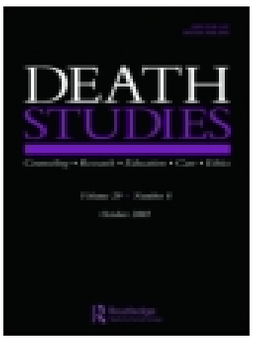

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# Perception of death and preference for end-of-life care among Asian Buddhists living in Montreal, Canada

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**ABSTRACT**

Dying with dignity is important in Western culture. The aim of this qualitative study was to explore how Asian Buddhists, exposed to Western cultures, perceive death and dying with dignity, and examine their preferences for end-of-life care. We interviewed 15 Asian Buddhists living in Montreal (Canada). Participants regarded death as inevitable, while a good/dignified death had to be natural, peaceful, and, most of all, conscious. Most preferred palliative care to medical-aid-in-dying and emphasized death preparation through daily contemplation of impermanence. Care providers' understanding and respect of Buddhist patients' perception of a dignified death might help facilitate this important transition.

Dying with dignity has become a significant issue in modern bioethics (Li & Li, 2017). However, defining and measuring dignity is difficult as the concept is vague, multifaceted, subjective, and remains highly contextual and cultural (Hemati et al., 2016; Lang, 2020; Rodríguez-Prat et al., 2016; Simões & Sapeta, 2019). The term "dying with dignity" is frequently being used by health providers and the general population as a fundamental aspect of end-of-life, but rarely with a clear definition of the concept (Pleschberger, 2007). The movement for dignity endorses the idea that people have the right to meet death on their own terms, by planning and timing it (Lang, 2020; Li & Li, 2017). This idea refers to "personal autonomy" and to "freedom of choice" which are different from the concept of dignity, which is define as the inherent value of a human being and to the right to be treated with respect by virtue of one's humanity (O'Mahony, 2012). Therefore, dignity is mostly an essential attribute of a person and its inviolability being recognized by most religions (Daodee, 2011). Dignity is also confused with quality of life, implying that functional limitations or impairment that reduce the positive features of life will generate a lack of dignity (Monforte-Royo et al., 2018). The concept of intrapersonal dignity should also be distinguished from relational dignity, the latter being socially constructed by the act of recognition from others (Pleschberger, 2007). Using the literature and data from diversified focus groups of older adults, Jacelon et al. (2004) concluded that "dignity is an inherent characteristic of the human being, it can be felt as an attribute of the self, and is made manifest through behavior that demonstrates respect for self and others" (p. 81). Many papers address the ways end-of-life care providers can preserve dignity for their patients (Anderberg et al., 2007; Chochinov, 2006; Monforte-Royo et al., 2018; Simões & Sapeta, 2019). In a recent integrative review of dignity in end-of-life care, Guo and Jacelon (2014) tried to summarize the meanings of dying with dignity, using theoretical and empirical papers presenting the perspectives of patients, health professionals, and family. This review mainly describes what is needed to die with dignity and propose the following definition:

> Dying with dignity is a basic human right; it is a subjective experience and also a value influenced by others; it signifies a dying process with the following characteristics: dying with minimal symptom distress and limited invasive treatment, being human and being self, maintaining autonomy and independence to the greatest extent, achieving existential and spiritual goals, having self-respect and being respected by others, having privacy, maintaining meaningful relationships with significant others, and receiving

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> dignified care in a calm and safe environment. (Guo & Jacelon, 2014, p. 937)

Recently, "dying with dignity" became a highly politicized term and, with the topic of euthanasia often dominating public debates on medical end-of-life practices, a "good death" has also become an important issue (Seifart et al., 2020). Defining a good death is difficult as it depends on individuals' interpretation, perspectives and priorities, cultural background, health conditions, or experience with death (Bovero et al., 2019; Rainsford et al., 2018). A good death is often described as a peaceful death, without pain and suffering (Castro et al., 2016; Krikorian et al., 2020). It involves meeting death without fear (Liu & van Schalkwyk, 2019), and the feeling that life is completed (Kim, 2019). Family support, being able to say goodbye, acknowledgement of religious and spiritual needs, and medical aid in dying (MAiD) in the case of unbearable suffering, are also regarded as attributes of a good death (Vanderveken et al., 2019).

On the other hand, a "bad death" usually includes a long and painful dying process, feeling that one is a burden to others (e.g., children) after an extended illness, and dying alone (Chochinov, 2006; Kim, 2019). Features of a bad death also include death by accident, suicide, or violence, prolonging life with technological supports, and becoming dependent (Ko et al., 2015; Lang, 2020). Most people nowadays die in medical institutions surrounded by medical equipment, technology, and strangers (Gire, 2014), which is considered to be undesirable (Schwarz & Benson, 2018), and often associated to loneliness and helplessness (Lang, 2020).

