

**Euthanasia in Canada:
A Shambhala Buddhist Perspective**

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A Thesis Submitted to
Saint Mary's University, Halifax, Nova Scotia
in Partial Fulfillment of the Requirements for
the Degree of Master of Arts in Theology and Religious Studies

August, 2014, Halifax Nova Scotia

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Abstract:

“Euthanasia in Canada: A Shambhala Buddhist Perspective”

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Euthanasia is an important political topic in contemporary Canada. Bill 52 in Quebec and the legal cases of Sue Rodriguez and Gloria Taylor demonstrate a slow societal shift towards politically accepting the practice of euthanasia. Members of the Shambhala Buddhist tradition offer additional insight of perspectives, both for and against the practice of euthanasia. Two main positions in the community arise when discussing euthanasia: an institutional position against the practice, and a non-institutional position in favour of it. These distinct positions are reconciled by members of the community, who approach euthanasia on a case-by-case basis, and reinterpreting teachings of karma, interdependence, and compassion. The Shambhala Buddhist position of reconciling various perspectives on euthanasia can contribute to overall discussions that include multiple religious voices in construction of laws and policies in Canada.

August, 2014

Introduction

Advances in medical technology have allowed people to delay death. However, living longer does not mean that the quality of life is always better. Quality of life concerns at the end of life have highlighted debates between the ethics of keeping an individual living for the sake of life and using technology to help an individual die. In Canada, these questions regarding the ethics of euthanasia, and whether this practice should be legalised, are gaining contemporary public attention with legal cases of individuals, such as Sue Rodriguez and Gloria Taylor, and Quebec's Bill 52.

In a multicultural, and subsequently multi-religious, country such as Canada, diverse ethical perspectives on these concerns of death and dying provide ample opportunity for various traditions to engage with legal issues and discussions that affect all citizens. This also makes for a richer and more nuanced discussion. The Shambhala Buddhist tradition provides unique insight into issues of death and dying as the “community is committed to social engagement.... [and] members come together in a variety of groups to discuss and work on social issues such as aging, addictions, diversity, health, dying, [and] hospice care” (Community, 2014). I argue that the case of euthanasia from a Shambhala worldview demonstrates how this is not (as it is sometimes portrayed) a black and white issue of right-to-life against right-to-death. Both leaders and members of the community use context (of approaching euthanasia on a case-by-case basis) to provide some reconciliation between the seemingly stark, dichotomous positions, often drawing on different interpretations of the same core concepts.

In the Shambhala community studied for this thesis, two opposing views on euthanasia became apparent. I have labeled these the institutional and the non-institutional views. However, these two views are reconciled by leaders and members of the community by supporting euthanasia in certain circumstances. This case study demonstrates the complexity of end-of-life concerns and provides one example of how anxieties about euthanasia have been mediated within one community.

Defining Euthanasia:

The term *euthanasia* is derived from the Greek roots *eu*, meaning good, and *thanat*, meaning death. It is an ostensibly painless form of killing of a patient who suffers from an incurable and painful disease (Stoffell, 2009, p. 312-313). A medical professional is usually the one to euthanise a patient. However a patient could also choose to be euthanised by a close family member or friend. Physician assisted suicide (PAS) is similar to euthanasia, however there is a slight difference. PAS is when a physician prescribes a lethal dosage of some form of medication, and the patient goes home to ingest or inject the medication on his or her own (Stoffell, 2009, p. 312-313). Hence, the physician assists the suicide of the terminally ill patient by giving the patient access to a means to commit suicide.

In this study, most informants used the terms *euthanasia* and *PAS* interchangeably. Only one informant acknowledged that “there’s a difference between euthanasia and assisted suicide, but they’re basically the same when looking at them from

[Shambhala Buddhist] teachings.”¹ ² Thus, throughout this thesis the term *euthanasia* is used as a broad category incorporating both euthanasia and PAS.

There are a variety of types and methods of euthanasia. Specifically, there are two categories of euthanasia (non-voluntary and voluntary), which can be conducted in two ways (actively and passively) (Downey, 2012; Rachels, 1995, p. 112-119). These distinctions are important to understand because voluntary passive euthanasia is already supported within the Canadian legal system through the practice of signing a Do Not Resuscitate (DNR) form (Personal directives, n.d., p. 12).

Non-voluntary euthanasia is when the individual is not capable of consciously making a decision whether or not to be euthanised (Downey, 2012). An example of this type of euthanasia would be an individual in a coma and has not given any prior consent to end life-support. Voluntary euthanasia is when the individual, in full consciousness, wishes to be killed and gives full voluntary consent (Downey, 2012). This difference is significant because informants made a distinction between the two categories. Voluntary forms of euthanasia were considered by all informants.³ According to the four informants who briefly mentioned the issue of non-voluntary euthanasia, the patient should be left in some sort of palliative care facility if that individual could not give consent.⁴

Together, this consent or non-consent of euthanasia can be enacted in two different ways: either actively or passively. Active euthanasia is when something is given

¹ Fillers and repetitive phrasing have been edited out of quotations from personal communications for readability.

² Personal communication, May 30, 2013

³ Because informants focused on voluntary euthanasia, this thesis will not discuss non-voluntary euthanasia. Therefore, the case of Robert and Tracy Latimer will not be examined in-depth when exploring euthanasia in the Canadian context.

⁴ Personal communication, March 19, 2013; personal communication, May 30, 2013; personal communication, June 18, 2013; personal communication, August 29, 2013

to the individual to bring about their death (Rachels, 1995, p. 112-119). This is typically in the form of an injection or taking extra medication to overdose. Alternatively, passive euthanasia is when something, such as life support, is taken away from the individual to let the patient die (Rachels, 1995, p. 112-119). These distinctions between active and passive euthanasia along with the two types of euthanasia (voluntary and non-voluntary) are central issues in discussions on end-of-life care.

The definitions drawn from the above discussion will inform the exploration as to how the morality of euthanising someone is interpreted from a Shambhala Buddhist view. As stated above, the intent is to demonstrate benefits to society in general in adding diversity to the religious voices in secular Canadian euthanasia debates.

Methodology:

The data for this thesis was obtained through ethnographic fieldwork, and this information was substantiated by library research. I conducted in-depth personal interviews with members of the Halifax Shambhala Community. The purpose of this fieldwork was two-fold. First, it gathers theoretical data about contemporary positions on euthanasia, and examines which beliefs were drawn upon to support the positions of the Shambhala tradition, about which very little has been published. Second, the personal interviews helped to explain how these positions and beliefs were manifesting in daily life.

These interviews took place with members of the Halifax Shambhala community within the Halifax Regional Municipality (HRM). All participants ranged depth of experience with the tradition to determine, and interviewees were between 20 and 75

years old. Shambhala children and youth were not included or even approached for interviews because of the sensitivity of euthanasia as a discussion topic.⁵ Eleven members of the Shambhala community were interviewed. Of those, seven were immigrants from the United States and all were converts to the Shambhala tradition.

The interviews were primarily lead by the thoughts of the interviewee, but remained focused on how euthanasia is viewed through a Shambhala Buddhist lens. The interviewees were questioned on the importance of different beliefs and practices they brought up in support of their understandings of Shambhala positions on euthanasia. After roughly half of the interviews had been conducted, it was decided to incorporate a final question in the subsequent interviews to gain more insight into how karma, compassion, suffering, and the five precepts play a role in understanding this topic in Shambhala Buddhism. This helped some informants who were slightly uncomfortable with the topic of euthanasia to have a basis to start talking about the issue through a Shambhala lens.

