Palliative Care
Anicca	Impermanence; all phenomena are in flux	Reduces fear of physical decline; supports acceptance of death

Teaching	Meaning and Core Principle	Application in Palliative Care
Dukkha	Suffering is a universal feature of conditioned existence	Alleviates mental anguish from feelings of abandonment or punishment
Anattā	No fixed, permanent self	Reduces attachment to the body and personal identity; diminishes fear of death
Four Noble Truths	Suffering, its origin, its cessation, and the path	Analytical framework for identifying the source of mental suffering and the path to relief
Mettā–Karuṇā	Loving-kindness and compassion	Ethical standard for healthcare staff; counteracts self-interest in care systems
Sati–Samādhi	Mindfulness and meditative concentration	Instrument for pain management; reduces anxiety and depression

Table 1 illustrates that the teachings operate as a mutually reinforcing system: the Tilakkhaṇa and the Four Noble Truths provide the intellectual foundation, mindfulness and concentration serve as practical instruments, and the Four Brahmaviharas establish the ethical standard for care.

Objective 2: The Buddhist Process of Psychological and Spiritual Care for Terminally Ill Patients The research found that the process of psychological and spiritual care for dying patients within the Thai Buddhist context is dynamic rather than linear, consistent with the findings of Thanasilp et al. (2020), who identified three phases of death acceptance:

Phase 1 — Engaging with Suffering: Patients must confront physical and psychological pain. Healthcare staff and monks play the role of compassionate witnesses who acknowledge suffering rather than merely managing physical symptoms.

Phase 2 — Becoming Open-Minded About Death: Open discussion of death, Dhamma listening, and experiential learning at model Buddhist temple hospices (such as HETTCM, where patients practice "lying still as the deceased" for nine minutes to reduce fear) facilitate this transition.

Phase 3 — Adhering to Buddhist Practices: Prayer, mindfulness cultivation, recitation of "Buddho," listening to chanting, and enabling family members to "make merit" through caregiving all strengthen mindful awareness at the moment of death

The research further found that the roles of monks and family as the "Three Jewels" (Buddha, Dhamma, Saṅgha)—as conceptualized by Kalra et al. (2018, cited in Kamonrat et al.,

2022)—constitute a distinctive caregiving ecosystem specific to the Thai Buddhist context and distinct from Western models of palliative care.

Objective 3: Guidelines for Applying Buddhist Teachings in Modern Healthcare The research identified effective application guidelines structured as a Three-Pillar Model comprising:

Pillar 1 — Healthcare Personnel: Implementing Mindfulness-Based Stress Reduction (MBSR) training for staff; developing Buddhist Communication skills; and integrating the Four Brahmaviharas into end-of-life care protocols.

Pillar 2 — Buddhist Monks and Community: Developing a Buddhist Chaplain curriculum for monks to work in partnership with healthcare teams; establishing temple–hospital networks; and developing model Buddhist temple hospices.

Pillar 3 — Policy and Systemic Structure: Standardizing Spiritual Needs Assessment tools; embedding Buddhist psychology in nursing and medical curricula; and allocating budget for spiritual dimension care.

Discussion

Findings from Research Objective 1 The finding that the Tilakkhaṇa and the Four Noble Truths serve as the intellectual foundation for understanding the nature of suffering and liberation is consistent with the results of Attarung (2023), who found that Buddhist mental healing is rooted in the Four Noble Truths and the Noble Eightfold Path—emphasizing the understanding of suffering and the path to liberation—which in turn enhances the efficacy of integrating Buddhist principles with mental health care. This may be because palliative care demands more than symptom management: it requires a paradigm shift in the patient's understanding of the meaning of life and death, a domain in which Buddhism offers comprehensive and profound responses.

These findings are further supported by Saipetch (2023), who proposed that Buddhism contains a comprehensive mental health knowledge system encompassing the Tilakkhaṇa, the Four Noble Truths, the Noble Eightfold Path, mindfulness development, and the Four Brahmaviharas—teachings that not only enable healing and therapy but also foster mental strength, stability, and the attainment of genuine peace. The present study confirms that this same body of teachings is particularly powerful in the palliative care context, since dying patients require both emotional healing and mental development to face death with serenity.