Death is often a taboo in modern Western societies (Tassell-Matamua & Lindsay, 2016) and there is a lack of communication about death and dying in the community (Lang, 2020). On the other hand, in the Eastern world, death is perceived as a cyclical or as a stage-like process (Robben, 2017) and as a mere transition (Gire, 2014) with a gradual disintegration of both physical and spiritual existence (Yang & Miller, 2015). Generally, Easterners view death as a natural part of life and consider that the relationship between the living and the deceased goes on (Cacciatore & DeFrain, 2015).

The perception of death and dying changes according to cultural values, beliefs, attitudes, health conditions, life circumstances, financial issues, and age (Cottrell & Duggleby, 2016; Krikorian et al., 2020), which may in turn lessen or enhance the fear of death (Yen, 2013). To cope with adversity and death, Buddhists draw on the idea of karma and impermanence (Hall et al., 2018; Yen, 2013), and are taught that life and death are unavoidable truths of existence (Lee et al., 2017). In contrast, many Westerners try to deny the existence of death (Tradii & Robert, 2019). Buddhists are encouraged to be psychologically prepared and accept impeding death with calm and dignity (Keown, 2005). Due to beliefs on the interdependence of life and death embedded in the countless rebirths until enlightenment is attained, Buddhists consider that cultivating altruism and good actions is important to face dying with calm (Cheng, 2017). In the Buddhist culture, family members are obliged to create a peaceful environment at death for their loved ones, by refraining from mourning and crying loudly at the bedside (Kongsuwan et al., 2012).

Death preparation refers to actions one takes to arrive at a calm acceptance of one's own passing away (Liu & van Schalkwyk, 2019). While preparing a will or making funeral arrangements are the main characteristics of death preparation in the West (Pinquart & Sörensen, 2002), thinking and talking about death, and engaging in activities that will ensure good dying are common characteristics of death preparation in the East (Liu & van Schalkwyk, 2019). In the West, preparation for death is seen mostly in religious older adults (Pinquart & Sörensen, 2002), whereas in Buddhism, death is a central feature which is implicit in all activities since believers recognize that death can happen anytime (Smith-Stoner, 2005).

Although the issues surrounding death and dying with dignity has been extensively researched in the developed world, especially among Christians, it is not the case among people with a Buddhist affiliation, especially Asian immigrants. Buddhism is considered the world's fourth major religion with roughly 7% of the population practicing it (Giraldi, 2019) and 1% in North America (Pew Research Center, 2019). The number of Buddhists in Canada is steadily growing and Buddhism is gaining acceptance in the mainstream culture (Harding et al., 2010). International migration exposes people to various attitudes and behaviors of the host country (Alidu & Grunfeld, 2018). The attitudinal, psychological, and behavioral changes of individuals or groups that stem from acculturation could have an impact on their perceptions of death and end-of-life care preferences (Alidu & Grunfeld, 2018; Mori et al., 2018). Individualism, freedom, and autonomy are mostly valued in the West in contrast to collectivism, interdependency, and familial cohesion which are generally esteemed in the East, resulting in the marked difference in the

perceptions of a good death (Miyashita et al., 2007; Mori et al., 2018).

The aim of this study was to explore how Asian Buddhists immigrants perceive death, dying with dignity, and their preferences for end-of-life care. Since perceptions of death form the basis on how people approach end-of-life (Hallberg, 2004), additional knowledge on these views could provide care providers with insights on the best ways to help their patients with Buddhism affiliation.

## Materials and methods

### Study design and procedures

This research is an exploratory descriptive study with a qualitative research design. The semi-structured interview guide was created to explore participants' perceptions of death and dying with dignity, as well as their end-of-life care preferences. Participants had to be 18 years of age and over, living in the city of Montreal (Canada), and speaking English fluently. There were no specific exclusion criteria in this study. Participants were Buddhists from one of the main schools of Buddhism (Theravada, Mahayana, and Vajrayana).