The information collected through in-depth interviews is used to examine how the Shambhala Buddhist adds a voice approaching euthanasia, though the context of individual cases, to debates on euthanasia in Canada. In Chapter Three, the information collected through these informants are divided into the categories of institutional and non-institutional positions. Seven of the informants have been, or currently are, leaders in the Shambhala community. Some of these informants discussed both the institutional and

⁵ While gender is a very important contextual issue in analyzing views on euthanasia, this thesis does not disaggregated the data on the basis of gender, and is interested only in a different religious voice. However, a full account of the complexity of any group's views would need to address the differences of views and implications with regard to gender. For one significant view on the issue of gender and euthanasia, see Susan Wolf's (1996).

non-institutional positions in the community and are used as sources for both positions in Chapter Three. These interviewees made a clear distinction between the institutional Shambhala position on euthanasia and their own views, and were very explicit when nuancing the institutional position based on their own personal interpretations of Shambhala teachings. These distinctions made by the interviews were very clear, and it seemed as if the two positions in these interviews were carefully and explicitly made distinct by the informants to avoid any accidental confusion on my behalf of what does and does not constitute an institutional Shambhala position on euthanasia.

Chapter Summary:

This thesis is divided into three main chapters to examine the current Canadian euthanasia debate and determine exactly what a Shambhala Buddhist perspective can add. The first chapter covers the current euthanasia debate. It highlights the major arguments used for and against legalising the practice of euthanasia in Canada, as seen through Quebec's Bill 52 and both Sue Rodriguez and Gloria Taylor's British Columbia and Supreme Court of Canada cases. Contemporary arguments regarding euthanasia are discussed through five perspectives: autonomy, medical ethics, pragmatic, alternatives, and sanctity of life. This chapter provides a foundation for determining what a Shambhala Buddhist perspective can add to the current euthanasia debate by evaluating the major arguments and gaps in the arguments currently seen in Canadian euthanasia debates.

Chapter Two expands upon the literature review and answers the question of why Shambhala Buddhists have the background to speak on the issue of euthanasia. Important teachings and beliefs related to death and dying are analyzed. This chapter also examines

the related history of the tradition and activities surrounding aging and palliative work that influence the current Shambhala Buddhist perspective on death and dying. Together the teachings and practices of Shambhala highlight how this community is already engaged in end-of-life issues.

The third chapter examines the variety of Shambhala Buddhist stances on euthanasia. It outlines the two main Shambhala Buddhist positions on euthanasia (the institutional position and what appears to be the prevalent non-institutional position), and explores how these seemingly dichotomous views are reconciled by leaders and members of the community. This chapter demonstrates the complexity of euthanasia debates and presents one method of mediating the various positions.

The conclusion synthesises the three chapters. This is done to establish what another perspective, a Shambhala Buddhist perspective, adds to euthanasia debates.

Chapter One: Euthanasia in Canada

Euthanasia has become a major political topic in contemporary Canada with Quebec's Bill 52 and the cases of Sue Rodriguez and Gloria Taylor. Fears regarding the potential implications on current rights protecting life are raised in debates about whether individuals have a right-to-death. There are complex positions both for and against euthanasia, with each highlighting a different aspect of the right-to-death and right-to-life extremes.

There are two sections in this chapter. First, a Canadian context provides the foundation to discuss euthanasia debates. Specifically, the Canadian context in this chapter is legal landscape of euthanasia debates in contemporary Canada starting with the case of Sue Rodriguez. Following this section is an examination of the arguments and ethical positions that continue to emerge from discussions surrounding major legal cases in Canada. The Canadian background demonstrates various arguments and ethical positions both for and against legalising euthanasia. The arguments and ethical positions explored below are used as points of comparison in Chapter Three, which examines euthanasia through a Shambhala Buddhist worldview. Additionally, these are not inclusive of all positions, but they represent common arguments raised in the media and legal euthanasia cases in Canadian and in the Shambhala Buddhist community.

Canadian Context:

Arguments within Canada have fluctuated greatly between various nuanced opinions supporting and opposing the legalisation of euthanasia. These debates focus

predominately on legal and legislative euthanasia cases brought forward in the provinces of British Columbia and Quebec. The evolution of the euthanasia debate within each of these provinces provides context to understand what arguments are being made and how they are influencing euthanasia debates within Canada as a whole. Specifically, the cases of Sue Rodriguez and Gloria Taylor in British Columbia and Bill 52 in Quebec are examined as they show a progression of how Canadian legal systems have dealt with euthanasia.

These cases provide a foundation for examining euthanasia in Canada as they are the most notable euthanasia cases in recent Canadian history. It is argued in a nonpartisan report created by the Library of Parliament that “the cases of Sue Rodriguez and, more recently, Gloria Taylor represented key developments in the law in Canada” (Butler *et al.*, 2013, p. 2). Quebec’s *Bill 52: An act respecting end-of-life care* is also an important contribution to the discussion. The act is a model of further legal changes: most notably in its justification of euthanasia as a health care issue and not as a criminal issue (Butler *et al.*, 2013, p. 15-16).

In 1993 Sue Rodriguez requested help to end her own life. In 1991 she was diagnosed with an acute form of Amyotrophic Lateral Sclerosis (ALS) and by 1993 Rodriguez was told she had less than 15 months to live (Kluge, 1993, p. 1015). Although she was still capable of taking care of herself, Rodriguez knew that over time her condition would devolve to the point that she would be unable to control her limbs or swallow a pill in order to end her life on her own. Rodriguez believed that “being in such a state would violate her sense of dignity and she would like to avoid this by committing

suicide” (Kluge, 1993, p. 1015). However, it would be illegal for Sue Rodriguez to receive help, as section 241 of the Criminal Code of Canada prohibits any person from aiding or even counselling another individual to commit suicide, with punishment of up to 14 years imprisonment (Criminal Code of Canada, 2013).

In order to legally receive aid when she was prepared to commit suicide, Rodriguez began to fight against section 241(b) of the Criminal Code of Canada, finding it unethical. The legal argument was that this section violates three fundamental ethical principles that are outlined in the Canadian Charter of Rights and Freedoms: section 7, autonomy and respect for persons; section 12, equality and justice; and section 15, beneficence (Kluge, 1993, p. 1015; M. Smith, 1993). Rodriguez’s legal team argued that suicide does not infringe on the rights of individual autonomy and respect and that is why it was decriminalised in 1972 (Constitutional Act, 2013). Additionally, section 241(b) discriminates against individuals’ rights to equity and justice. Suicide is only an option for those who are able-bodied, yet assisted suicide for those who are incapable of physically ending their own lives without assistance is not providing equality and justice to citizens. Furthermore, the legal argument was that the principle of beneficence is completely ignored when the good, as deemed by her, is for her to die, and section 241(b) prevents anyone from helping her achieve that good.

