

providing emotional care and support to the dying as well as to mitigating his/her discomfort and isolation, are meant to address the spiritual and psychological pain of the dying. As for assisting the dying to gain a feeling of completion in order to prepare for the final departure, suggestions include helping the dying to complete all “unfinished business”, to resolve past conflicts, to spend time with family and friends, to say good bye, and so on. All of these are intended to make the dying feel meaningful at the end of their life.⁷

Yet, the most important thing among all the suggestions is to treat and respect the dying as a whole person. According to the related literature, most of the dying may feel deprived of control, power, and dignity in a hospital context, which makes their final journey even more unpleasant. Therefore, there have been strong voices advocating patient autonomy, which emphasizes the participation of the dying in any decision-making process concerning them and strongly promotes the significance of joint decision making and open communication between the dying and physicians.^{5,6} Its purpose is to improve the inferior situation of the dying patient in the physician-patient relationship which has been considered imbalanced and doctor-dominated. Other issues, such as the need of dying patients to know what they can expect during the course of their illness, their desire to plan for the events that will follow their death, and so on,⁷ are also discussed under the subject of patient autonomy. Apart from patient autonomy, a current study indicates that dying patients aspire to contribute to the well-being of those around them. These contributions may take the forms of gifts, time, knowledge, and other things. It reveals that they don't reject receiving care from others, but only desire to reciprocate. By doing so, they can obtain a sense of reaffirmation of their value as a complete person.⁷

Other than suggestions concerning the benefits of the dying, social adjustment to impending death is also of great interest in the efforts to promote a good death. Hospice care provides consultation to the family concerning their bereavement. In addition, there have been calls to pay more attention to the difficulties of caregivers, including health professionals and the family, in the provision of care at the end of life and to

seek a balance between the interests of the dying patients and caregivers.⁸

In sum, the framework of a good death developed and constructed in Western societies is based on the stance that death is a social event. It perceives the dying simultaneously as an individual and as a social member. Thereby, it not only pays attention to the individual life of the dying but also to his/her social relations. When all the factors concerned go well, a death is thus determined to be good.

A GOOD DEATH IN PURE LAND BUDDHISM

Buddhism and the Pure Land School

Before examining the 2 cases considered a “good death” by Pure Land Buddhism, it is necessary to give a brief introduction to Buddhism and to this school as a background foundation.

Buddhism was founded by Siddhartha Gautama, known as Buddha Sakyamuni or the Buddha, around 500 BC in northern India. The term “Buddha” has no mysterious denotation but means the Enlightened One. The ultimate goal of Buddha Sakyamuni's teachings was to attain nirvana—complete emancipation from suffering, for which, in his first sermon, the Buddha enunciated that the first priority for the understanding of the Four Noble Truths is to recognize that life is suffering. This suffering is caused by desires for existence and sensual pleasures, which is the second Noble Truth taught by the Buddha. For him, by failing to use a correct vision to penetrate oneself and the environment is the root of these desires. The major false vision is to believe in permanent existence. Buddha Sakyamuni enunciated that there is no permanent self in each individual, which is merely a conglomeration of the 5 aggregates: the material body, sensation, perception, predispositions, and consciousness. As for the phenomena outside oneself, all of them arise in interrelations and in dependence upon causes and conditions, and thus are inevitably subject to decay and cessation. However, those who fail to see this reality will be strongly attached to the notion of self, which breeds egoism and a craving for existence, pleasure, fame, and fortune, all of which ties them to the experience of