

## Research Articles

# Attributes of Death Acceptance: A Qualitative Study in Thai Buddhist Older Adults with Advanced Chronic Organ Failure

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### Abstract

*To describe the attributes of death acceptance in Thai Buddhist older adults with advanced chronic organ failure. This qualitative study aimed to explore the attributes of death acceptance in sixteen Thai Buddhist older adults with advanced chronic organ failure in Southern Thailand. Informants were purposively selected if they were: 1) more than 60 years old and adherents to the Buddhist religion; 2) diagnosed with advanced chronic organ failure; 3) considered to have normal levels of consciousness; and 4) willing to talk about death. In-depth interviews with audio-taped records were used in data collection. The qualitative content analysis method was employed to analyze the data. Trustworthiness was established and applied in accordance with the Lincoln and Guba's criteria. Death acceptance consisted of four attributes: 1) understanding that death is a natural part of life, 2) accepting that death will come one day, 3) having no fear of death, and 4) letting go of life and the earthly existence. This study described four attributes of death acceptance among Thai Buddhist older adults with advanced chronic organ failure. Nurses and healthcare providers can utilize these attributes of death acceptance to assess and understand their patients' status in order to palliate them appropriately and promote a peaceful death.*

**Keywords:** advanced organ failure; death acceptance; older adults; qualitative study; Thai Buddhist

### Introduction

The number of older adults in the Thai population increased seven-fold from 1960 to 2015, rising from 1.2 million to 8.6 million.<sup>1</sup> By 2040, it is expected that the Thai aging population will increase to 17 million, and Thailand will become an

aged society.<sup>2</sup> The increasing number older adults will relate with having chronic illnesses and the cause of death among the Thai elderly.<sup>3</sup> Whenever the chronic illnesses of older adults become life-threatening or of an advanced stage, it has been reported that most of those suffering from advanced

chronic organ failure usually start thinking about death, become aware that death is near, and have the strength to accept their own death.<sup>4,5</sup> Moreover, such patients prefer to be informed of their prognosis and discuss death and dying.<sup>4</sup> Similarly, Thai older persons want to discuss living wills and make decisions regarding end-of-life treatment by themselves.<sup>6</sup>

However, discussing death, dying and the older persons' wishes depends on their perception of death. It has been reported that death acceptance is an important factor to use as a starting point for the discussion of an advance directive care plan<sup>5</sup>. Importantly, death acceptance increases the patients' awareness of their end-of-life stage and prepares them for dying, leads to a readiness for death,<sup>7,8</sup> and enhances dying with dignity and autonomy.<sup>8,9</sup> In addition, death acceptance by patients themselves facilitates the discussion of death between patients and their families and health care providers. It can decrease one's feeling of being alone when facing death,<sup>4</sup> and it can also facilitate psychological preparedness and a peaceful death during the dying stage.<sup>7,9</sup>

Death acceptance depends mostly on cultural and religious beliefs.<sup>10,13</sup> The individual's culture will influence how he/she makes sense of his/her illness and death. In terms of religious beliefs, these will lead patients to different decisions regarding the circumstances of death such as the choice to die, decisions in dying, place of death, and loss and approach to treatments.<sup>12</sup> Since 93.5% of the Thai population is Buddhist<sup>14</sup>, thoughts on death in the Thai society in general are based on the Buddhist doctrine. Buddhist philosophy views birth, ageing, sickness, and death as the reality or the nature of life.<sup>15,16</sup> Buddhism teaches about the impermanence of life, death, and life after death. All patients, therefore, need to confront the experience of death because death is certain for everyone and an integral

part of life.<sup>17</sup> Thai older persons who understand death is a natural part of life usually do not want to pursue aggressive treatments and often to forgo life-sustaining treatments because they believe that it is useless to prolong life unnecessarily,<sup>6</sup> and that a peaceful death is to be sought.<sup>18</sup>

The author's literature review found that most of the studies related to death acceptance issues have been published in Europe, and that they are not specific to the older adult group.<sup>4,5,8,9,14,19</sup> In addition, the studies on death in Asia are rare.<sup>20</sup> In Thailand, to the author's knowledge, only one study has aimed to explore the topic of death acceptance; however, it focused on Thai Buddhist patients with terminal cancer and was not specific to the older adult group.<sup>21</sup> This is because the trajectory illness among older adults with advanced chronic organ failure is different from that of patients suffering from terminal cancer. Patients with terminal cancer are more likely to perceive their prognosis of death than patients with advanced chronic organ failure.<sup>22</sup> Importantly, patients with advanced chronic organ failure usually remain uncertain about their end of life due to fluctuations in the disease status and exacerbations that can lead to death at any time. The proper understanding of death acceptance among Thai older adults with advanced organ failure would be useful to health care providers in informing as well as providing appropriate care for them. Health care providers could use this information to assess the characteristics of older adults with advanced chronic organ failure related to death acceptance and help them to prepare for a peaceful death.