In a 5-4 decision, the majority opinion of the Supreme Court of Canada was that section 241(b) does not violate any principle of the Criminal Code. They argued that:

to protect the lives of the vulnerable, it is necessary to maintain a blanket prohibition on assisted suicide. To allow physician-assisted suicide... would erode the belief in the sanctity of human life and suggest that the state condones suicide. Furthermore, concerns about abuse and the

difficulty in establishing safeguards to prevent it indicate that the prohibition against assisted suicide is not arbitrary or unfair. The majority, therefore, upheld s. 241(b) because, in their view, it does not violate any principle of fundamental justice. (M. Smith, 1993)

The dissenting opinion argued that:

the principles of fundamental justice require that every individual be treated fairly by the law. Concerns relating to abuse should not play a part at this stage of the legal analysis. To deny Sue Rodriguez the choice that is available to those who are physically able merely because of a fear that others may suffer abuse... would be contrary to such principles. (M. Smith, 1993)

Despite losing in court, Rodriguez had found someone willing to aid her in ending her own life when she was prepared to do so, regardless of the trial outcome. On February 12, 1994 Sue Rodriguez died with the aid of an anonymous physician (McLuhan, 1994, March 27).⁶

The Rodriguez case, although ultimately unsuccessful in challenging section 241(b) of the Criminal Code, paved the way for Gloria Taylor in 2012. Taylor began suffering from ALS in 2003, and was officially diagnosed with the disease in 2009. Taylor filed her case in 2011 against section 241(b) of the Canadian Criminal Code, which makes it illegal for an individual with a serious and terminal illness to receive aid in dying with dignity. In a reversal of the Rodriguez decision made by the same court in 1993, on June 15, 2012, the British Columbia Supreme Court “ruled that the right to die with dignity is protected by the Charter of Rights and Freedoms” (Physician-assisted dying, 2013). It was ruled by the court that the social view on euthanasia had evolved and

⁶ Sue Rodriguez’s case was followed by Robert Latimer in 1993. This is “the most publicised euthanasia case in Canada” (Butler *et al.*, 2013, p. 4). Latimer killed his daughter who suffered from a severe form of cerebral palsy. He was sentenced to second degree murder and served 10 years in prison (Butler *et al.*, 2013, p. 4).

that there were other regions practicing euthanasia, which would provide guidelines for the British Columbia Government to draw regulations allowing physician assisted suicide. One year was given to the provincial parliament to draft new legislation on physician assisted suicide and Gloria Taylor was given an exemption that allowed her to seek the aid of a physician to help her die (Physician-assisted dying, 2013).

This exemption did not last long. On July 13, 2012 the Federal Government announced that it would be appealing the decisions of the British Columbia court case and the Supreme Court of Canada overturned the ruling in October 2013 (Physician-assisted dying, 2013; Updated, 2014, January 16). However, Gloria Taylor passed away from an infection on October 4, 2012, and did not live to see the final outcome of her case. Nonetheless, her case is noteworthy as the first successful case in Canada to permit euthanasia, even though the success was short-lived.

The euthanasia debate has unfolded differently within the province of Quebec. What is particularly unique about the approach to euthanasia in Quebec, in contrast to the rest of Canada, is that a Dying with Dignity Committee was created with the goal of preemptively evaluating the benefits and consequences of legalising euthanasia to provide a foundation on the legality of this issue before it arose in Quebec courts.⁷ This committee was created under the Liberal provincial government on December 4, 2009 by selected members of Quebec's National Assembly.

After almost three years of deliberation and study, on March 2012, the Dying with Dignity Committee produced a 175 page report on the issue of euthanasia. The report is

⁷ Note that this Dying with Dignity Committee is a completely separate organisation and is not to be confused with the Dying with Dignity non-governmental organisation which can be found supporting the practice of euthanasia across many nations, including Canada.

comprehensive, covering issues with current end-of-life care procedures in Quebec, debates over the validity of euthanasia as a societal policy and official practice, and suggestions and guidelines for implementing the practice of physician assisted suicide (Dying with Dignity Report, 2012). Additionally, this report presents the debates over various ethical and practical issues raised by discussions surrounding euthanasia, such as: is palliative care a universal answer?; can euthanasia be considered part of palliative care?; what are the parameters for respect for life?; how does euthanasia impact familial grieving?; and will the practice of euthanasia undermine developments in palliative care, an understanding of the common good, and lead to abuse? (Dying with Dignity Report, 2012, p. 52-74). The report concludes with the statement that medical aid within Quebec “must comply with requests for help to die made in very specific situations. A new option is definitely needed in the continuum of end-of-life care, because palliative care cannot ease all physical and psychological suffering” (Dying with Dignity Report, 2012, p. 95).

With the support of this report and “opinion polls conducted in recent years [that] have consistently shown that 70% to 80% of Quebecers are in favour of euthanasia” (Dying with Dignity Report, 2012, p. 11), the Quebec National Assembly passed *Bill 52: An act respecting end-of-life care* (Quebec passes landmark, 2014, January 5). Provided that there will not be any federal contention that euthanasia is a criminal issue rather than a healthcare issue, Quebec is the first province in Canada to legally support the practice of euthanasia. However, members of the federal government, such as the Minister of Justice and Attorney General of Canada Rob Nicholson, argue that “the laws the prohibit euthanasia and assisted suicide exist to protect all Canadians.... [and] in April 2010, a

large majority of Parliamentarians voted not to change these laws, which is an expression of democratic will on this topic” (DiMambro, 2013).

Together, the court cases originating in British Columbia and Quebec’s Bill 52 provide a platform for examining euthanasia arguments through a Canadian lens. Sue Rodriguez led the cases by arguing that section 241(b) of the Criminal Code of Canada conflicted with sections 7, 12, and 15 of the Canadian Charter of Rights and Freedoms. Following Rodriguez, Gloria Taylor also argued the same Criminal Code and Charter of Rights and Freedoms conflict, and she had slightly different legal results. The different British Columbia ruling for Taylor, although overturned by the Supreme Court of Canada, could be seen as reflective of slowly changing attitudes towards euthanasia at a provincial level. Quebec’s Bill 52 adds another layer of evidence towards shifting societal positions as it is the first province in Canada to legalise euthanasia. However, this bill is very new, and the implications of passing Bill 52 will be seen in years to come. Together, these three cases create a foundation for examining the arguments used in Canadian euthanasia debates. These cases will be used to demonstrate the categories of arguments and ethical positions used to debate both for and against the practice of euthanasia.

Euthanasia Arguments and Ethical Positions:

The cases in British Columbia and Quebec are prominent instances of euthanasia in Canada that provide examples of the kinds of discourses surrounding the debate. Various arguments and ethical stances, both for and against euthanasia, are seen within the three Canadian cases. The different arguments and ethical positions include: 1) the

“slippery slope” argument; 2) arguments based on individual autonomy; 3) issues with medical ethics; 4) calls for alternatives; 5) pragmatic arguments; and, 6) beliefs in the sanctity of life. These arguments and ethical positions to debate euthanasia are examined below in relation to how they arise within the Canadian context. These positions will then be used as points of comparison in Chapter Three to explore how leaders and members of the Shambhala Buddhist community use these views to articulate various positions on euthanasia.

Slippery slope argument:

One common argument against euthanasia is the “slippery slope” argument. For example, in the case of Sue Rodriguez, the majority argument made from the court supporting the ruling against allowing her to be euthanised, included: “concerns about abuse and the difficulty in establishing safeguards to prevent it [which] indicate that the prohibition against assisted suicide is not arbitrary or unfair” (M. Smith, 1993). This indicates that the majority decision disallowing Rodriguez to be euthanised was based on concern for the potential far and broad reaching consequences of legalisation.

According to Almosawi (2013) the “slippery slope” argument is a logical fallacy (p. 38-39). Those who argue from this position use a sequence of events with varying degrees of probability to articulate how one or more undesirable outcome will be created as a result of a single action. Meanwhile, no evidence or support is used to link the series of events, and assumptions about human behaviours are made. The slippery slope argument, Almosawi (2013) writes, is a logical fallacy as it “plays on the fears of an

audience and is related to a number of other fallacies, such as the appeal to fear, the false dilemma and the argument from consequences” (p. 38).⁸

When considering euthanasia, Jones (2011) argues that those who use slippery slope arguments are concerned that allowing euthanasia in specific circumstances will lead to a broader use of euthanasia. Euthanasia as a legal expectation on laws regarding killing others will in-turn lead to a host of euthanasia regulation abuses to the point where killing others may become a social norm.