Appropriate ethical clearance was sought and obtained from the Research Ethics Committee of the University of Quebec in Trois-Rivières (CER-19-259-07.07). Afterwards, the principal investigator contacted two Tibetan who owned a business in Montreal, who helped to contact other potential participants in their catchment area. This kind of convenient sampling strategy is called snowball technique (Schneider et al., 2016). This method of data collection from potential participants was found appropriate, as the researcher is a foreign student. The principal investigator also participated in Buddhist activities to contact other potential participants. The principal investigator also invested adequate time and prolong engagement with each participant to build rapport, trust and confidence (Kornbluh, 2015; Shenton, 2004). Every steps of the study, including data collection and analysis, was recorded in a log book to prepare for a series of peer-debriefings with the supervisor of the research in order to examine the transcripts and the emerging categories (Connelly, 2016; Shenton, 2004). Participants were given an information letter that described the purpose of the study, their role in the research, the risks and benefits of their involvement, as well as the research topics: death, dying, as well as end-of-life care preferences, so that they could make an informed choice about their participation. Participants were also informed that the interviews would be audio-recorded and that confidentiality was guaranteed. Participants were also given a weeklong duration to consider their decision to participate in the study. To ensure that the sample included only participants who were freely and genuinely willing to take part in the study, all potential participants were given the opportunity to refuse to participate in the research project, and were told that they could withdraw at any point without explanation (Shenton, 2004). No incentives were provided and participants were not related to the researchers in any way. Participants signed a consent form, before the interview, to confirm their decision to participate.

A scoping review on end-of-life care and MAiD was conducted to assist in the drafting of the 17 open-ended questions used for the semi-structured interview to comprehensively explore participants' perceptions about death and dying with dignity, as well as their preferences for end-of-life care options and their opinion about MAiD. Participants answered 17 open-ended questions; only 12 are related to the present paper (see Table 1) since those pertaining to their opinion about medical aid in dying were used for another paper that was published recently (Dorji et al., 2020). A face-to-face in-depth interview was conducted by the principal investigator in a quiet place. Each interview lasted 45 min to 120 min. The study was conducted in Montréal, Canada. Data were collected between September and November 2019 by the principal investigator.

### Participants

Fifteen Asian Buddhists (8 males and 7 females) ranging in age between 26 and 62 years (median = 52 years) participated in this study. The principle of saturation guided the assessment of the adequacy of the sample size (Saunders et al., 2018). During the data collection process, and their concurrent transcription and analysis, it was apparent around the 11th participant that no more additional insights were emerging. However, within the availability of time and resource, four more participants were recruited hoping that new information would be generated on the phenomenon under investigation. Data collection stopped at the 15th participant. The median years of stay in Canada was 20 years (range: 1–43 years). Details of the socio-demographic characteristics of the participants are in Table 2.

**Table 1.** Semi-structured interview guide.

1. How do you see aging?
2. How do you see yourself getting old?
3. When you think about death, what comes to your mind?
4. Have you experienced the death of a close family/friend? Can you describe your experience of this situation/event?
5. Have you experienced serious illness or have you ever been close to death at one point of time in your life?
6. What do you know about Karma and reincarnation? Do you believe in it?
7. What do you think will happen after one dies?
8. How would you like to die? What would be a "good death" or "dying well" for you?
9. Do you think that it is possible to prepare for dying? If yes, how? What can someone do to prepare for a good death? What would you do to prepare for your own death? What do you think would help you die peacefully?
10. Do you think your Buddhist beliefs influence the way you see death? How?
11. Do you think your family influence the way you see death? How?
12. What does "dying with dignity" mean to you? How can a person "die with dignity"?
13. Have you heard about medical-aid-in dying? If yes, what did you hear about it?
14. In Canada, medical-aid-in-dying (MAiD) was legalized in 2016 for people who are at the end of their life with no hope for recovery. It means that the doctor can give a lethal substance to the patient to end their life. What is your opinion about it? Would you ask for MAiD for yourself if you were in the same situation (at the end of your life with no hope for recovery)? Suppose you are not able to communicate, would you be comfortable with a close family member or friend asking MAiD for you?
15. There are various end-of-life care? What would you prefer?
    A. Relieve pain (with medications) and discomfort as much as possible, and let the process of death take its natural course (it is called palliative care);
    B. Extend life as much as possible even if the process of dying would be longer;
    C. Refuse/withdraw treatment;
    D. To be put into a state of unconsciousness (deep sedation) to remove intolerable suffering completely.
16. Did you make some specific decisions about your funerals (what would you like?, did you tell your family?) or are you leaving these decisions to your family?
17. Do you think your Buddhist beliefs might influence the way you see MAiD. If yes, How? Do you think your family influences the way you see MAiD? How?