## Objectives

This study purposed to describe the attributes of death acceptance among Thai Buddhist older adults with advanced chronic organ failure.

## Methods

### Design and setting

This qualitative descriptive study was conducted at the home of Thai older adults with advanced chronic organ failure residing in Songkhla Province, Thailand.

### Participant inclusion criteria

This study is a part of a grounded theory research, which recruited participants based on two techniques purposive sampling and theoretical sampling. Firstly, the researcher recruited participants following the purposive sampling inclusion criteria, which consists of: 1) age of more than 60 years and a self-professing Buddhist; 2) diagnosis of advanced chronic organ failure such as congestive heart failure functional class III/IV, end-stage renal disease or chronic kidney disease stage 5, and chronic obstructive pulmonary disease requiring more than three admissions to the hospital per year due to exacerbation; 3) normal levels of consciousness and not taking any medications for anxiety or depression; and 4) willingness and readiness to talk about death evidenced by showing positive emotions when hearing about other people's death and acceptance of their own death. Secondly, for the part of the death acceptance process, the researcher used theoretical sampling as a rigorous method for generating substantive theory in the process of data collection and analysis.

### Ethical considerations

After receiving ethical approval from the Institutional Review Board of the Faculty of Nursing, Prince of Songkla University, Thailand, (No. 521.1.05/2684, November 2, 2016), the researcher contacted the participants that met all of the inclusion criteria and agreed to be a part of the study. Prior to the interviewing process, the researcher explained to the participants in detail the procedures of the study as well as the risks and benefits of participating in it before signing the

informed consent voluntarily. During the interviewing processes, the researcher assessed the participants' emotions. If it was detected that the questions made them feel sad or anxious, the researcher stopped the interview immediately, provided support, and reminded the participants of the option to withdraw from the study at any time without any penalty. If it was deemed that the patient needed counseling and support after the interview, the researcher provided this type of care to them. However, during this study, none of the participants showed any signs of suffering during the interviews. In addition, their personal information was kept confidential, and all of the collected information will be destroyed within five years after the study's completion. Lastly, the researcher tried to be as careful and sensitive as possible in order to prevent causing any psychological harm to the participants.

### Data collection

After obtaining ethical approval from the Institutional Review Board, Faculty of Nursing, Prince of Songkla University and receiving permission from the Public Health Department of Songkhla Province, the researcher contacted nurses in community hospitals to gain access to prospective participants who met the inclusion criteria. Subsequently, the researcher contacted the key family members first in order to ensure that the participants accepted their death by asking a set of questions such as 'what are the participant's reactions or feelings when he/she hears about the death of others?', 'what is the participant's understanding of death?', and 'how does the participant express his/her feelings when confronting the death of a significant other older person?'. After the key family members confirmed that their loved one can talk about issues related to death, the researcher would contact the participants. Secondly, the researcher proceeded to establish a good rapport between herself and the participant by providing adequate time to develop

a relationship, which was attempted to achieve via talking about general issues such as how sick they perceived being, what they worried about, how they thought the researcher could help them, and whether there was anything they wanted to talk about with the researcher. This strategy was deemed more appropriate than asking specific questions. After trust was established, the researcher reconfirmed the participant's acceptance of their death by asking about his/her experience in confronting death such as the death of a loved one or of other older persons. The question what do you feel/think about it? was used to open the door to the topic's discussion for the patient who was ready to talk about death. The answers of the patient could reflect that he/she could accept his/her death or what his/her attitude towards death was. If the participants mentioned that death and considering the topic of death is a natural part of life; death is inevitable; putting off death indefinitely is impossible; and that birth, aging, sickness, and death are inevitable in one's life, the researcher would then decide how to proceed with a more in-depth interview.