Scholars who take this position, such as William Smith, have demonstrated some concerns for future consequences of legalising euthanasia. W. Smith (1997) raises the concern that attitudes towards alternatives for euthanasia will be pushed aside if euthanasia were to ever be allowed. He argues that there may be less incentive to encourage life-saving research. There is also the concern that legalising the practice of euthanasia could put pressure on terminally-ill patients to choose euthanasia, for fear of being financial burdens or to free up hospital resources. Finally, there are concerns about how euthanasia practices may encourage the degradation of current palliative care practices (W. Smith, 1997).

The slippery slope argument also exists with concerns for other future possibilities should euthanasia be legalised, such as more citizens dying from non-voluntary euthanasia if voluntary euthanasia becomes legalised. For example, John Arras (1982) explored the position against euthanasia through the premise that allowing euthanasia will lead to widespread acceptance of murder. Arras (1982) argues that allowing euthanasia will destroy the social focus on the sanctity of life. However, according to

⁸ See the *Illustrated Book of Bad Arguments* by Ali Almosawi for more information on logical flaws.

Jocelyn Downie, Canada Research Chair in Health Law and Policy and professor of Law and Medicine at Dalhousie University, “life ending rates without explicit request of the patient went down after the legalisation of euthanasia in Belgium... [and] in the Netherlands” (Panelist Jocelyn Downie, community panel, March 21, 2014). Her position is supported with long term studies in the Netherlands, which demonstrate that 0-8% of patients who did request to die were euthanised by medical professionals in 1990. This rate dropped to 0-2% of patients euthanised without explicitly requesting to be euthanised in 2010 (Onwuteaka-Philipsen, *et al.*, 2012, p. 908-915). Thus, studies in some countries where euthanasia is legalised have demonstrated that the slippery slope argument of more people dying from non-voluntary if voluntary euthanasia is legalised is unfounded.

Arguments of individual autonomy:

The basis of this argument is that all individuals should have a right to autonomy, and not allowing euthanasia infringes on individuals’ autonomy. It is an argument regarding rights, and whether or not the rights of an individual are subject to or supersede the power of the state. This argument is also seen in both the positions of Sue Rodriguez and Gloria Taylor, who fought for the right to control the death of their bodies. Both women argued, as discussed in the Canadian Context section above, that section 241(b) of the Criminal Code of Canada infringed on sections 7, autonomy and respect for the persons, of the Canadian Charter of Rights and Freedoms (Kluge, 1993, p. 1015; M. Smith, 1993).

There are multiple definitions of autonomy. Kant was one of the first to focus on individual autonomy in his moral philosophy. As argued by Guyer (1999), “at the center

of Kant's ethical theory is the claim that normal adults are capable of being fully self-governing in moral matters" (p. 309). To have autonomy based on a Kantian perspective two conditions must be met. First, no authority outside of the self is needed to determine what constitutes morality. Second, individuals must be capable of self-governance (Guyer, 1999, p. 309-317). According to this definition of autonomy, as long as individuals are able to determine what is moral and can force themselves to act in that manner, then autonomy is achieved.

Further nuances to Kant's definition of autonomy have been added by multiple scholars. For example, Joseph Raz (1986) outlines three conditions that must be met for an individual to have autonomy. First, to have autonomy an individual must be capable of understanding and choosing between different options. Second, there must be a sufficient number of options between which to choose. The number of options that qualify as a sufficient number is not specified. However, the options that are provided must allow for an autonomous decision. For example, a child who has the options of bathing before or after dinner does not have autonomy, even though that child has two options. Finally, for an individual to have autonomy, that individual must be free from coercion or manipulation (Raz, 1986).

According to arguments made by both Rodriguez and Taylor, the final two of these three requirements outlined by Raz were not met (M. Smith, 1993). Those with different forms of terminal illness do not always have the physical ability to commit suicide, and the current Canadian legal system does not provide sufficient options for disabled individuals seeking suicide, and therefore, inadvertently discriminates against

these people. Additionally, those who seek euthanasia are not free from manipulation when they attempt to make their decisions, as the state is selecting and limiting the number of options available to them.

Additionally, John Rawls (1999) argues that individuals only have autonomy if the state remains neutral. In regards to euthanasia, this means that no ethical biases can be present in existing laws in order for all citizens to have complete autonomy. Individuals must have the ability to make their own decisions without state interference on what is deemed right or ethically appropriate.

This is contrasted by arguments that individuals do not have a right to die. Gail Tulloch (2005) outlines this position by explaining that death is a natural component of being human, and therefore there are no rights that can govern this element of the human condition (Tulloch, 2005, p. 58-61). Tulloch (2005) furthers this position by arguing that rights are a political creation and political judgement cannot be passed on elements of the human condition. Thus, Tulloch (2005) summarises that the individual autonomy argument in favour of euthanasia is insufficient. This is because death is an essential aspect of the human condition, and laws should not govern over aspects of being human.

Dworkin (2011) and A. C. Grayling (2010), however, critique the position outlined by Tulloch (2005). Grayling (2010) focuses on how, “individual autonomy and freedom of choice are at stake here, and it has to be remembered that all of a person’s rights are fully engaged even as he lies ill or dying, for dying is an act of living, and does not reduce a person’s entitlement to assert his rights if he remains competent to do so” (p. 135). Dworkin (2011) argues that there is no reason why individual rights should be

limited in regards to allowing individuals to govern their death. Individuals are allowed autonomy in other areas of life, such as to modify their body through piercings and tattoos, decide on various forms of medical treatment, and choose the amount of exercise in which they partake. Thus, Dworkin (2011) explains that all individuals should not have the rights and freedoms to govern their bodies limited when it comes to death.

As seen through arguments by Raz (1986), Dworkin (2011), and Grayling (2010), the autonomy argument supporting euthanasia is argued on the principle of ensuring that all individuals have the opportunity to be in full control of making end-of-life decisions. This argument is seen through both cases of Rodriguez and Taylor, and Chapter Three will depict how this argument arises within the non-institutional Shambhala view on euthanasia.

Arguments from medical ethics:

There are two main euthanasia arguments from medical ethics: one against euthanasia with concerns for patient quality of life and one in favour with concerns for physician autonomy. The first position is against euthanasia because of concerns for physician autonomy. This argument against euthanasia opposes the individual autonomy argument. There are also arguments developed from medical ethics used to support euthanasia. This medical ethics argument is concerned about patient quality of life. Quebec's Bill 52 is founded in this form of medical ethics, as it is argued in this bill that euthanasia is a healthcare issue and not a criminal matter.

The first medical ethics perspective considers handling ethical perspectives arising out of the role of physicians who care for patients, and is generally used in

arguments against euthanasia. One concern, which will be seen in the institutional Shambhala position, is that euthanasia infringes on the autonomy of medical professionals. Charles McKhann (1999) argues that, “as soon as a physician is included to assist in any way, autonomy must be shared. The patient shares autonomy in finding a physician who is willing to help and in agreeing on terms, the timing, and the method to be used” (p. 229). Thus, allowing euthanasia neglects the physician’s rights of autonomy. More specifically, engaging in euthanasia from the perspective of a physician can be interpreted as murder and violates the Hippocratic Oath (Sjostrand, Helgesson, Eriksson, & Juth, 2013).

There are three different ways in which the stance against euthanasia in respects to physician autonomy is critiqued. First, according to Dworkin (2011), if physicians or health care professionals do not wish to engage in euthanasia there is no reason why they would have to euthanise someone. There are parallels here with the performance of same-sex marriage. Although same-sex marriage is legal in Canada, clergy members are not forced to partake in the ritual if they do not feel it is appropriate. Therefore, legalising euthanasia will not infringe on the rights of physicians if they can choose to act according to their personal ethics. Second, murder is defined as a, typically premeditated, unlawful act of killing an individual (Richards, Haynes, & Tsui, 2012). If euthanasia is legalised then it will not be categorised as murder, because it will no longer be unlawful. Finally, Tyson (2001) argues that euthanasia does not defy all Hippocratic Oaths. As of 1993 only 14 percent of people taking Hippocratic Oaths swear to not practice euthanasia (Tyson, 2001). Therefore, engaging in euthanasia will not violate all Hippocratic Oaths taken, and

the remaining 14 percent of medical professionals would not be forced to euthanise patients.