International evidence corroborates these findings. Pfeil (2012) demonstrated that Buddhist teachings can deepen understanding of incurable disease, while McCormick (2013) showed that Buddhism offers clear ethical guidance for end-of-life decision-making. Both bodies of evidence emphasize that Buddhism's contribution to palliative care lies in the dimensions of wisdom and ethics—dimensions in which conventional biomedical care remains constrained.

Findings from Research Objective 2 The three-phase dynamic process of psychological and spiritual care aligns with the findings of Attarung (2023), who presented an integrative Buddhist mental healing model comprising five components: mindfulness (sati), wisdom (paññā), loving-kindness (mettā), concentration (samādhi), and perseverance (viriya). This may be because all five components are essential capacities for confronting death with awareness—mindfulness and wisdom particularly support patients in navigating the phase of becoming open-minded about death, while loving-kindness serves as an inner resource during the phase of adhering to Buddhist practices.

In terms of integration with contemporary mental health care, Saipetch (2023) demonstrated that Buddhist teachings are compatible with modern psychological approaches, with documented successful case studies from educational institutions, healthcare systems, and community programs in Thailand. This aligns with the present study's finding that the Buddhist care process is practically implementable within the healthcare system, particularly when supported by religious communities and institutions.

These findings are further confirmed by the empirical work of Pokpalagon et al. (2022), who found that Thai Buddhist patients practicing Buddhism more frequently demonstrated significantly higher spiritual well-being, and by Kamonrat et al. (2022), who showed that the integration of Buddhist religious care into home-based palliative care is both feasible and well-accepted by patient families.

Findings from Research Objective 3 The Three-Pillar Model proposed in this study is consistent with the integrative mental healing model for Thai mental health practice advanced by Attarung (2023), which emphasizes the integration of both cognitive and behavioral dimensions. This may be because sustainable reform of healthcare systems requires simultaneous transformation at the individual and structural levels.

From an international perspective, Saipetch (2023) presented a framework for integrating Buddhism with mental health care that highlights the importance of personnel training, indicator development, and scientific evidence generation. The present study extends this framework within the palliative care context by adding the dimension of Buddhist monks'

and community roles—social capital specific to the Thai context that is ubiquitous throughout the country yet largely unarticulated within formal healthcare systems.

Studies by Thanasilp et al. (2020) and Phra Paisal Visalo (2016) further support the finding that experiential learning through direct practice—such as "Peaceful Death" workshops—is more effective than didactic instruction alone. This finding points to the direction that healthcare personnel curricula should prioritize experiential learning in partnership with Buddhist communities.

New Knowledge Generated from the Research

This research presents the Buddhist Palliative Care Model (BPCM), which integrates three layers of Buddhist teachings (Tilakkhaṇa/Four Noble Truths; Tisikkhā/Satipaṭṭhāna; Four Brahmaviharas) with a Three-Pillar Model (healthcare personnel, monks/community, and policy) across four dimensions of care (physical, psychological, social, and spiritual).

The defining feature of the BPCM is its explicit articulation of the Buddhist monk's role as a Buddhist Chaplain working systematically alongside healthcare teams—a characteristic unique to the Thai healthcare system, which possesses abundant Buddhist social capital that remains substantially underutilized. This model has the potential to serve as the foundation for culturally congruent palliative care standards in Thailand and as a template for other Buddhist nations in Southeast Asia.

