

“Nothing Lasts Forever”: A Reminder from the COVID-19 Pandemic

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“All compounded things are impermanent.

All emotions are pain.

All things have no inherent existence.

Nirvana is beyond concepts.”

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Buddha Sakyamuni

Suffering and cause

In Buddhism, suffering is the broader psychological ideas of dissatisfaction, capturing the fact that life never quite lives up to our expectations, plans, hopes, and dreams. As captured above in the four seals of Buddhism, the fundamental teachings of Buddha surround the discourse of four noble truths, which includes the truth of suffering, its origination, the truth that suffering can be eliminated, and the path to the cessation of suffering. Within the context of these four noble truths, selfish craving, aversion, greed, wrong desire, grasping, lust, and attached wanting are the root causes and conditions of suffering¹. These causes are rooted in ignorance and are inherently an integral part of human beings. Suffering such as pain, grief, misery or dissatisfaction, sickness, birth, ageing, and death are part of the samsara. Although humans aspire for continuous happiness, our behaviors are driven by ignorance, which is contradictory and results in our suffering.

The idea of karma (cause-effect) is more closely related with Hinduism, Jainism, and Sikhism, and is heavily discussed in Buddhism. Karma believes that every action including behavior, speech, intent/thought (causes) continuously produce a reaction (effect) that influences the future of an individual². Even nonreligious people seem to believe in some sort of forces at work in the world such as “what goes around comes around”. Therefore, the COVID-19 pandemic that our entire humanity is currently experiencing is also a result of karma, determined by human behaviors and intentions. As is the belief in science, the COVID-19 pandemic is non-inherent in existence, but is the result of cause-condition and effect. Many scholars consider that COVID-19 was transmitted from wild animals to humans through trading and some people believe that this pandemic could be the revenge of wild animals³. As stated in the teachings of four noble truths, sickness causes suffering as COVID-19 does. Our cravings for pleasures (causes) which are sometimes built on the painful experience of others (such as wildlife trading) are often rooted in our ignorance. The way towards elimination of suffering is to stop cravings, become more self-aware, and realize the significance of interdependence. The emergence of new diseases like COVID-19 can be prevented if human beings introspect, inner engineer, and transform to counter an outside world which

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is filled with attractions and distractions that are transitory and interdependent⁴. As nothing lasts forever, COVID-19 is also a transitory and passing thing.

The truth of impermanence helps us to understand that death and life are unavoidable parts of cyclic existence⁵ and that everything is constantly changing² in this universe. In many Eastern cultures, including Bhutan, the world we live in is viewed more holistically and death is perceived to be inextricably linked to life⁶. Death is a natural part of life and the relationship between the living and the deceased continues beyond the current existence⁷.

Since the outbreak in Wuhan city, China, in late 2019, COVID-19 has transcended global barriers, infected millions, and caused thousands of death⁸, on a scale previously unknown to humanity. COVID-19 continues to be a nuisance in every aspect of daily living. The COVID-19 pandemic has not only caused a healthcare crisis, but has also rapidly become a social, economic, rights, and humanitarian crisis⁹.

Safety measures, including frequent handwashing, social distancing, and wearing face masks, have upset diverse societal conventions related to friendships, courtship, and traditional delivery of end of life (EoL) care and funerals^{10,11}. Physical distancing and restricted visits to healthcare centers separates family and patient, often leading the latter to die in isolation, whereupon they are deprived of care and support from their immediate loved ones. Many victims of COVID-19 have taken their final breathe through a ventilator in health institutions, in the presence of doctors and nurses who witness the death pallor behind their facemasks and protective gear. The least these healthcare providers could do was to hold the hands of their patients, provide comfort, mitigate lonely death feelings, and play the role of family members in the final moments of a patient's life¹². Fortunate are those who might have caught the last glimpse of a relative's final departure through a smartphone screen, and exchanged gratification and forgiveness. Such facilitation is critical and has influenced effective communication between families, parents, and healthcare providers, thereby enabling quality of dying and bereavement¹¹. Currently, there is nothing greater than the COVID-19 pandemic, which teaches us that nothing is more valuable than love, family, community, socialization, communication, and togetherness.