The individual interview method was used in collecting data from January 2016 to July 2017. Semi-structured open-ended questions were used. The researcher collected the data in accordance with the interview guide. Examples of interview questions in the guide were: what does death acceptance mean to you? and how do you feel about death and death acceptance? Each interview took between 45 and 60 minutes and was tape recorded. The time for data collection lasted until saturation of conceptual information was achieved, which meant that no new codes emerged, or no new data was produced to explain the situation further.

### **Data analysis**

The interview transcriptions were analyzed using the qualitative content analysis method.<sup>23</sup> The transcripts were read carefully several times

by the researchers. Significant words, phrases, and statements in the transcriptions were selected and grouped according to their meaning.

### **Trustworthiness**

Four of Lincoln and Guba's (1985)<sup>24</sup> criteria were applied to achieve the trustworthiness of this study. The researcher enhanced creditability of the study via 1) prolonged engagement to establish trust, intimate familiarity, and increasing rapport throughout starting with the discussion of the patient's general perception of his/her illnesses for about 30-45 minutes before asking about death acceptance; 2) triangulation of methods using a variety of methods to collect data such as observations, in-depth interviews, reflective thinking, and taking field notes; 3) peer debriefing using a panel of experts (major advisor and co-advisor) to discuss the research process and findings, and to check the categories that were constructed during the processes of data collection and analysis, and 4) the use of member checking techniques during interviews by employing result confirmation by the participants both during the interview and after data analysis. Regarding transferability, the researcher tried to describe the characteristics of the participants such as their age and gender (male and female) as well as the context or setting of the study such as the type of diagnosis and the stage of illness in the results section. Dependability was established via audit trails, which were required to support sufficiently the raw data or ensure that the statements and explanations were satisfactorily clear for the categories involved. The subcategories and categories were repeated and rewritten until the results could explain the attributes of death acceptance among Thai older adults with chronic organ failure. Conformability was achieved by keeping all documents or original data such as pilot data, raw data, and verbatim transcripts and making them available to another researcher who audited the data and findings of the study. The

researcher practiced thought reflection throughout the study by journaling.

### Findings

Sixteen Thai Buddhist older adults with advanced chronic organ failure from Southern Thailand participated in this study. Their ages ranged from 60 to 84 years with a mean of 68 years. Nine of the sixteen were male, and seven were female. Eight participants were diagnosed with end-stage renal disease (ESRD), five were diagnosed with congestive heart failure (CHF), and three were diagnosed with chronic obstructive pulmonary disease (COPD). The data analysis discovered four attributes: understanding that death is a natural part of life; accepting that death will come one day; having no fear of death; and letting go of life and the earthly existence.

#### **Understanding that death is a natural part of life**

Several participants stated that understanding the natural law of human life is essential to accepting their own death. These participants engaged regularly in religious practices in their daily living. They stated that contemplating Buddhist teaching led them to understand the true nature of life better and accept it. The true nature of life means that birth, sickness, old age and death are a part of life and avoidable. The understanding this concept was reported to help them accept death. They mentioned that whenever they saw a celebration of birth, they also recognized death. This can be illustrated by the following:

*“Acceptance of death means that we understand that all creatures must experience birth and death ...being born and passing away .... this is according to natural law. Merely having knowledge is not enough to accept one’s death...., To truly accept your own death, this must be taken to the comprehension level.” (Male with CHF for*

*4 years, 65 years)*

*“In the past, I didn’t understand much about death. I was the same as others, who don’t want to talk about death because it is not a good thing to talk about. Now, I can accept that death is a reality in one’s life. I can accept the true nature of life as being real. The acceptance of death is the acceptance of the reality of life. People are born and will eventually die.” (Female with CHF for 30 years, 66 years)*

#### **Accepting that death will come one day**

Accepting death connotes one’s ability to resign to the fact or ‘*thum-jai*’ in Thai that, one day, death will befall a person. ‘*thum-jai*’ means accepting that death is an unavoidable certainty. Witnessing a friend’s death was reported to help the participant *thum-jai* or accept their own death. This type of situation helped affirm that death is a certain event, and no one can escape it. Moreover, they maintained that they welcomed their own deaths. A male participant who had lived with ESRD for 14 years shared his view on how he accepted his own death. He stated that:

