

## Compassionate Service of the Dying,

In summer 2006 I was invited to a panel discussion on the topic of “Spiritual Care for the Dying”. I was invited to represent the Buddhist view, because I am an ordained Zen Buddhist priest. What the person who invited me did not know, I am also an registered anesthesia and ICU Nurse from Switzerland and the study of contemplative caregiving is one of the themes of my life, although I am no longer working actively in the hospital.

I was the last of the three speakers and in the middle of the second talk, I got a bit nervous, hoping this will work out, because my approach was so different. I got up, deciding, to speak from the heart of the nurse, voice the difficulty of everyday encounter with impermanence, pain, family dramas and physical challenge, that a nurse faces and speak to the nurses with the same care I gave to the dying. The result of this panel was the organization of weekend retreats on the education of compassionate care for the dying, something, that was the last thing I expected to happen, when I went there to speak.

Because of the response and the deep need for support in this field, I would like to share some of the main point, what were said, asked and what I think about it.

Our western mind has the expectation, that we do have an answer to every situation and question. The education in our schools, including the medical schools are aimed to meet this standard. The direct confrontation with death scatters this refuge, because there is no sufficient answer or solution to death. Our natural reaction is to grasp what we know and we look for more, better or different tools to fix the situation and to regain our security.

What I discovered on my path of being with dying is that we are the best tool we have. Every skill we learn is just then effective, if we know that the real help comes from being a human and educating ourselves to mature and grow as a human being so we can be of best help for those who dye in our presence.

One of the main questions from the podium was, “what am I doing when I am hearing or encountering this and that from a patient.” Very often we don’t need to do anything immediately. We do not need to fix our patients. Our patients are complete human beings as they are and they are all right as they are, as well as each one of us, facing non-answerable questions.

The three tenets to which I always come back, when I am teaching being with dying, is “not-knowing, bearing witness, healing action.” What does that mean?

Our need to do or to fix comes from a mind, what has an idea of what is a perfect, good or at least acceptable death, and then we unconscious try to manipulate our patients to match our standard of that idea. Whom of us would want to dye like that? What mind would we want to have on our bedside, when our time has come? The first step is therefore to learn and remember the mind of not-knowing, realizing our stories and be open to everything what this moment and this human being has to offer; may there be joy or sadness, love or anger, peace or pain, doubt or refuge in a believe. This is the quality of an open and spacious mind.

From this openness we can bear witness to what the presence has to offer, without judging, and without preferences ad expectations to what we wish or believe. This bearing witness mind is the quality of the mountain in the storm or the ocean that does not reject any river.

From the openness of not-knowing and the stability of bearing witness, healing action can arise. Healing or loving action is a response to what is needed versus a reaction out of our unconscious mind. Healing action sees clearly, and has a choice. When we are through this process and have learned some skill sets of psychological, communicational, spiritual and medical tools, then we can offer them as gifts, without the expectation, that it will be used as we did intend. Then we are able to walk with our patients as companions, rather than what we have learned in medical schools, that we have to be on top of the situation and express strength, no matter what we face.

In the panel I was asked, what I mean by this, and I answered, ‘I allow you to love your patients’. She answered, ‘nobody ever has said this to me before, and I feel so relieved’. To love our patients is really not what we get taught. We learn a lot of strategies of self protection. But they don’t work, because at the end

we are humans and we face our own suffering in the face of others. A caregiver is in this professional field, because her/his first spontaneous response to suffering is love, care and compassion.

Self protection will lead to burn out and posttraumatic stress syndrome. What we need to learn are tools to stay in touch with our heart and vulnerability, to face the suffering of the world in a way, that we don't get carried away by it. This is care for the caregiver.

I want to express my deep gratitude and appreciation to all of you who dedicate their own life to those who dye. My heart goes out to you often. If there is anything I can do to support you, please feel free to contact me.

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