Good and bad death

Dying with dignity recognizes the intrinsic unconditional quality of human worth, and also the importance of physical comfort, autonomy, meaningfulness, preparedness, and interpersonal connection. Maintaining dignity, especially in the final moments of life, is of paramount importance in most cultures¹³. It can be preserved by applying caring attitudes and behaviors along with compassion and dialogue¹⁴, and is facilitated by considering the physical, emotional, social, religious, spiritual, and cultural dimensions of a dying person^{15,16}. However, these considerations have been greatly affected during the COVID-19 pandemic, which has often resulted in the patient dying alone in intensive care units and hospital wards. Furthermore, anguish, fear, depression and anxiety could challenge the preservation of the dignity of the patient and family, including the care provider. Death is generally considered to be good if it is met without fear¹⁷ and happens at the preferred place,

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such as at home¹⁸. Being surrounded by close family members and being able to express goodbyes¹⁶ are also important factors. However, the attainability of a “good death”, and how people who lost their life to COVID-19 confronted a dignified death is debatable. Whether or not a death during COVID-19 was ideal, honorable, peaceful, or dignified, often indicating good death,¹⁵ deserves further exploration to shed light on death preparation in adverse times. Nonetheless, Buddhists would argue that death preparation is not confined to EoL but is in every fleeting moment of time¹⁸.

On the other hand, a “bad death” includes a long and painful dying process, death by suicide¹⁹, dying in solitude as is the case during COVID-19¹⁸, or dying away from home¹⁵. Unlike in the past, when death took place at home surrounded by family members and relatives in a familiar environment, most people today die in a medical institution surrounded by medical equipment, technology, and strangers. This is often the case during the COVID-19 pandemic. This has created a culturally incongruent situation for both patients and relatives, who have to accept this undesirable option with much ambiguity²⁰.

When death is imminent, Buddhists caring for the dying person focus on the patient's state of mind at the moment of his/her death by reciting prayers around the dying person to aid a peaceful departure⁵. Facilitation of such care is generally challenging during the COVID-19 pandemic, however, in Bhutan, every effort is made through the execution of standard operating procedures, so that dignity in death and dying, funerals, rites and sensitivity are respected²¹. Globally, new guidelines and policies related to the management of dead bodies, funerals and burials have been implemented to contain the spread of COVID-19²². Guidelines include only allowing immediate family members to participate in funeral ceremonies, respecting social distancing, and having no more than 10 to 30 attendees²³. In addition, the guidelines recommend avoiding ceremonies and rituals which involve chanting, raising voices, or contact with the deceased through touching, hugging, cleansing, or packing the corpse according to local practices. Handling of mortal remains and processes involves emotions, sensitivity and respect for the deceased. Therefore, the Ministry of Health²¹ of Bhutan directs all the healthcare and EoL care providers to inform family and relatives, explain the nature of the disease, risk of infection, and funeral processes to be carried out by trained personnel while respecting religious and cultural values.

To enable a dignified cremation for the deceased, the team is composed of: a healthcare provider, who provides health and COVID-19 related information; a religious figure to explain the significance of rites and rituals; trained personnel (volunteers from the Red Cross Society, Bhutan) to handle dead bodies; and family members to bid farewell to the deceased for the final time. The Buddhist practice of observing 49 days of mourning continues to be facilitated by the central monastic body of Bhutan, in order to avoid mass gathering if the same practice was to be observed at the home of the deceased.

Buddhists regard death as the greatest teacher for teaching the principle of impermanence. Death of a being is analogous to the expiry date that is associated with a commodity. Although both bereavement and grief are characteristics of loss, Buddhist teachings frequently emphasize that people should view the sentient world as impermanent and subject to change³. With limited testing capacity,

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a shortage of trained health care staff, inadequate ventilators and intensive care facilities, and a scarcity of funds, Bhutan's choice of public health approach and prevention measures, along with the involvement of leaders, have proven to be effective in containing COVID-19 so far. However, Bhutan remains susceptible to the COVID-19 pandemic.

Staring at the sun

If we allow a little time for ourselves and deeply contemplate death and dying, most of us will realize that living is dying²⁴. Whether we talk about it or not, death is everywhere, inescapable, and confronts us in this uncertain time. However, death and dying are subjects that evoke deep and disturbing emotions²⁵. Conceptually, we all have to agree that all who are born will die one day. However, somehow, we have persuaded ourselves that 'all' does not include oneself, and we have developed an attitude that death only happens to other people, indicating that we agree to death intellectually but deny it emotionally.