*“Now, I can reassure myself about the certainty of death. I acknowledge that I could at any time because I have seen so many friends diagnosed with the same illness as me, who have passed away. I try to be at peace in myself about my own death since everyone to confront it at the end.” (Male with ESRD for 14 years, H/D, 62 years)*

Similarly, a female participant with ESRD opened on the phrase ‘acceptance of death’ as follows: *“Acceptance of death means one needs to ‘thum-jai’ about death because death will*

*happen; no one can escape death.” (Female with ESRD for 11 years, H/D, 81 years)*

### **Having no fear of death**

Many participants viewed that accepting death was about living without fear of it. For them, the one who can accept his/her own death does not fear whatever will happen in his/her life. At the time of the interview, they stated that they were living without any fear of their own death. Moreover, some participants had prepared for their own death and had decided to donate their body. Other stated that being able to live alone without family members around was a sign of living without fear of death. These can be illustrated by the following statements:

*“People who can accept death harbor no fear of it. I have seen people who are afraid of death. When their children go away, they get frightened. Their children take turns to care for them.” (Male with COPD for 19 years, 81 years)*

*“I think that the acceptance of death means not being afraid to die. I do not fear death, ....I think that those who are afraid of death are not thinking people-like the people who tried to stop my preparations for the funeral for my parents.” (Male with CHF for 17 years, 67 years)*

### **Letting go of life and the earthly existence**

The participants that accepting death entails acknowledging one's incoming death and not clinging/being attached to one's life or possessions. They stated being ready to let go of life itself and being at peace with embracing death. The following statements attest to this:

*“Acceptance of death is letting go of the here and now and being ready to. Even*

*though I may have certain needs or concerns, we cannot hold on to these things forever. Acceptance of death signifies letting go of things that are not ultimately ours.” (Male with ESRD for 12 years, 61 years)*

*“Religion helps me to let go and be at peace with death. I have been closed to dying several times and syncopal many times. If I can let go and accept that a situation like this could happen again, it helps me suffer less.” (Female with CHF for 30 years, 66 years)*

*“Acceptance of death is realizing it as an unavoidable reality. If I say that I will certainly die one day, I am acknowledging that, one day, death will come to me. Admitting this truth means resigning to the fact that we all must die one day.” (Female with ESRD for 5 years, CAPD, 65 years)*

### **Discussion**

The findings of this study revealed that the acceptance of death among Thai Buddhist older persons with advanced chronic organ failure in Southern Thailand consisted of four attributes. They were: understanding that death is a natural part of life; accepting that death will come one day; having no fear of death; and letting go of life and the earthly existence.

**Understanding that death is a natural part of life.** According to Buddhist philosophy, all humans will eventually die because death is a natural part of one's existence, but the time of death is not certain.<sup>25</sup> The participants in this study were Buddhist; thus, this concept shaped their thoughts and understanding of the reality of life and assisted them in accepting death as natural to one's life. In fact, this is commonly found among Thai older

patients, and it is in congruency with findings from previous studies on other patient groups such as patients with advanced cancer<sup>26</sup> Thai patients with terminal cancer<sup>21</sup>, and Thai Buddhist patients with chronic illness.<sup>18</sup> Similarly, the study which focused on end-of-life decisions among Thai Buddhist adults with chronic illness, found that most patients who had made the decision to forgo life-sustaining treatment did so because they believed that birth, aging, pain, and dying are a normal part of life.<sup>18</sup>

**Accepting that death will come one day.** Accepting death is the ability to 'thum-jai' that, one day, death will befall every human being. The participants described the acceptance of death as trying to 'thum-jai' or resigning to the fact that everyone has to confront death. Our participants viewed 'thum-jai' as being similar to resigning to a certain eventuality, setting aside any negative feelings towards it, and making up one's mind to accept the inevitable hardship that accompanies it. This finding supports the idea that 'thum-jai' is a cognitive and emotional system, from which one can draw psychological strength when confronting an adverse truth that is verifiable experientially or evidentially, and that one cannot change.<sup>27</sup> Buddhism provides the understanding that no living thing can escape death and provides reflection to help one prepare for impeding death.<sup>5</sup> The concept of 'thum-jai' or resigning to the fact that death is an unavoidable event is shared by other patients, who have been reported to accept death, such as patients with end-stage renal failure<sup>4</sup>, cancer patients<sup>28</sup>, older adults with advanced congestive heart failure<sup>29</sup>, and terminal cancer patients.<sup>21</sup> In regards to the acceptance of death by older persons with end-stage renal failure, they thought of death as an inevitable part of everybody's life, that it is natural for those who are old or ill, and a knowing that death is imminent<sup>4</sup> This attribute of death acceptance is similar to a finding reported among

cancer older persons in Japan, who accepted their own death because they perceived that their death was imminent.<sup>28</sup>