### *Data analysis*

To organize, elicit meaning and draw conclusion from the qualitative data collected, a content analysis was conducted using NVivo version 12. Data coding guidelines developed by Bengtsson (2016) directed the process of data analysis. Each stage was performed several times to maintain the quality and trustworthiness of analysis. The process began with transcribing each of the recorded verbatim, reading through them several times to examine and familiarize with the content, gaining a sense of the whole, and deriving codes from the occurrence of words from the text to denote key thoughts or concepts (Connelly, 2016; Morse & Field, 1996). When unclear wordings were found in the transcriptions, participants were contacted to clarify their quotes to authenticate their intention and meaning (Kornbluh, 2015). Each verbatim was considered as the unit of analysis. Firstly, the broad codes were drafted, followed by the creation of child codes in a meaningful order, to assist in uncovering the meaning of the phenomenon under exploration. This process was done independently within the members of the research team, who then met to review initial codes and discussed their impressions of the data. Detailed notes of all the decisions made as the analysis progressed were maintained in a log book for confirmability and the differences in the coding were addressed through a series of discussions until a consensus was drawn about the codes and categorization (Connelly, 2016). Cross-checking and discussion within the research team provided the opportunity to develop a deeper understanding of the data by soliciting alternative viewpoints and range of perspectives regarding the interpretation of the narratives (Kornbluh, 2015). Throughout the process of data analysis, the investigators were aware and averted the influence of their own assumptions in order to relieve concerns related to overgeneralizations (Connelly, 2016; Kalpokaite & Radivojevic, 2019).

## Results

The interviews with the Asian Buddhist participants revealed several themes surrounding death and dying with dignity. The main findings are reported in accordance with the structure of the interview: perception of death, description of a good death and dying with dignity, description of a bad death and the emotions associated with death, the significance of death preparation, family influences on their perception of death, and their preference for their end-of-life care. The review by Guo and Jacelon (2014) that summarized the various meanings of dying with dignity was used as the conceptual framework that underlines the various themes.

## Perceptions of death

### *Death is unavoidable*

We asked the participants what came to their mind when they thought about death. All of them perceived

**Table 2.** Socio-demographic characteristics of the informants ($N = 15$).

| Sociodemographic characteristics | Frequency |
|---|---|
| Gender | |
| Male | 8 |
| Female | 7 |
| Age (in years) | |
| 25–34 | 2 |
| 35–44 | 3 |
| 45–54 | 5 |
| ≥55 | 5 |
| Education level | |
| High school | 2 |
| Undergraduate | 8 |
| Graduate | 4 |
| Monastic education | 1 |
| Place of education | |
| India | 4 |
| Taiwan | 3 |
| Canada | 7 |
| Australia | 1 |
| Employment status | |
| Employed | 10 |
| Unemployed | 1 |
| Retired | 3 |
| Others (clergy) | 1 |
| Marital status | |
| Married/living de facto | 10 |
| Single | 3 |
| Divorced/separated | 2 |
| Birth place | |
| India | 4 |
| Nepal | 2 |
| Taiwan | 3 |
| Tibet | 2 |
| Vietnam | 4 |
| What language do you feel more at ease to communicate? | |
| French | 2 |
| English | 1 |
| Tibetan | 7 |
| Mandarin | 3 |
| Vietnamese | 2 |
| Language mostly spoken at home | |
| French | 6 |
| English | 0 |
| Tibetan | 5 |
| Mandarin | 2 |
| Vietnamese | 2 |
| Years in Canada (Median: 20 years; Min-max: 1–43 years) | |
| 1–5 | 2 |
| 6–10 | 2 |
| 11–20 | 4 |
| ≥21 | 7 |
| How often do you listen to or read Buddhist teachings? | |
| Everyday | 5 |
| At least once a week | 4 |
| Once in a month | 3 |
| Once in a year or less | 2 |
| Never | 1 |
| How often do you conduct Buddhist rituals or practice (e.g. meditation) at home? | |
| Everyday | 10 |
| At least once a week | 0 |
| Once in a month | 3 |
| Once in a year or less | 1 |
| Never | 1 |
| How often do you participate in Buddhist rituals (pujas) at a Buddhist center (temple)? | |
| Everyday | 4 |
| At least once a week | 1 |
| Once in a month | 5 |
| Once in a year or less | 5 |
| Never | 0 |
| How would you rate your present health condition? | |
| Poor | 0 |
| Fair | 2 |
| Good | 10 |
| Excellent | 3 |

death as an inevitable reality of life. Participants thought that death is present all the time, whether a person thinks or talks about it or not. Participants suggested that the best approach to death is to be conscious about it, to acknowledge impermanence, and accept it graciously.

> The reality is, even if we don't think about death, each moment we are dying constantly. Death will come to everyone and is inevitable. Everybody has to die one day. Therefore, we have to accept death. If we contemplate on death deeply, you can understand death is a part of life and cannot (be) avoided but come to terms with it. (Male 59 years)

> When I think about death, I think about leaving behind everything, whatever you have in life, including family. Although death is certain, time for death is uncertain. If death comes, there is no way to escape it, except to accept the reality. There is no way to run away from it anyway. (Female 38 years)

## A good death and dying with dignity

We asked the participants about their perceptions of a good death and their understanding about dying with dignity. Eight participants mentioned a natural death, without pain and suffering, as a component of a good death. Dying in the presence of loved ones (5/15), dying at home or in a calm Buddhist environment (5/15), and dying with awareness (5/15) were also mentioned as attributes of a good death. Three of the participants considered that dying in old age would be the best time for death. A female participant, aged 30 years, indicated that a "good death" is not a notion that can be associated to younger age. She said: "Maybe when I reach 80 years, I would think what kind of death will be a good death, but as of now at 30 years old, I don't think there is such (a thing) as good death."