As Breitbart¹² rightly pointed out, the COVID-19 pandemic forces us to stare at the sun for too long, and takes us closer to the truth that death is a part of life even though we try to look away from it. Although the death of loved ones is often punctuated by painful incidents of grief and sadness, it is also punctuated by acts of heroism, compassion, love, humanity, gratitude, and self-forgiveness¹². Death is a great teacher which clarifies that everything must pass. Death helps us to realize that life is worth living, especially when the magnitude of life lost to COVID-19 rings in our ears. Those who understand the inseparability of life and death, and are willing to accept that nothing lasts forever, can wholeheartedly hope to live totally. Only those who have lived fully will be prepared to die gracefully. As death cannot be postponed forever, Buddhists encourage us to be mindful, psychologically prepared, and accept impending death with calm and dignity⁵.

What more can be done?

Besides COVID-19 vaccination, prevention measures including physical distancing, frequent handwashing, and the use of face masks are proven effective and unavoidable to keep COVID-19 at bay. As the virus continues to mutate and variants of concern emerge, it is likely that close relationships, care for EoL, and death and dying will continue to be affected. Adequate counselling for family and friends remains critical, in order to dispel myths and misconceptions surrounding EoL, death and dying, and to facilitate an informed decision. Given that the finitude of life is initiated at birth, the belief that there is no specific time as every fleeting moment is a time to prepare for death¹⁸ is warranted both in and out of the COVID-19 pandemic. Furthermore, the gracious acceptance of death and dying to console the bereaved and deceased during pandemics such as COVID-19 is fostered by exercising loving-kindness, compassion, rejoicing, and equanimity through daily contemplation and meditation. Although death and dying are inescapable, adhering to COVID-19 prevention protocols is the best help we can offer to self, family, community, and the nation. In doing so, life and anxiety associated with death can be mitigated.

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Frontline workers, especially healthcare providers, are mandated to wear full personal protective gear, so their facial expressions are often hidden. This affects both verbal and non-verbal communication and the doctor-patient-nurse relationship. Nonetheless, there are innovative ways to demonstrate genuine love and care. We are all left to fervently pray that the COVID-19 pandemic becomes history, so that we can return to the pre-pandemic state of harmonious living and social conventions.

Dignified funeral processes for the deceased are still inconsistent with tradition and culture, and COVID-19 mandates have restricted the social aspects of funerals. Where families and friends of the deceased gathered, offered food, and bade farewell to the deceased in a rather long mourning period (49 days), families have to now conduct rites and rituals limited to immediate family members which deprives extended family members and friends from participation. Sometimes these mandates and protocols serve as the main barriers for people coming for testing. Relatives may gather for funeral rituals performed in secret, thereby breaching COVID-19 protocols. If someone becomes ill, especially an elderly member of the family, they may not be taken to a hospital for fear of isolation. Instead, the infirm may be treated at home, which encourages people to gather in home environments. This could result in disease spreading uncontrollably, which would affect all sections of society. With COVID-19 continuing to mutate, it is a matter of how human beings respect and adhere to good karma practices such as vaccination, social distancing, wearing face masks, and handwashing to not only keep COVID-19 at bay but also promote health and wellbeing of the individual, family, neighbors, and wider community. Therefore, rigorous advocacy on COVID-19 is critical in disseminating the right information to the general public.

Author Contributions

ND conceived the idea, conceptualized and reviewed relevant literature, and contributed to the drafting and editing of this article. ND takes the full responsibility in relation to the integrity of this paper. PLS was involved in the visualization, reviewing and editing of the paper. Both authors read and approved the manuscript prior to submission for publication.

Conflicts of Interest

The authors declare no conflict of interest.

References

1. Van Gordon W, Shonin E, Griffiths MD, Singh NN. Mindfulness and the four noble truths. In: Shonin E, Van Gordon W, Singh NN, editors. *Buddhist Foundations of Mindfulness*. Cham: Springer International Publishing; 2015. p. 9-27.
2. Lee KC, Oh A, Zhao Q, Wu F-Y, Chen S, Diaz T, et al. Buddhist counseling: Implications for mental health professionals. *Spiritual Clin Pract* 2017; 4(2): 113-28.
3. Xiong JJ, Isgandarova N, Panton AE. COVID-19 demands theological reflection: Buddhist, Muslim, and Christian perspectives on the present pandemic. *Int J Pract Theol* 2020; 24(1): 5-28.