**Having no fear of death.** Our participants perceived that people, who are able to accept death, will be happy and without any fear or worries about the time of death. The Buddhist teachings on the Four Noble Truths led them to have a better understanding of what the true problems that people face are, how to live in the present moment, and to always be aware and conscious of death, as no one can live forever.<sup>30</sup> Participation in religious activities made them feel more peaceful and enabled them to accept the truth that death is universal.<sup>31</sup> It means that the acceptance of death as a natural part of one's existence has a significantly negative relationship with fear of death and anxiety related to it. In other words, older persons, who accept the dying process and understand that death is a part of life, tend to express less fear of dying.<sup>32</sup> Moreover, patients with a strong religious belief in an afterlife have been shown to have a negative relationship with fear of death and death anxiety, and a positive relationship with death acceptance.<sup>11</sup> It has also been reported that older persons who accept death perceive that the acceptance of death connotes not fearing death and being aware of it.<sup>33</sup> This can be evidenced by the fact that some older persons who accept their own death decide to forgo life-sustaining treatments, and they do so because they do not fear death.<sup>18</sup>

**Letting go of life and the earthly existence.** Our participants also mentioned that death acceptance means letting go of life and being ready to die. This is rooted in Buddhist teachings. It is believed that the Buddha explained the three characteristics of existence shared by all living things universally. They consist of: 1) anicca, which means that impermanence, instability, and uncertainty characterize everything in the universe;

2) dukkata, which is the state of suffering caused by one's desire for and attachment to things; and 3) anattata, which means that all phenomena are not a part of self, i.e., they have no real essence (anatta).<sup>13</sup> This result was congruent with those of a study on spirituality and spiritual care among 15 terminally-ill Chinese, which found that the participants maintained that letting go was one dimension of the acceptance of death leading to serenity and a peace of mind.<sup>34</sup> Similarly, a study on death acceptance among patients with terminal cancer found that their participants perceived death as connoting letting go of everything before dying.<sup>21</sup> Likewise, a study focusing on wishes toward one's end of life among Thai older adults reported that when the chance of survival is limited, Thai older people are more ready to "let go" and more likely to agree with not prolonging suffering.<sup>35</sup>

Acceptance of death is viewed as a successful outcome of coping with traumatic events such as imminent death in human beings. This study found that the firm faith in Buddhist teaching of the older persons that participated in this survey assisted them to understand the natural course of life, to pursue non-attachment to material things, and to accept death in the dying stage of their life.<sup>36,37</sup> Furthermore, the practice of the Buddhist religion through religious activities made them feel more peaceful and willing to accept the truth that death is universal.<sup>31</sup> The consequences of letting go of one's earthly existence are a peace of mind, emotional stability, positive thoughts, and productive changes in one's life.<sup>27</sup>

### Conclusion

Based on the findings of this study, it can be concluded that the attributes of the acceptance of death among the Thai Buddhist older adults with advanced chronic organ failure consisted of understanding that death is a natural part of life; reassuring that death will come one day; having no

fear of death; and letting go of life and the earthly existence.

### Implications and Recommendations

These attributes were influenced by Buddhism and were affirmed by the findings of other relevant studies. These four attributes can be useful to nurses and healthcare providers and can serve as a potential assessment guideline regarding the patients' readiness to discuss advance care planning at the end of life. It also can serve as a tool to promote a peaceful death. Future studies on the attributes of death acceptance in other religious beliefs are recommended.

### Participation in article writing

The first author is a doctoral nursing student. She wrote this article under the supervision of three co-authors who were her academic advisors. All of co-authors helped closely with all processes of conducting research such as: proposal development, data collecting process, data analysis, writing result, discussion, revision of the final version, and writing of this article.

### Conflict of interests

The authors declare that there is no conflict of interest.

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