> I wish to die naturally, in peace in my mind, and in old age, without suffering, free from disease conditions and accidents. I also wish to die surrounded by people knowledgeable about Buddhism, guide me through my dying process, and perform Phowa (transference of consciousness) or prayers necessary for the dying person. (Female 54 years)

> Peaceful death or mindful death is very important from a Buddhist point of view. To achieve that, it needs peace, calm, mindful and consciousness with no disturbances, except the chanting of prayers. A conscious death, surrounded by family members, in a Buddhist environment with no emotional breakdowns or chatting would be good. (Male 58 years)

Except for one participant who could not address the topic on dying with dignity due to time constraint,

description of this concept was similar to a good death: A peaceful natural death without suffering (7/15) and the prospect of dying with awareness (5/15). However, they also mentioned that dying with dignity included dying without medical intervention such as being on life-sustaining treatment (3/15). This view is similar to those expressed by participants from Western countries who consider that dying with dignity should happen without therapeutic obstinacy, invasive interventions or futile treatment. On the other hand, in Western surveys, euthanasia and physician-assisted suicide are often considered "the way" to die with dignity.

> Dying with dignity to me is as much as possible dying naturally, not assisted by medical settings. To me, we are born naturally, so should death be. That would be dying with dignity for me. (Female 52 years)

> Dying with dignity is dying without the use of medical equipment. If possible, dying peacefully will be dying with dignity for me. (Male 60 years)

> For many people in our society, they think dying with dignity means not necessary to feel the pain. For me, dying with dignity means, I die mindfully in my meditation, which comes through the practices I have been doing. I think this is good. (Female 42 years)

Although dying with dignity was described by many of the participants as a peaceful natural death, two of them wondered if it was possible because of the suffering involved in the process.

> Unless it is instant death, where the person does not need to go through prolonged suffering, achieving peaceful death would be difficult. I don't know if there is such a thing as a peaceful death. Because the stages of death in itself are not peaceful. I think. (Female 58 years)

Two of the participants questioned the use of the word "dignity". They considered that it was inappropriate to use dignity in relation with death. They were linking dignity with honor, as in "escaping with dignity" or in an honorable way. For them, it was more important to have a mindful death or to die with awareness than dying with "dignity". One participant (Male 26 years) said: "Unless you go to war and fight, the use of term dignity may be inappropriate. What is there to fight against death when death is not an enemy but is a part of life? We are not fighting against death; we are recognizing death."

### *Control over death*

Interestingly, having control over one's death to achieve a dignified death was not mentioned directly by the participants, even though the autonomy to choose how and when to die is often associated to dying with dignity in the West. Nevertheless, six participants heard about the idea that dying with dignity was to be in charge of one's death, but questioned the likelihood of having control over one's life or death (3/6) except for few accomplished spiritual masters (1/6), who can program their death and passing away.

> For me dying with dignity is the ability to die in peace at my own will. The availability of medical assisted choices and to die at our own will peacefully would be dying with dignity. (Male 54 years)

> When people related the term dignity as having control over their death, I don't believe in it. The reality is, we don't have control over our life and death. If we can have control over death, it has to be by an external intervention for death to happen which is not natural and is against the natural process of death. (Female 30 years)

## A bad death

The topic of a bad death was explored in conjunction with a "good death". Eight participants highlighted various situations associated with a bad death such as dying alone in solitude (2/8), displaying emotional breakdowns or strong attachments by the dying person and/or family members (2/8). Furthermore, dying in an accident without death preparation (3/8), or death with the help of medications of any type (1/8) were also attributes of a bad death. More precisely, dying in an accident would not give time for the deceased to prepare for death, while medications could disrupt a conscious death which is valued by Buddhists. Preparation for death will be developed in the next section since it is an important aspect of Buddhism.

> Bad death could be something like death happening without preparation. It could be dying in a car accident with no preparation, sick and hospitalized with lots of machines plugged in. Sometimes, we have no choice of being here in this part of the world. When we are sick, somebody will take us to the hospital, and plug in all kinds of machines. I think that would be a sort of bad death to the person. However, we never know. (Male 59 years)

> Dying with lots of attachments, fear, regrets, and if someone let me die with the help of medication, that would interfere with the importance I give to my conscious death would be a bad death for me. (Female 42 years)

## Emotions associated with death

More participants (11/15) linked death with negative emotions than positive ones (9/15). The negative

emotions included feelings of fear, terror, sadness, and sorrows, the last two being related more to the concept of grief. The fear was related to the unknown. On the other hand, the perception of death was not necessarily negative. Three of the participants perceived death as beautiful, a celebration, or an event that brings a change for the best. Four of the participants also considered that death is not the end of life since Buddhists usually believe in rebirth.