However, the medical ethics stance that prioritises patient care is also used as an argument to support euthanasia. This is seen through Quebec's Bill 52, which argues that "modern medicine sometimes turns the dying into chronically ill patients. People are sometimes kept alive beyond what most would consider reasonable. Indeed, for some, the medicalisation of death means a quality of life that leaves much to be desired" (Dying with Dignity Report, 2012, p. 49). This view makes a distinction between living and being alive. A prolonged life where individuals constantly rely on medications and technology to keep living may not be a life worth living for some patients. The main concern is, therefore, a quality of life issues, and the quality of life position is demonstrated strongest through the alternatives argument.

Arguments for alternatives:

Another type of reasoning against euthanasia is demonstrated through the alternatives position, also called the palliative care argument. Through this position, the quality of patients' lives and finding solutions to current terminal illnesses are deemed more important than ending lives early through euthanasia. This position is also a main factor in Quebec's Bill 52, especially with regards to the considerations raised in including euthanasia as part of end-of-life care (Dying with Dignity Report, 2012, p. 60-61).

The alternative position argues that it is more important to develop alternatives to euthanasia, such as palliative care, than to make the option of killing terminally ill

patients available to all citizens. Palliative care is “the care of patients with active, progressive, [and] advanced disease where the prognosis is short and the focus of care is the quality of life” (Fallon & Hanks, 2010, p. viii). According to Sommerville (2001), the palliative care argument begins with “[despite] the fact that we have no useful, active treatments, the fact that we cannot cure or prolong the lives of patients, and the fact that active treatment is contra-indicated in terms of the suffering that it would inflict in comparison with the benefit that it could possibly achieve – none of these facts means that we can do nothing” (p. 198). Palliative care is defined by Pereria, Anward, *et al.* (2008) as compassionately working with the dying to minimise pain in a manner that does not artificially extend or shorten the patients’ lifespan. This position promotes working with patients to help alleviate suffering rather than ending a life early. This is because, as argued by a previous official in the Shambhala community, humans have the ability to work through suffering and “relate to the [pain in] reality we would ordinarily reject.”⁹

It is also argued from this position that allowing euthanasia will discourage funding for research, and discourage medical professionals to look for alternatives or solutions to current terminal illnesses (Pereira, Anward, *et al.*, 2008). Thus, it is viewed as more important to foster hope of medical technology advancing.

There are two main objections to the alternatives and palliative care argument. The first examines the value of life and the second is based on studies in countries where euthanasia has been legalised. The first position countering the alternatives argument considers the difference in acting compassionately between keeping someone living and

⁹ Personal communication, March 19, 2013

helping suffering individuals die if they wish. Kass (1991) argues how there is a false dichotomy made in this alternatives argument as, “death with dignity, rightly understood, has largely to do with exercising the humanity that makes life possible... and very little to do with medical procedures or causes of death” (p. 121). He explains that the value of life and dying with dignity are completely compatible and argues that euthanasia does not remove humanity. Cantor (2005) builds on this by using a quality of life position to demonstrate that in some cases euthanasia is a better alternative to letting live. Cantor (2005) examines how promoting quality of life is still a life of value, but “to ignore quality of life in the context of fatally afflicted persons transforms human beings into unwilling prisoners of medical technology” (p. 17). Therefore, he argues that life has value, but alternatives will not provide value for all individuals.

This position in favour of alternatives was also countered in Quebec. This is through the argument that “respect for life now means acknowledging that it is precious and that we can realise our full potential and find meaning throughout our lives, including in our last moments. We have a profound respect for human life, but that does not prevent other values from putting life’s importance in perspective under certain circumstances” (Dying with Dignity Report, 2012, p. 48). This is similar to Cantor (2005), as it is argued that giving terminally ill patients an option to die does not undermine the value of life.

Furthermore, Downie (2014) argues that the alternative position is not supported by studies of countries that have legalised euthanasia in comparison to those that have not legalised it (Panelist Jocelyn Downie, community panel, March 21, 2014). Based on studies by Chambaere *et al.* (2011), Belgium legalised euthanasia in 2002 and from 2002-

2007 federal spending on palliative care in Belgium rose by 72% (p. 6). “Even critics of the legalisation of euthanasia who argue that it will lead to the underdevelopment of palliative care admit that Belgian palliative care ‘...has experienced significant growth in recent years...’” (Gamester and Van den Eynden, 2009, p. 589-590, as cited in Chambaere *et al.*, 2011, p. 14). Therefore, funding and support for palliative care only becomes stronger by allowing physicians to practice euthanasia.

Developing alternatives for euthanasia are very important, as terminally ill do not have to be encouraged to die. However, based on findings in Belgium, legalising euthanasia only helps to develop palliative care.

Arguments from pragmatic reasoning:

The argument from pragmatic reasoning is another position in the debate on euthanasia. This argument was used in Quebec’s Bill 52. This position supports euthanasia. The reasoning of their position is that euthanasia should be legalised because it is already happening.

This position is based on illegal euthanasia currently happening. As described by Downie: “life ending acts without explicit requests of the patient happen in Canada. We do not know the numbers because we don’t track them. We do not have a way of knowing what they [the numbers] are, but if you actually look at the countries where some research has been done where euthanasia and assisted suicide is illegal, like Canada, the rates are higher than they are in Belgium and the Netherlands” (Panelist Jocelyn Downie, community panel, March 21, 2014). If euthanasia is therefore legalised, there can be some control over how people are euthanised. State involvement would,

supposedly, assure that safeguards would be put into place to regulate the euthanasia process.

Additionally, there are types of euthanasia already legal in Canada. This is detailed in the Quebec bill proposal that stated: “certain practices that may shorten life, such as the use of certain drugs, the refusal or cessation of treatment and continuous palliative sedation, are already part of the continuum of end-of-life care” (Dying with Dignity Report, 2012, p. 61). These are all forms of voluntary euthanasia that are acceptable in Canada. Thus, some forms of euthanasia are already legal in Canada under the name of something else.

The main position against the pragmatic argument for legalising euthanasia is the alternatives argument. However, as detailed above, proponents of euthanasia point to the fact that that countries that have legalised euthanasia have better palliative care, because allowing euthanasia forces end-of-life care to be an important political issue.

Arguments from sanctity of life positions:

The final argument arising in the Canadian euthanasia debates is from the sanctity of life position. This argument is against the practice of euthanasia, and it is explicitly seen in the Sue Rodriguez case. One reason the British Columbia court ruled against Rodriguez’s case for euthanasia was because, “to allow physician-assisted suicide... would erode the belief in the sanctity of human life” (M. Smith, 1993).

Those who take the sanctity of life position, such as Keown and Keown (1995), argue that euthanasia is not acceptable because of their belief that life is inherently sacred. Keown and Keown (1995) compare Christian and Buddhist positions and

determine that neither tradition supports euthanasia because life is sacred. They state that although “it is hardly surprising that not all Christians agree on ethical issues.... as developed and understood in Christian thought, it holds that as life is a gift from God it is to be cherished” (Keown & Keown, 1995, p. 267). They further this Christian position on sanctity of life by arguing that “human life is a basic good as opposed to an instrumental good: a good in itself rather than as a means to an end” (Keown & Keown, 1995, p. 267). Keown and Keown (1995) compare this Christian stance to what they have determined as the “Buddhist approach... [where] respect for life is grounded not in its divine origin but in its spiritual destiny, namely the state of final perfection known as nirvana. From this affirmative valuation of life flow precepts forbidding its intentional destruction” (Keown & Keown, 1995, p. 266).