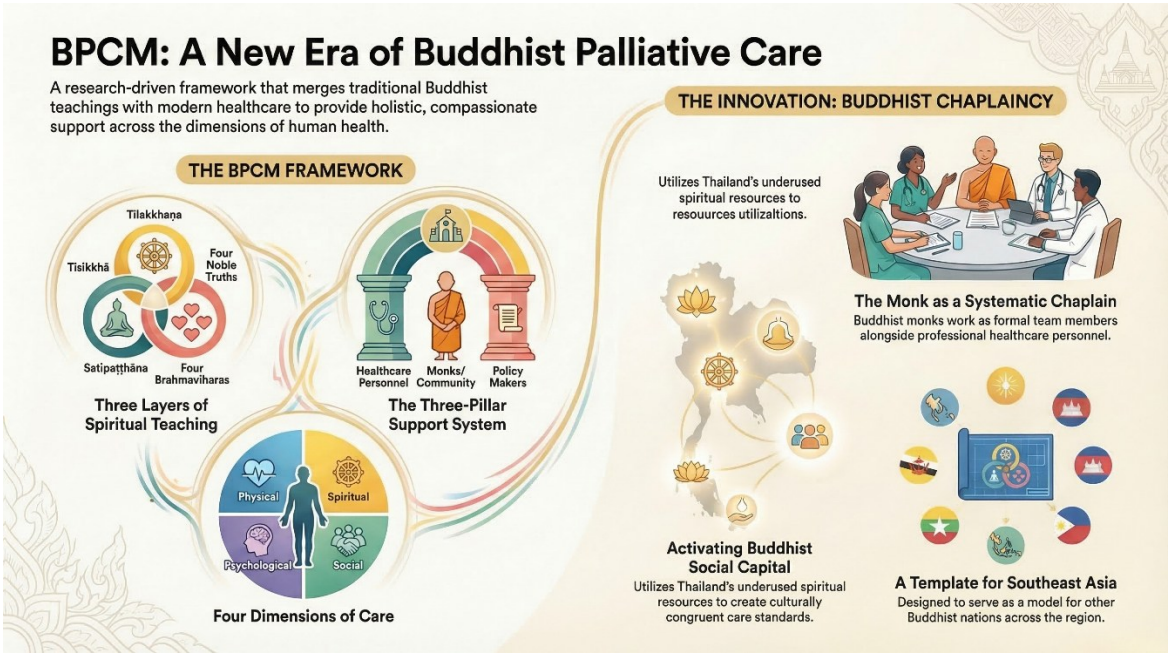


Figure 2: Buddhist Palliative Care Model (BPCM)

Conclusion

This documentary research found that Buddhist teachings—in particular the Three Characteristics of Existence, the Four Noble Truths, the Threefold Training, and the Four Brahmaviharas—hold substantial potential, supported by empirical evidence, for application in holistic end-of-life care. The three-phase dynamic process of spiritual caregiving (engaging with suffering, becoming open-minded about death, adhering to Buddhist practices) is congruent with contemporary palliative care approaches. The BPCM, integrating the roles of healthcare personnel, Buddhist monks, and policymakers, provides a concrete and actionable framework for developing palliative care systems in Thailand. These findings align with and extend the prior work of Attarung (2023) and Saipetch (2023) specifically within the context of end-of-life care.

Recommendations

1. Recommendations for Applying the Research Findings

Findings from Objective 1 indicate that the Tilakkhaṇa and the Four Noble Truths can serve as an intellectual foundation for terminally ill patients. Relevant agencies should therefore develop accessible learning resources—such as handbooks, mobile applications, and Dhamma audio recordings—for patients and families.

Findings from Objective 2 indicate that the three-phase care process is clinically implementable. Hospitals and care facilities should therefore incorporate Spiritual Needs Assessment and Spiritual Care Plans as standard components of palliative care plans, in collaboration with monks or Buddhist psychologists.

Findings from Objective 3 indicate that the Three-Pillar Model requires collaboration among the Ministry of Public Health, the National Office of Buddhism, and academic institutions. These agencies should formalize this collaboration through Memoranda of Understanding (MOUs) to co-develop shared policies and standards.

2. Recommendations for Future Research

The key knowledge contribution of this research is the BPCM, applicable to healthcare systems in Buddhist contexts, with emphasis on personnel development and temple–hospital networks. Future research should employ experimental or mixed-methods designs to test the effectiveness of the BPCM in real-world settings, and should develop spirituality outcome measurement instruments specifically calibrated to the Thai Buddhist context.

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