> I think I will be very happy to change and lodge to another house. Our body is just a matter or material. After our death, we just change our house. (Female 42 years)

> Look at the darkness, and something you don't know makes you feel scared or afraid, no matter what. The unknowing part of death is what makes me feel scared of death. (Male 26 years)

> I am terrified probably because I am still not able to accept death. The reality that the close person talking a moment ago suddenly is no more, made me feel terrified. When my closest friend died suddenly, I felt horrified. She was so young, yet she died. (Female 30 years)

The positive outlook on death was more common among males (6/9). One participant (Male 26 years) said: "Death is very beautiful because you cannot predict it's happening. It might happen now, after our interview, or it can happen in the next 10 years or it could be tomorrow after breakfast or lunch. We never know. That is why your journey becomes more exciting to explore things. You know the reason why we enjoy suspense movies is we do not know the end."

## Death preparation

The majority of participants (14/15) considered that it was very important and feasible to prepare for death and dying. "Without preparation for death, attaining peaceful death is not possible." (Male 54 years). A participant (Male 26 years) confidently said: "Oh yes we can prepare death and dying. We can contemplate on death every day."

Almost all (14/15) the participants provided clues on how to prepare for death. Preparation for death was not confined to the end of life. Participants believed that there is no specific moment for death preparation, as every fleeting moment is a time to prepare for death. They asserted that "living is dying, whether the person realizes it or not". The main ways to prepare for death are contemplation and meditation on death on a daily basis, practice of the Buddhist teachings, and fostering good deeds and actions.

> If death is the ultimate exit of life, which it is, death preparation is something that is not done only at the end. Death preparations happen in every step of our life. Every breath of our life. Even if not in every breath of life, we have to, at least, think that we have to die one day. This type of contemplation on a daily basis is also one form of mental preparation for death to face anytime. (Female 58 years)

The peaceful death of a person and his or her afterlife journey is determined by the person's conduct. [ … ] If they familiarize with it, someday when the fate of dying encroaches their way, they are already prepared to go through the process and experience it. (Male 54 years)

A participant (Female, 42 years) reiterated the words of Buddha, to sum up, the preparation for death:

> Do not engage in evil actions; engage in wholesome actions; accumulate good merits through virtuous actions; tame your mind. This is the quintessence of the Buddha's teaching. I have this kind of reminder every day to prepare my death.

## Influences on the perception of death and dying

All the participants said that their family members, especially their parents, fully or partly influenced their perception of death and dying. However, it should be noted that family upbringing was strongly intertwined with Buddhism philosophy and it seems that integration of Buddhist teachings by the participants had a clear impact on their views of death.

> Death is a general concept I had in my mind ever since I was growing up as a child. [ … ] Ours is a very religious and spiritual family. Although the understanding of death may differ by education background or exposure to a different environment, we always knew death is unavoidable and is a part of life. [ … ] Having come from a Buddhist background, life and death are like brother and sister of the same parents. It is very close to us, and whenever you think of life, death is automatically there. Buddhism has a strong day-to-day life management guide. (Male 42 years)

A participant (Female 30 years) who mostly spends her time with Western friends reflected on cultural differences about death perception.

> Although I don't believe in the doctrine of Buddhism, I think (Western) people tend to see death as a problem which is not my case. I guess for Catholic followers, death is a moment that decides whether the dead person will ascend to heaven or go to hell depending on what they did. This is something I do not believe in. While death for them is more of a

> turning point, I see death is more of a continuity even though it is terrifying. However, I don't have difficulty talking about death, unlike my Western friends.

## End-of-life care preferences

We provided our participants with a clear description of five end-of-life care options (see Table 1): Palliative care, extending life as much as possible, refusing or withdrawing treatment, deep sedation, and MAiD. The majority (13/15) preferred palliative care as the option for relieving the pain and discomfort as much as possible and letting the process of death take its natural course. Two participants opted respectively for treatment refusal or deep sedation, while one was undecided.

> I think palliative care has the option of alleviating pain and suffering temporarily and let the natural course of life and death happen on its own. [ … ] I choose this option since there will be somebody to help (me) go through the process of dying and experience the natural process of dying. (Female 30 years)

Since MAiD was recently legalized in Canada, part of the interview investigated participants' opinion on this topic, which was part of another paper (Dorji et al., 2020). In summary, results indicated that those who favored MAiD (5/15) based their approval on the right to self-determination and considered that it would relieve suffering and being a burden to one's family. On the other hand, those who disapproved the use of MAiD (8/15) perceived it as an act of killing, causing unnatural death, and creating bad karma. Therefore, it is not surprising that much of the sample preferred palliative care to MAiD.