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4. Virtbauer G. The Western reception of Buddhism as a psychological and ethical system: Developments, dialogues, and perspectives. *Ment Health Relig Cult* 2012; 15(3): 251-63.
5. Rinpoche S. *The Tibetan book of living and dying: A spiritual classic from one of the foremost interpreters of Tibetan Buddhism to the West*. New York: Random House; 2012.
6. Ma-Kellams C, Blascovich J. Enjoying life in the face of death: East-West differences in responses to mortality salience. *J Pers Soc Psychol* 2012; 103(5): 773-86.
7. Cacciatore J, DeFrain J. The world of bereavement: Cultural perspectives on death in families. Switzerland: Springer International Publishing; 2015.
8. Pradhan M, Chettri A, Maheshwari S. Fear of death in the shadow of COVID-19: The mediating role of perceived stress in the relationship between neuroticism and death anxiety. *Death Stud* 2020;1-5.
9. Menon V, Pattnaik JI, Padhy SK. COVID-19 and right to die with dignity: Time to re-evaluate policies over the practice of last rites? *Indian J Psychol Med* 2021; 43(1): 91-2.
10. Heyd T. Covid-19 and climate change in the times of the Anthropocene. *Anthr Rev* 2020; 8(1): 21-36.
11. Feder S, Smith D, Griffin H, Shreve ST, Kinder D, Kutney-Lee A, et al. "Why couldn't I go in to see him?" bereaved families' perceptions of end-of-life communication during COVID-19. *J Am Geriatr Soc* 2021; 69(3): 587-92.
12. Breitbart W. Life and death in the age of COVID-19. *Palliat Support Care* 2020; 18(3): 252-3.
13. Hemati Z, Ashouri E, Allah Bakhshian M, Pourfarzad Z, Shirani F, Safazadeh S, et al. Dying with dignity: A concept analysis. *J Clin Nurs* 2016; 25(9-10): 1218-28.
14. Cook D, Rocker G. Dying with dignity in the intensive care unit. *N Eng J Med* 2014; 370(26): 2506-14.
15. Rainsford S, MacLeod RD, Glasgow NJ, Wilson DM, Phillips CB, Wiles RB. Rural residents' perspectives on the rural 'good death': A scoping review. *Health Soc Care Community* 2018; 26(3): 273-94.
16. Vanderveken L, Schoenmakers B, De Lepeleire J. A better understanding of the concept "a good death": How do healthcare providers define a good death? *Am J Geriatr Psychiatry* 2019; 27(5): 463-71.
17. Liu Y, van Schalkwyk GJ. Death preparation of Chinese rural elders. *Death Stud* 2019; 43(4): 270-9.
18. Dorji N, Lapierre S. Perception of death and preference for end-of-life care among Asian Buddhists living in Montreal, Canada. *Death Stud* 2021; Jan 19: 1-13. doi: 10.1080/07481187.2021.1872743.
19. Kim E. Perceptions of good and bad death among Korean social workers in elderly long-term care facilities. *Death Stud* 2019; 43(5): 343-50.
20. Schwarz B, Benson JJ. The "medicalized death": Dying in the hospital. *J Hous Elderly* 2018; 32(3-4): 379-430.

21. Ministry of Health. SOP for safe and dignified management of dead body of suspected or confirmed COVID-19: Ministry of Health of Bhutan; 2021 [18 August]. Available from <http://www.moh.gov.bt/covid-19-clinical-management/>, accessed 23 August, 2021
22. Wallace CL, Wladkowski SP, Gibson A, White P. Grief during the COVID-19 pandemic: Considerations for palliative care providers. *J Pain Symptom Manage* 2020; 60(1): e70-6.
23. Hamid W, Jahangir MS. Dying, death and mourning amid COVID-19 pandemic in Kashmir: A qualitative study. *Omega* 2020: 0030222820953708.
24. Khyentse DJ. Living is dying: How to prepare for dying, death and beyond. Online edition: Creative Commons CC BYNC-ND 2018.
25. Masel EK, Schur S, Watzke HH. Life is uncertain. Death is certain. Buddhism and palliative care. *J Pain Symptom Manage* 2012; 44(2): 307-12.