Proponents of euthanasia, such as Tulloch (2005), say that this sanctity of life argument is not valid. Tulloch (2005) examines how history has demonstrated that although the idea of taking life is seen as ethically wrong, there are many exceptions to the sanctity of life argument (p. 35). He raises the examples such as the crusades and witch trials, which were religiously justified (Tulloch, 2005, p. 35). Therefore, there are at least two possible conclusions that can be made following the logic of Tulloch. First, exceptions to the emphasis on not taking another’s life have been made; thus, this exception can be made again for the case of euthanasia. Second, life is not considered in practice to be inherently sacred as taking life has been justified by religious traditions.

Summary:

The cases of Sue Rodriguez and Gloria Taylor helped shape the euthanasia debate in Canada. This was furthered by the approval of Bill 52 by the Quebec National Assembly. This bill legally allows patients to be euthanised through the argument that euthanasia is a health care issue rather than a criminal issue. Multiple positions are used to debate whether or not euthanasia should be legally allowed in Canada. These include arguments against euthanasia, such as the slippery slope, medical ethics, and alternatives arguments, and arguments in favour of euthanasia through individual autonomy and pragmatic reasoning. These arguments have shaped the Canadian context. However they also provide a foundation for the Shambhala Buddhist positions both for and against euthanasia.

The following chapters examine euthanasia through a Shambhala perspective. As stated above, the chapters explore euthanasia from this lens to determine what the Shambhala tradition can add to the current Canadian euthanasia debates.

Chapter Two: Death and Dying in Shambhala

Regardless of age, death, gender, or sexual identity, the reality of death forces almost everyone to try to reconcile personal attachments with the impermanence of life. This overarching theme seems to occur across cultures. However, these different cultures create a lens for individuals to cope with death. Shambhala Buddhism has developed through a modern Western culture and this impacts the communal beliefs and rituals regarding death and dying. Additionally, the Shambhala Buddhist tradition is in a unique position to participate in issues of death and dying because of the centrality of the process of aging and dying in the Shambhala path (Whitehorn, 2009, March 17).

The previous chapter explored euthanasia debates through Canadian legal cases. However, in order to examine the Shambhala positions on euthanasia, the Shambhala approach to death must first be understood. This chapter will examine the factors that influence how approaches to death and dying have been developed in Shambhala since the tradition was created less than 50 years ago. This is done in two parts.

First, the history and development of the Shambhala tradition are outlined. The tradition, which was adapted from Tibetan Buddhism by Chögyam Trungpa Rinpoche, provides a perspective to examine how attitudes towards death have developed.

The second section of this chapter examines specific teachings that influence Shambhala Buddhists' perspective on death through an analysis of various death related practices and groups in the community. These teachings include: suffering, the Four Noble Truths, compassion, interdependence, reincarnation, *bardo*, and karma. The

specific activities explored are the Shambhala Working Group on Aging, palliative care in the community, and mortuary rituals. These teachings and practices provide a foundation to determine how beliefs associated with death are enacted in the community.

Together, these two sections will provide a basis for uncovering how the reality of death impacts orthodoxy and orthopraxy in the Shambhala Buddhist tradition. It will be the foundation for later understanding how the emotionally and politically sensitive issue of euthanasia is approached within Shambhala Buddhist worldview.

Historical Overview of Shambhala:

Buddhism first arrived in Tibet in the 7th century from both India and China. Political circumstances led to the Buddhist tradition being suppressed and then re-emerging in the 10th century. Due to the geographical location of Tibet, surrounded by mountains on three sides, the tradition was left relatively isolated and developed in its own manner. Additionally, aspects of the indigenous Bön religion were integrated into the Tibetan Buddhist tradition. Over the past 1000 years, four main schools of Tibetan Buddhism have developed: Kagyü, Nyingma, Geluk, and Skaya (Powers, 2007, p. 137-174).¹⁰

Chögyam Trungpa Rinpoche, the founder of Shambhala Buddhism, was raised in the Kagyü lineage of Tibetan Buddhism and also trained in the Nyingma Tibetan lineage. Trungpa also studied the stories of Shambhala; understood to be akin to the Pure Land, Shambhala is a physical and metaphorical land in the Himalayas where only enlightened

¹⁰ For more information on the growth and spread of Buddhism see John Powers' (2007) *Introduction to Tibetan Buddhism*, Matthew Kapstein's (2002) *The Tibetan assimilation of Buddhism: Conversion, contestation, and memory*, Edward Conze's (2000) *Buddhism: A short history*, or Andrew Skilton's (1997) *A concise history of Buddhism*.

beings with enough merit and karmic achievement could live (LePage, 1996). Chögyam Trungpa was born in Tibet in 1939 and was the 11th Trungpa incarnation (Trungpa, 2003, p. 19-68). He officially began his studies when he was five years old and as a teenager he started to take over the duties of running various monasteries in East Tibet. However, the Chinese began invading Tibet, and at the age of 20 Trungpa lead a group of refugees away from his homeland.

In 1959 Trungpa trekked through the Himalayas and finally arrived in India. From 1959-1963 Trungpa was appointed to be the spiritual advisor at Young Lamas Home School in Dalhousie, India by the 14th Dalai Lama (Gyasto, 2013). In 1963 he received a scholarship to study religion at Oxford University. Chögyam Trungpa moved to England and studied religion, philosophy, and fine arts. During this time he also worked towards an instructor degree in Japanese flower arranging at the Sogetsu School of Ikebana (Vidyadhara Chögyam, n.d.).

After completing his degree, Trungpa moved to Scotland and ran a monastery there. This monastery became the Kagyu Samye Ling Centre, the first Tibetan Buddhist Centre in the West (Tibet Buddhist Centre, 2014). According To Trungpa's autobiography, while in Scotland, Chögyam Trungpa gave up his monastic vows; he realised that although there was a strong interest in Buddhist by Western individuals, many of the students were too distracted by the exotic nature of a non-Abrahamic tradition (Trungpa, 2003, p. 261-284). Giving up the monastic lifestyle allowed Trungpa to seem more approachable to his students while still spreading the dharma.

In 1970 Chögyam Trungpa moved to the United States and married. Trungpa first established Tail of the Tiger, currently known as Karmê-Chöling, in Vermont. After, Trungpa traveled around North America establishing meditation centres called Dharmadhatus. In the 1970s he established Vajradhatu International with headquarters in Boulder, Colorado to oversee all Dharmadhatus. The overall aim was to create a type of Buddhism that transcended all nationalities (Gyasto, 2013; Trungpa, 2003, p. 261-284). Various teachings from the different forms of Buddhism that Trungpa studied were reinterpreted and introduced to the North American audience through Vajradhatu.

In 1987 Chögyam Trungpa moved the headquarters to Halifax, Nova Scotia and the following year he passed away. Trungpa's son, Sakyong Mipham Rinpoche, was formally recognised as the new leader of Vajradhatu in 1987 by Chögyam Trungpa in the first *lhasang* ceremony (Hayward, 2008, p. 204-207).¹¹ However, it was noted at the time of the *lhasang* ceremony that “from the point of view of the sangha, then, the Regent was still Rinpoche's only successor” (Hayward, 2008, p. 207).¹² In 1990 Sakyong was recognised by the community as lineage holder, and he was formally enthroned as leader of Shambhala in 1995 (Vidyadhara Chögyam, n.d.). Under the leadership of Sakyong Mipham, Vajradhatu International slowly shifted from emphasising spiritual practice to emphasising religious practice (Vidyadhara Chögyam, n.d.). In 2000 Vajradhatu International was officially renamed Shambhala International to formally recognise the

¹¹ This is a type of purification ceremony that emphasises new beginnings (Lhasang instruction guidelines, 2014, p. 1).

