

**May You Find Some Comfort Here:  
Insights on Dying from Three Distinct Religious Traditions**  
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Betty was reluctant to see me but her nurse had talked her into it. Even though Betty was sad and depressed she was reluctant to speak with a hospice chaplain because she'd never been big on religion.

When I met her, she was seated on her hospital bed in her living room, breathing with the aid of oxygen. The tube running from the electric concentrator delivered the needed oxygen into Betty's nostrils with the ever-present whoosh-whoosh sound. Betty found the sound annoying.

Betty was not a happy person. She'd been married five times, and each of her five children had a different dad. Her one joy in life, shopping, was now a distant memory as she was nearly bedridden. The bedside commode gave evidence of her most recent indignity.

As she was complaining about how rarely her children came to see her, the phone rang. It was a daughter from California. Because of hearing loss Betty had the phone turned up as loud as it could go, so I was able to hear the whole three-minute conversation.

Betty's daughter began by apologizing that she wouldn't be able to drive up today for her planned visit because she'd had an out-of-the-blue job interview. She'd been unable to find work for more than four years. But this interview came up suddenly, she went, and she actually got the job. It was in a hospital and the pay was more than \$18 an hour plus benefits. The daughter was ecstatic. Her excitement was jumping through the telephone.

After a short pause, Betty glumly replied, "Well, I hope I'm still alive when you get here."

It was like watching a train wreck and being unable to stop it.

At least four times in the brief conversation I heard Betty's daughter desperately and joyously share "I got the job!" Someone wanted her. Someone saw something hireable in her. And she had phoned her mother aching to hear similar words of acceptance. But none came. Betty was so imprisoned by her own pain and need for acceptance that she had nothing to give her daughter.

It was a tragic scene.

I wanted to grab the phone and shout, "Congratulations! You're spectacular! They're lucky to get you. Get here when you can and drive safely. I'm so proud of you!" But I didn't.

Now I don't know what misery Betty had endured in life that robbed her of the ability to give the gift of acceptance to a daughter who desperately wanted to hear she was special. Betty never told me. But I want to learn from Betty's pain.

In my continued studies I want to learn how better to help dying patients like Betty. As a hospice chaplain, I want to be able to offer helps for the dying person to restore strained relationships, find forgiveness, and leave a loving legacy for their survivors. To this end, I am looking to ancient faith traditions as a source of wisdom to better prepare patients like Betty for their death.

This essay highlights wisdom from teachers of three distinct religious traditions on how to meaningfully companion with those who are dying.

### **A Jewish Perspective**

Rabbi Joshua Boettiger serves at Temple Emek Shalom, a Reform Jewish congregation in Ashland, Oregon. In a recent conversation he shared that his work with the dying centers around two Jewish concepts: the prayer of *Vidui* and the work of *teshuvah*.<sup>1</sup>

“There’s a lot of mystery, Why am I still alive? What still needs to happen? So I bring in the *Vidui* early to help facilitate possible healings of relationships.” *Vidui* is traditionally a prayer of confession said near the time of death. If the dying person is no longer communicative, the prayer is often said by a rabbi on the patient’s behalf. Rabbi Joshua, however, sees it is an invitation for healing. He works to help a person given a terminal diagnosis mediate on the prayer and contemplate how he or she might use the time they have left to repair broken relationships.

“What is pressing on you?” asks Rabbi Joshua. The result of this inward reflection can lead to the outward work of *teshuvah* – repentance or return.

“Classically, *Teshuvah* is comprised of three ingredients: regret of misdeed, decision to change, and verbal expression of one’s sins. Technically, whenever one sins, one is mandated to do *Teshuvah*. However, the Ten Days of *Teshuvah* between Rosh Hashanah and Yom Kippur are specifically designated for *Teshuvah*, when the gates of prayer and repentance are more open than at any other time during the cyclical Jewish year.”<sup>2</sup>

For Rabbi Joshua *Vidui* and *teshuvah* are simply two tools to build closer relationships for the person at life’s end with a look toward the future – what is good and beautiful that will live on.

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<sup>1</sup> From an interview with Rabbi Joshua Boettiger at Temple Emek Shalom in Ashland, Oregon on Friday, April 11, 2014.

<sup>2</sup> Dovid Dubov Nissan, “Teshuvah.” *Chabad.org*.  
[http://www.chabad.org/library/article\\_cdo/aid/361890/jewish/Teshuvah.htm](http://www.chabad.org/library/article_cdo/aid/361890/jewish/Teshuvah.htm) [accessed May 10, 2014].

They are ways to bring one out of emotional suffering and mitigate the pain of the, “What am I still doing here?” existential question.

