

Title of Research Improving end of life care for Tibetan American Buddhists in Minnesota – A qualitative study

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Abstract

Objective or Hypothesis

The Buddhist philosophy of a circle of birth, life, death and rebirth is unique. We surveyed Tibetan Buddhists in Minnesota to understand practices surrounding death and dying and to increase physician awareness and cultural competence. We looked at how they integrate into the mainstream American culture.

Population

Tibetan Buddhists in Minnesota who have lost a family member between 1992 to 2014 were interviewed. Their religious leaders were contacted regarding current practices.

Methods

Key informant interviews were conducted based on a qualitative survey. Bilingual (Tibetan and English) interviewers recorded the responses on an audio device. Surveys from 8 surviving family members and 4 religious leaders were de-identified and transcribed to English. They were analyzed qualitatively for emerging themes and implications for medical care.

Main Results

All participating families had not discussed advanced directives with their primary care physicians. Some reported that the deceased had wished that they would like to have Buddhist traditions followed at time of death. Few interviewees expressed a religious view against discussing death before it is imminent, as it is considered a bad omen. However they understand the Western outlook and would be willing to discuss end-of-life care at regular visits if advocated by their primary physician. Most believe in being helpful to others and would be interested in organ donation after death, but they would not make this decision for a dying family member without his/her wishes being known. The interviewees consider themselves fortunate to be in Minnesota as they have access to their community and the ‘Lamas’ (religious leaders) which may not be so in the other states. The monks may have access to do prayers around death in the hospital. All the dying rituals may not be always carried out based on the circumstances of death or the cultural knowledge of medical team. Tibetans put a lot of faith in their physicians’ advice. Despite many being fluent in English, they prefer having a Tibetan-speaking doctor explain disease physiology to them, so they can decide on a peaceful and spiritual passing of their family members. Peaceful death is of paramount importance as the state of mind at the time of death is believed to determine the conditions for the next life.

Conclusions Buddhist concepts of Impermanence and Karma play a critical role during death and loss. Tibetan Buddhists would be open to discussing end-of-life care if brought up by their physician. Having access to monks for dying rituals is important. The Buddhists believe that death is a separation of consciousness from the body, which is different from medical death. Organ donation would be acceptable if the dying person had expressed such a wish. This would need more discussion as organ removal after medical death may go against the principle of separation of consciousness which can happen any time after medical death. Having a Tibetan speaking physician as a ‘cultural broker’ who can be called in to answer patient and family questions to aid in their decision making may be helpful.

IRB Approval **HIPAA Compliance**

Mentor(s) Tsewang Ngodup MD

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