

This paper explores the meaning of a good death in the context of Pure Land Buddhism and was written to contribute to the investigation of the "good death" ideology in Taiwanese society. While many factors can shape a person's conception of death, religion is usually an important one, for it deals with ultimate questions about life and death. Pure Land Buddhism, a Buddhist school centered on the beliefs of Buddha Amitabha and his Buddha Realm, the Pure Land, enjoys a certain level of popularity among Buddhists in Taiwan and is an integral part of the various beliefs in Taiwanese society. Its practices are frequently exercised to manage dying and death by Buddhists. Studying how Pure Land Buddhism perceives a good death and what its practices are toward a good death can lead to an understanding of the good death ideology of the Buddhist population in Taiwan. To facilitate a possible collaboration between Pure Land Buddhism and the 2 contemporary death awareness movements based on this understanding is, therefore, the goal of this paper.

This paper first introduces the attributes of a good death developed and generally agreed upon in Western societies. It then examines 2 death cases considered good by Pure Land Buddhists to determine: 1. what a good death is according to Pure Land Buddhism; 2. what the similarities and differences are between the good death ideologies of Pure Land Buddhism and Western culture; and 3. what ways Pure Land Buddhism uses to help achieve a good death. In the end, this paper gives a brief review of the current situations of the hospice movement and of death education in Taiwan and further explores the potential contribution of Pure Land Buddhism to the death awareness movement.

THE CONCEPT OF A GOOD DEATH IN WESTERN SOCIETIES

Although the term "good death" can simply indicate a fixed moment in time, namely the death event itself, it usually refers to the complex set of relations and preparations in the dying process as considered to be the central ideology of contemporary death aware-

ness movements.⁵ Generally speaking, the concept of a good death is contrasted with the dying process in a modern hospital context, which has been considered to be an experience of meaninglessness, isolation, powerlessness, and loss of control, because the value of human dignity is often overridden by that of organizational management in that setting.² Taking this position, scholars from different disciplines have developed different interpretations to define and characterize a good death.

Analyzing the behavior of the dying, Glaser and Strauss distinguished levels of awareness of impending death and "dying trajectories",^{2,6} while Kubler-Ross took a progressive proposition to constitute a stage theory of death and dying and characterized the final stage by the dying person's state of "acceptance".^{2,6} As a result, to die in full awareness and with acceptance has been widely adopted as 2 major criteria by health professionals to measure the quality of death. Kellehear further broadened the definition of a good death to involve a great deal of social interaction. He elucidated a good death at a social level and identified its 5 key features: the social life of the dying person, awareness of dying, social adjustment to and personal preparations for death, public preparations (such as arrangements relating to work), and farewells.^{2,5,6} This view oriented to social relations was taken as the standpoint by which several scholars have discussed the values and qualities of a good death. Accordingly, death is generally considered to be a continuous social event, which involves not only the dying but also family, friends, and health professionals, and is perceived as "good" if all concerned and involved have adjusted themselves well overall.

In terms of providing end-of-life care, most advice at a practical level given by scholars and health professionals highlights the interests of the dying person. After all, the dying person is the protagonist of such a social event, although it involves a great number of others. Therefore, meeting all the aspects of the needs of the dying person is the main task of end-of-life care. In order to relieve the dying from physical suffering and pain, which usually disturb the dying psychologically as well, effective symptom control has always been stressed in hospice care. Other suggestions, such as