The other major focus of our conversation centered on the concept of *blessing*. Joshua observed, “There’s a particular wisdom available to us as we get close to the other side (death). To give a blessing is ancient – we give blessings at weddings and at death – and in the Kabala death is a wedding.”

To illustrate his point, Rabbi Joshua shared the following story of being with his grandmother at her life’s end.

My grandmother had never been blessed. We wanted her blessing and tried to introduce the concept but she declined rather haltingly. “I don’t have a blessing to give,” she shared. So we simply began to pray. At one point during the prayer she asked if she could lay her hands on our heads. She did, and it was like a transmission. This act is ancient, placing the hands on the heads of loved ones, it’s as ancient as it gets. Touch is so powerful – there doesn’t have to be any words – knowing my grandmother, words would have been great ... but her touch was even more meaningful because it happened so organically.

He concluded, “Inviting those near death to give a blessing, even if the concept is foreign, being open to their attunement and to the different ways that this could come through them at this time, even in silence, can be an incredible gift for all involved.”

### **A Buddhist Perspective**

Kagyü Sukha Chöling is a Tibetan Buddhist Center in Ashland, Oregon. Lama Yeshe Parke is one of two teachers at the center and she explained her work in helping Buddhist practitioners prepare for death is within the framework of teaching known as *bardos*.<sup>3</sup> Sogyal Rinpoche states the term *bardo* is a Tibetan word that simply means transition.

In this wonderful teaching, we find the whole of life and death presented together as a series of constantly changing realities known as *bardos*. The word “bardo” is commonly used to denote the intermediate state between death and rebirth, but in reality *bardos are occurring continuously throughout both life and death*, and are junctures when the possibility of liberation, or enlightenment, is heightened.

I think of a bardo as being like a moment when you step toward the edge of a precipice; such a moment, for example, is when a master introduces a disciple to the essential, original, and innermost nature of his or her mind.<sup>4</sup>

According to Lama Yeshe there are 6 *bardos*: 1. the interval of physical life, 2. the interval of meditating, 3. the interval of dreaming, 4. the time just prior to death (dying process), 5. the time just after death (from 3 to 49 days), 6. and the interval of becoming (the next birth or form).

In commenting on the fifth *bardo*, Yeshe explains that, “Fear and unfinished business from the recent life makes one choose or jump to this form (the sixth *bardo*) more desperately and quickly. When the mind awakens free of the body, it is quite disturbed by that divergence, and after spending a good deal of time trying to get back into the body it then moves forward into the

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<sup>3</sup> From an interview with Lama Yeshe Parke at Kagyü Sukha Chöling in Ashland, Oregon on Tuesday, April 15, 2014.

<sup>4</sup> Sogyal, Patrick Gaffney, and Andrew Harvey, *The Tibetan Book of Living and Dying*, Rev. and updated ed. (San Francisco, Calif.: HarperSanFrancisco, 2002), 11.

future. Depending on training, relaxation, kindness, compassion, and a lack of fear one might have really magnificent experiences in those body free times.”

In speaking about receiving a terminal diagnosis Yeshe offered this fascinating insight. “For us being given a terminal diagnosis is considered a gift – even if it is incorrect.” She explained such information is to be used as a wake-up call and to use the remaining time as an opportunity to put as many things in order as possible.

Lama Yeshe shared five recommendations in preparing for death. The first is taking care of personal affairs. This includes the dying person’s preferences for an advance directive, POLST (Physician’s Orders for Life Sustaining Treatment) and funeral arrangements.

The second recommendation is to settle distribution of personal belongings. This is commonly done by means of a will and the idea is to put belongings in the hands of those who will truly benefit either personally or help others – as in charitable organizations. Give to those who will be able to use the gifts wisely.

Next Yeshe suggests to mentally prepare for death by letting go of whatever is an attachment. “Visualize the folks you give your stuff to actually using it and benefiting from it,” she teaches. “Let go of how people will emotionally react to what you have given, and to whom. Let go of control. Let go of the persona of being the giver. Let go of the trouble these choices may cause.”

The fourth recommendation involves strengthening relationships. Yeshe shares, “Communicate directly with anyone you have unfinished business with, especially of a negative nature.” Work towards a remedy, a resolution, and give an apology when needed. She also states it is important to be sure to clearly tell the people you love that you love them, and why.

And the final recommendation is to come back and begin to practice the pivotal meditations you have discovered from your living that helped previously when the chips were down. “From what you’ve learned in life: What anchors you? Maybe it is a meditation that will ground your mind and your heart. Then, when you are settled, think of everyone else alive right now in your situation. You are not alone. Your other-centered expansive meditation should be inclusive and it can benefit other beings.” Yeshe also suggests to meditate on the ideas of impermanence and the interconnectedness of all things.