> I would opt for palliative care since receiving MAiD is not at all an easy decision. If palliative care will relieve you from pain, you can stay until the end when the natural processes of dying take place. However, if medication is no more effective to you, and you are still going through the pain, [ … ] in such a case, I feel the best option would be MAiD. (Female 38 years)

## Discussion

This study explored how Asian Buddhists living in Montreal city perceive death, dying with dignity, and end-of-life care options. Straightforwardly, participants declared that death and dying are unavoidable and part of the natural process of life (Liu & van Schalkwyk, 2019; Sanderson et al., 2019). Commonly perceived in the West as a loss and a tragic event (Robben, 2017), participants stated that death and dying did not have to be negative, as highlighted in a study by Goranson et al. (2017). Death was not the end of life but an event that brought a change that should be accepted graciously. This perception could be beneficial for participants since acceptance of death and relinquishing attachments may possibly reduce grief and bring about a sense of peace and tranquility (Prigerson & Maciejewski, 2008).

Having control over death and meeting it on their own terms are key aspects of a dignified death in the Western world (Gerson et al., 2020; Lang, 2020; Li & Li, 2017; Sanderson et al., 2019). However, the terms "control over one's death" were unfamiliar with most participants in the current study due to their perception of death and dying as uncontrollable realities of life. It was also interesting to note that none of the attributes associated to the concept of "dying with dignity," as freedom of choice (O'Mahony, 2012), maintaining a sense of independence and decisional autonomy (Guo & Jacelon, 2014), quality of life (Monforte-Royo et al., 2018), dignity as an inherent characteristics of human being (Jacelon et al., 2004), respect by others and privacy (Guo & Jacelon, 2014) were mentioned by the participants in this study. Rather, consistent with a finding from a study in China (Liu & van Schalkwyk, 2019), half of the participants associated dying with dignity to a peaceful natural death without medical interventions, and to a conscious and mindful dying process. In the contemporary world where most deaths happen in medical institutions under the care of health professionals (Gire, 2014), the wish for a natural and conscious death remain critical for Buddhist patients and their families. Two of the participants were apprehensive about the use of 'dignity' in relation to death, owing to the fact that they linked dignity to the concept of honor and that there is no honor to protect and there is no battle to win against death. For them dying mindfully was more important than dying with dignity, a priority which is rarely express by people from the Western culture. For participants, dying with dignity could only occur when the consciousness of the dying person is clear and subtle and not impaired by sedatives (Daodee, 2011). As revealed in the systematic review by Rodríguez-Prat et al. (2016), the concept of dignity is complex, multifaceted and dynamic and has to be contextualized.

Like most Buddhists, the majority of participants thought that death preparation was crucial since death can happen anytime, and preparation is perceived as

instrumental for a good death and a successful transition to the afterlife (Smith-Stoner, 2005). This finding was similar to results published by others (Chan & Yau, 2009; Hattori & Ishida, 2012) and different from death preparation in the West, which is often limited to arrangements for one's own funeral or signing of a will (Carr, 2012). Buddhists use the uncertainty of time of death as a reason to be prepared in order to accept it with calm and tranquility (Keown, 2005). Studies have revealed that older age, higher education, and religiousness were significant predictors of death preparation (Alftberg et al., 2018; Pinquart & Sörensen, 2002). Since Buddhist teachings place a strong emphasis on the knowledge of the eight stages of dissolution of the dying process, it is not surprising that devout participants meditate upon these stages every day to prepare for the ultimate transition. The description of the eight stages of the dying process is beyond the scope of this paper (Lingpa et al., 2006). Essentially, the process of dying consists of two phases of dissolution: the systematic outer dissolution involving senses (hear, sight, smell, taste, and touch) and elements (earth, water, fire, and air), and the inner dissolution of the gross and subtle thought states and emotions (Rinpoche, 2012). Buddhists preference to remain awake and aware at the moment of death is meant for the successful transition to a better next life (Daodee, 2011). The concept of a mindful death or dying with awareness is relatively an unsearched area of thanatology deserving further exploration. However, it does depend on the belief in the transition and existence of a next life. End-of-life care providers need to give a special attention to the dying patient's wish for a conscious death.

Death preparation through daily contemplation is believed to help individuals cope with the stress associated with impending death (Chan & Yau, 2009). In addition, in Buddhism, leading a pious and virtuous everyday life through exercising compassion and loving-kindness is also regarded to ensure good dying (Liu & van Schalkwyk, 2019). Discourse on death could be one of the ways to create more awareness and provide conducive environment for individuals to prepare for their final exit.