¹² The Regent was Narayana, a dedicated Shambhala student who Chögyam Trungpa appointed as his Kagyü lineage holder in 1971 (Hayward, 2008, p. 64).

official priority placed on only practicing Shambhala Buddhism and practicing it as a religion.

The shift has caused a disagreement over the direction of the organisation in the Shambhala community between followers of Chögyam Trungpa (primarily converts when the tradition was created and other older individuals in the tradition) and Sakyong Mipham.¹³ Many of Chögyam Trungpa's original followers feel that Sakyong Mipham is changing too much within the tradition that unnecessarily forces followers to engage in Shambhala as a religious practice rather than just a practice. The management of the tradition is therefore being questioned by some long-time members. Conversely, followers of Sakyong Mipham agree with the changes being made to the tradition and prefer that Shambhala practices be treated as only religious practices. One thing to note is that management of Dharmadhatu, now known as Shambhala Centres, is comprised of primarily Sakyong followers, as opposed to Chögyam Trungpa followers.¹⁴ To date the ramifications of this division is not clear. More research on the extent of this rift, as well as its impact both on and from new converts must be further examined to fully understand the dynamic community landscape of Shambhala Buddhism.

Death and Dying in Shambhala:

As the Shambhala community continues to change and adapt to new environments with evolving leadership ideals, teachings and practices to aid practitioners in the process of dying have remained relatively the same. Various Buddhist teachings are drawn upon to support death related practices within the community. These teachings and practices

¹³ Personal communication, November 26, 2010; personal communication, June 18, 2013

¹⁴ Personal communication, November 26, 2010; personal communication, June 18, 2013

can be divided into two main groups: preparation for death and post-mortem rituals. The first group, preparation for death, is seen through the Shambhala Working Group on Aging and a palliative care case by Ann Cason (n.d.) titled *Caring for Ruthie*. The post-mortem rituals are explored through the experiences of an individual who has worked as a funeral director in the Shambhala community since the 1980s. These teachings and practices are the keystones for understanding how the Shambhala Buddhists have begun to work with death and dying within the community.

Preparation for death: Shambhala Working Group on Aging and *Caring for Ruthie*

The Shambhala Working Group on Aging was officially established by David Whitehorn in 2007, and is based in Halifax, Nova Scotia. The main purpose of this group is to “cultivate the inherent wisdom of Shambhala society in relation to old age” (Aging in Shambhala, 2013). This group arose to address issues stemming from having an aging community, because by 2014 at least 70% of the community will be over the age of 60 (Whitehorn, 2009, March 17). To work with the needs related to an aging community, the group meets monthly both in-person and over the phone.

As Shambhala exists in 32 countries across the world (including Canada, Mexico, South Africa, France, Iran, and Thailand), developing a single approach to work with the issue of an aging, and subsequently dying, community is next to impossible (List of all, 2013). Whitehorn argues that the single greatest asset in the community to unite the various cultural differences is the implementation and cultivation of teachings on compassion (Whitehorn, 2009, March 17). Internalising and acting with compassion is

seen as paramount to all other teachings when relating to death and dying within the community.¹⁵ This focus on compassion allows for adaptability into each new situation that arises.

According to Buddhist teachings, humans are innately compassionate beings (Keown, 2005, p. 13).¹⁶ An informant who is an established member in the community stated that, “what you get in terms of compassion in any given circumstance has to do with context.”¹⁷ Compassion develops when individuals fully understand how personal suffering is created and they internalise the fact that everyone is interconnected. Individuals begin to realise that their personal situation is not unique, but everything is slightly different through the context of what is happening. When an individual truly understands this fact, internal compassion develops (Mitchell, 2008, p. 37). According to an informant with experience as a funeral director, actualising the human potential for compassion will help all accept suffering and eventually escape the cycle of rebirth.¹⁸

As compassion is understood to be one of the fundamental aspects of being human in the Shambhala tradition, this teaching is integral to the decisions regarding proper action of people. When examining death and dying (and specifically euthanasia, as will be done in Chapter Three) from a Buddhist perspective the motivation behind each action is extremely important. If the act is carried out with mal intent then the action will result in negative karma (see Post-Mortem Rituals below for an expanded discussion on karma). Alternatively, if an action is carried out to truly benefit the dying individual then

¹⁵ Personal communication, May 30, 2013

¹⁶ Personal communication, November 26, 2010

¹⁷ Personal communication, March 19, 2013

¹⁸ Personal communication, November 26, 2010

the action may bring about neutral or positive karma for all individuals involved. Genuine compassion is essential for understanding whether or not each action is worthwhile from a Shambhala Buddhist perspective.

From the emphasis on compassion arises the Buddhist focus on non-violence. The principle of non-violence condemns all acts of unwarranted violence and excessive force. The principle of non-violence gained notoriety during the reign of King Asoka who decided to rule and spread his empire while leading his people through example. He used non-violent methods, rather than rule by fear, to gain the support of his subjects (Mitchell, 2008, p. 72).

The principle of non-violence is a position against taking another's life according to Shambhala practitioners.¹⁹ However, there are many nuances to this principle. A former leader in the Shambhala community stated, "the idea in Buddhism that, you would never take a life, extends from the basic literal teaching [of] not causing harm too others."²⁰ It is one of the most important teachings in Buddhism, as acting violently only creates more suffering. Additionally, non-violence is not to be confused with pacifism (Fleischman, n.d.). There are many circumstantial elements that can be interpreted in various ways to determine what constitutes a violent or non-violent action. For example, it was also noted by this informant that keeping an individual alive against the individual's wishes can be interpreted as a violent act.²¹ On the surface, therefore, the principle of non-violence may seem basic, but acting non-violently becomes extremely

¹⁹ Personal communication, November 26, 2010; personal communication, June 18, 2013, personal communication, August 29, 2013

²⁰ Personal communication, March 19, 2013

²¹ Personal communication, March 19, 2013

convoluted in the context of death and dying. However, this focus on acting with non-violence within Buddhism arises out of a desire to spread compassion.

Ann Cason's (n.d.) experience caring for Ruth was also grounded in acting with compassion. This story, which was discussed by one informant, demonstrates additional teachings in Shambhala related to death and dying.²² Ruth had cancer which relapsed, and Ann was part of Ruth's care team as she had worked in end-of-life care for over 30 years (Caston, n.d., p. 1). Ruth avoided talking about her cancer. According to Ann, "to her [Ruth], death was a failure... [and] Ruth, like many others who would feel the life force weaken, felt diminished and pushed aside.... she didn't want to think about it. She finally had to relate, though, as practical issues pointed the way" (Caston, n.d., p. 2). Ruth was the head of Practice and Study at Karmê-Chöling, but let go of her duties due to her failing health. However, she could not stop herself from participating in all activities and continued to help prepare flyers for as long as she was physically capable (Caston, n.d., p. 3-4). As Ruth grew weaker, she became bedridden, and chairs were put in her room for community members to meditate around her (Caston, n.d., p. 4-5). Finally, Ann recalls how "Ruthie died so peacefully, with such deep quiet, that other meditators did not even know she had died" (Caston, n.d., p. 6).²³

Ruth's story is an example of many teachings and practices regarding death in Shambhala. The first of which is a focus on palliative care. Palliative care is a type of end-of-life care, which focuses on maintaining the quality of life for terminally ill patients (CVH Team, 2014). The practice of palliative care has been gaining prevalence

²² Personal communication, May 30, 2013

²³ For the full *Caring for Ruthie* story see

http://www.shambhala.org/community/aging/Caring_for_Ruthie.pdf .

in North America since the 1970s. Scholars like Kübler-Ross demonstrate the importance of helping individuals accept and prepare for death (Kübler-Ross, 1981). Main concerns in palliative care include emotional and spiritual support, needs of patients and their families, and maintaining patient dignity (CVH Team, 2014). This emphasis on adding a terminally ill individual through the process of dying is demonstrated in *Caring for Ruthie* through Ann's 30 years of experience in end-of-life care.