Lama Yeshe encourages her followers to “Live everyday as if it could be your last. Be as honest and authentic as you can be. Be mindful and aware of the contents of your mind because the choices we make are part of our legacy.”

### **An Islamic Perspective**

On April 4<sup>th</sup> I watched a webinar presented by Ashiq Kermalli who is a Board Certified Chaplain working at Orlando Health in Orlando, Florida. The webinar was part of a series sponsored by the Association of Professional Chaplains.<sup>5</sup>

Chaplain Kermalli bases his insights for care on major tenets of an Islamic worldview. “Muslims consider themselves on a mission in this earth, and are committed to this mission by their belief in their Creator. . . . For the Muslim, the whole of this life constitutes a trial and a test for the human by means of which his or her final destiny is determined.” He goes on to share that terminal illness and life threatening situations are considered tests from Allah and provide an opportunity for repentance. “This delay would give [the patient] a chance to gather provisions useful for his or her journey to the other world, for the journey is tiresome and full of dangerous

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<sup>5</sup> Ashiq Kermalli, “Death and Dying: An Islamic Perspective.” *Association of Professional Chaplains*. [http://www.professionalchaplains.org/store\\_category.asp?id=8](http://www.professionalchaplains.org/store_category.asp?id=8) [accessed April 4, 2014].

valleys and difficult paths.” Kermalli adds, “The Prophet Muhammad once said that there are three things, which may continue to benefit a person after death: charity given during life which continues to help others, knowledge from which people continue to benefit, and a righteous child who prays for him or her.”

Suicide is never an option for Muslims, he says, because only Allah has the authority to determine the time of one’s death. "Indeed, with Allah alone is the knowledge of the Hour. And He sends down the rain, and He knows what is in the wombs. And no soul knows what it will earn tomorrow, and no soul knows in what land it will die. Surely, Allah is All-Knowing, All-Aware. "<sup>6</sup>

One of the more fascinating aspects in caring for Islamic patients is the emphasis placed on the whole family’s input. Kermalli shares that all important decisions concerning the welfare of a patient are made with the whole family present. Abdulaziz Sachedina notes this distinction from the traditional Western view of autonomy.

“In Islamic ethics an individual’s welfare is intimately linked with his or her family and community. Accordingly, the principle of autonomy (which affords the individual liberty and capacity to make a decision without coercion or other conditions that restrict one’s options) is not invoked to determine a course of action in matters related to end-of-life decisions ... [rather this] is a joint decision made by all associated with the patient.”<sup>7</sup>

This concept of communal decision making is very foreign to an American overzealous emphasis on individual rights.

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<sup>6</sup> Qur’an 31:34

<sup>7</sup> A. Sachedina, "End-of-Life: The Islamic View," *Lancet* 366, no. 9487 (2005): 776.

Finally Chaplain Kermalli addresses what is most important as death approaches for the Muslim. When a Muslim is near death, those around him or her are called upon to give comfort, and remind him or her of God's mercy and forgiveness. They may recite verses from the Qur'an, give physical comfort, and encourage the dying one to recite words of remembrance and prayer. It is recommended, if at all possible, for a Muslim's last words to be the declaration of faith: "I bear witness that there is no god but Allah and Muhammad is His servant and messenger."

### **Conclusions**

Recently I was called to a home to provide care for a man who was dying. He was a devout Christian who had lived with his daughter and son-in-law for the past ten years and she was his primary care giver.

When I arrived he could barely speak and she was crying. As I led them in a brief prayer at the bedside he held his daughter as tightly as he could and whispered into her ear, "I love you so much ... I'm so proud of you ... You're all I have." Those were the last words he uttered. She cried deeply.

This was such a holy exchange we just sat for a long while in silence, savoring the beauty of the moment. Time stood still.

What a stark contrast from the story of Betty's last moments that I shared at the beginning of this essay.

What strikes me about the wisdom offered by the three faith leaders in this paper is how the common emphases on restoring relationships and leaving behind a loving legacy that promotes benefit for others can be utilized in ameliorating painful endings like Betty's. Three very distinct faith traditions, three approaches to similar issues, but all focusing on the same goal.

As I continue to research and prepare for my doctoral project I too want to focus on restoring relationships at life's end and help people discover the legacy of their own soul to pass on to loved ones. A legacy that will benefit others far into the future. I want to help dying patients, like Betty, cultivate the wonder of gratitude and offer as much loving acceptance to others as they can.

My intentions really aren't that pure and noble. I want these things too. And I realize one day I may find myself bedridden with an oxygen tube shoved up my nose like my patient Betty. On that day I simply don't want to be sad and alone.