Participants also regarded dying at home, preferably in a Buddhist environment, in the presence of close family members and friends as attributes of "good death." Similar findings were reported in previous publications (Kim, 2019; Ko et al., 2015; Lang, 2020; Rinpoche, 2012; Vanderveken et al., 2019). According to Buddhism, the ability to be in total awareness of the death experience, in a silent environment, is an optimal requirement to transform dying into a spiritual journey (Nilmanat & Street, 2007). Display of sorrows and crying by family members are considered to be unhelpful for the departing consciousness of the dying person and its transmigration to the afterlife (Goss & Klass, 1997; Kongsuwan et al., 2012; Smith-Stoner, 2005). Where available, performing Phowa (transference of consciousness) was also regarded as caring for a dying person and is believed to help the departing consciousness merge with the wisdom mind of the Buddha (Rinpoche, 2012). Therefore, for loved ones, it remains crucial to respect and facilitate these conditions and, for end-of-life care providers, to be aware of such wishes.

End-of-life care preferences in Western societies, such as removal of life support or treatment refusal, are sometimes indicated in advance directives (Chu et al., 2011; Thomas et al., 2008). For terminally ill patients, the legalization of euthanasia and physician-assisted suicide offer them the option of hastening their death when suffering is unbearable (Gerson et al., 2020). However, the majority of participants preferred palliative care over other forms of end-of-life options, a result consistent with the findings from a study in Hong Kong (Chu et al., 2011). Sharing knowledge and discussing the advantages of various end-of-life practices is essential to understand the preferences of the patients and facilitate the dying process of all those involved.

## Strength and limitations

This study is one of the few to explore how Asian Buddhists in contact with Western culture perceive death and dying with dignity, and to investigate their opinion about medical aid in dying. Montreal (Canada) is a multicultural city with many ethnic groups of various religions. It is probably one of the best location in the world to interview people from various Asian Buddhist countries because of this diversity (Arsenault Morin & Geloso, 2020).

However, it was difficult to recruit equal number of participants from each of the main schools of Buddhism, partly because of the investigators' lack of contacts within the Thai, Cambodian, or Sri Lankan communities (Theravada). Our convenient sample included more Tibetan Buddhists (Vajrayana), and some participants from the Chinese, Taiwanese, and Vietnamese communities (Mahayana). Therefore, it was impossible to capture the probable differences in the perceptions of death between participants from each school. Future research should attempt to recruit

samples from each school of Buddhism or from various cultural communities where Buddhism is the main religion. Recruitment bias is another limitation of the study since this convenient sample was selected through chain referral. Participants might be more similar to each other in their practice of Buddhism and, therefore, on their perception of death. Recruitment difficulties could have influenced the transferability of the results to settings where patients have other Buddhist affiliations. Another limitation of the study is related to the high number of questions used in the interview guide (17 questions). It might have prevented the participants to fully express their opinions on the phenomenon under exploration due to time constraints on their part. This situation could affect the extent to which it was possible to describe a detailed range of perceptions about death and dying with dignity, therefore influencing the authenticity of the study. Hence, future study could limit the questions to only one topic to facilitate in-depth discussion. Nonetheless, the study was conducted using high standard procedures in qualitative analysis and the findings can be considered credible, dependable, and consistent.

## Conclusion

Although participants understood that human death is natural and an unavoidable reality of life, they believed, amidst their fear, death is a special event that would lead them to a journey toward afterlife and rebirth in the karmic realm. Death preparation was an important everyday activity through meditation or contemplation. The majority of participant preferred palliative care over other forms of end-of-life care options and wished that death would take its natural course. Although the acceptance and endurance of suffering may be prevalent in traditional Buddhist societies, we believe exposure to acculturation may have affected their outlook on life and death, since some participants approved medical aid in dying to relieve pain, even if it went against Buddhist principles. Furthermore, as the term control over one's death and dying is a key aspect of a dignified death in the Western world, it would be interesting to investigate the effect of acculturation on the preferences of end-of-life care, since many Buddhist participants considered that "control" over life and death was an erroneous belief and were apprehensive about the use of medications that would disrupt a conscious death. In addition, future studies could examine Asian Buddhists' perception of, trust in, and experiences with, the Western healthcare system since it might influence their perception of death and their end-of-life care preferences. As the care for the dying person is often challenging for the patients, their loved ones, and the end-of-life care providers, a thoughtful approach and collaborations between the multidisciplinary team, including the patient and their loved ones, would optimize end-of-life care. Furthermore, as suggested by Woo et al. (2006), the avoidance of clinical nihilistic view (that is, to avoid thinking that there is nothing left to be done) and involvement in care, even through mere physical presence and simply listening to the concerns of the patient, could offer a great deal of reassurance to the patient and families.

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