Additionally, Sogyal Rinpoche, a Tibetan Buddhist monk who created the Rigpa Fellowship and published multiple works on death and dying, highlights the need for Western practitioners of Tibetan Buddhism to engage in issues of end-of-life care (Contemplative end-of-life care: A Naropa certificate, 2005). Although he is not a Shambhala Buddhist, Sogyal Rinpoche is seen as an authority figure in the Shambhala community. He has worked alongside multiple Shambhala Acharyas (very high Shambhala instructors on religious and spiritual matters) and many of his works are used as guidance books for Shambhala Buddhists (i.e., *The Tibetan Book of Living and Dying*, 2002). He encourages work on palliative care as acts of compassion.

Although Shambhala International is not officially associated with a particular palliative care program, palliative work is a profession easily connected with Buddhist spirituality (specifically the emphasis on compassion within the community). Many Acharyas and other members of the community have been involved with palliative care (Judith Lief, 2013; Fleet Maull, 2013; Mitchell M. Levy, 2013; Emily Bower, 2013; Eric Spiegel, 2013). Additionally, this has led to the development of the End-of-life Care Certificate offered at Naropa University, the Shambhala Buddhist university. This

certificate is available for any trained end-of-life care worker, and it unites teachings on compassion presented in *The Tibetan Book of Living and Dying* (see Post-Mortem Rituals below for more detail on this book) with modern palliative care techniques (Contemplative end-of-life care certificate program, 2013).

Ruth's end-of-life care, of which Ann was a part, exemplifies the Shambhala Buddhist focus on interdependence. Buddhists believe that everything exists within a cause and effect relationship and nothing arises or occurs on its own. The "Buddhist doctrine of Pratityasamutpada (doctrine of dependent origination), shows that individual betterment and perfection on the one hand and social good on the other, are fundamentally interrelated and interdependent" (Puri, 2006, p. 2). This interdependence can be seen in all aspects of life such as a child depending on a mother for sustenance, humans depending on trees for food and shelter, and individuals depending on communities for support.

This modernist understanding of interdependence, influences the Shambhala community when contemplating death and dying. Ruth depended on her care team to help her live the last days of her life in peace. Moreover, the interdependence of all members of the community means that social roles must be adjusted when members pass away. This happened for Ruth as she let another member take over her position as head of practice and study.

Understanding suffering is also essential in Buddhist perspectives of death and dying. This position is not a unique Shambhala interpretation of suffering, and it has been a central teaching through the history of Buddhism. Suffering is seen in Ruth's story

physically through her battle with cancer, and it is also seen mentally through her unwillingness to talk about her disease. Buddhists understand suffering to be a fundamental state of life, in which all sentient beings need to stop engaging in order to become enlightened. A member of the Shambhala community noted that this is unlike suffering as understood through many different Christian traditions, where suffering is a religious experiences bringing the followers closer to their God.²⁴ The Four Noble Truths define the Buddhist understanding of suffering.

The First Noble Truth is that life is suffering. The Second Noble Truth is that suffering is caused by individuals' attachments to the impermanent. Buddhists believe that everything in this world is impermanent and that the world constantly changes. Many people suffer because they remain attached to things that are impermanent, such as health, finances, and loved ones. The Third Noble Truth is that there is hope for humanity as it is possible to transcend suffering and reach enlightenment. It means that there is a method for ending personal suffering, and it is through following the Fourth Noble Truth: the eightfold path. The eightfold path delineates how individuals who follow the right mind, right conduct, and right livelihood will eventually be able to rid themselves of suffering and attain enlightenment (Mitchell, 2008, p. 45-64). The Four Noble Truths is a teaching of hope. It shows practitioners that although they currently suffer, there is still a way to stop allowing suffering to control their lives.

Practitioners stay on the path outlined in the Fourth Noble Truth by following the middle way. The middle way is a way of living that was emphasised by the Buddha. During the Buddha's childhood he lived a life of luxury and he later relinquished all of

²⁴ Personal communication, November 15, 2010

his worldly comforts to life as an ascetic. However, neither of these two was spiritually fulfilling. The path that the Buddha took to balance these two extremes was called the middle way (Mitchell, 2008, p. 17).

This emphasis on a balanced approach to living permeates many aspects of Shambhala Buddhism, including death. For example, Ruth did not actively seek death nor did she actively try to prevent her own death. Based on the experiences of the funeral director from the Shambhala community, practitioners are taught to approach death with compassion.²⁵ Shambhala members are not encouraged to work with death in such an extreme manner that they would want to end their life early; however, members are also not encouraged to keep a fear of death and stay attached to this life. Thus, leaders in the community encourage members to approach death through a middle way.

Practitioners are also encouraged to work with death through meditation. Meditation is a fundamental practice upon which Shambhala Buddhism was founded, and this practice is also used as a tool for members of the community to prepare for death and dying.²⁶ When Ruth was dying and after she had died, members of the community meditated in the room with her as a way to become closer to death. Additionally, Shambhala members use meditation as a daily practice to accept the inevitability of death.

The “basic form of meditation is concerned with trying to see what is” (Trungpa, 1996, p. 60). It is an attempt to let the conscious mind rest, and train the mind to be

²⁵ Personal communication, November 26, 2010

²⁶ It is important to note that this emphasis on meditation is a modernist reconstruction of Buddhism and was not traditionally a prominent Buddhist practice. Additionally, there is an increasing emphasis on individualism and individual autonomy in the Shambhala tradition, which is a distinctly western position that has been adapted into Buddhist traditions (McMahan, 2008).

receptive to the outside world. In order to do so, members are taught in the Shambhala community to focus on the breath. (Trungpa, 1996, p. 61). Shambhala Buddhists use the breath as a tool in meditation to focus on impermanence and letting go of attachments to impermanence. Each breath is seen as a mini-death where one lets go of the past breath in order to be able to accept the current breath. The constant reminder of letting go of the breath, which meditation brings, aids practitioners in letting go of attachment.

There are two other forms of meditation used in Shambhala when a member of the community is dying. The first form of meditation is *tonglen* meditation. This form of meditation focuses on “the practice of taking in the suffering of others and giving out the goodness within ourselves” (Holecek, 2013, p. 28). With this meditation, practitioners are encouraged to think of how fortunate they are by placing the suffering of this individual death in the context of dying occurring across the world. When practitioners open their minds to consider how their personal suffering is not unique, they can begin to fully accept the death as they allow themselves to relax their attachment to the dying.

The second form of meditation used when someone is dying in Shambhala is *phowa*. Only one informant, who is a leader in the community, mentioned that this practice could be useful for some to prepare for death, but this practice is only used by advanced practitioners as it can be incredibly difficult for less advanced practitioners to achieve.²⁷ In its most basic sense, this form of meditation is a voluntary practice of projecting the consciousness outside of the body (Holecek, 2013, p. 54; Hookham, 2006, p. 127-128). This projection of the consciousness outside the body is unique, as most other forms of meditation taught in Shambhala primarily focus on the breath. Thus,

²⁷ Personal communication, September 3, 2013

phowa becomes an excellent practice in preparing individuals to let go of the body at the time of death, allowing them to begin gaining comfort in having a reference point for the consciousness without attachments to the body.

Meditation is used in Shambhala to aid practitioners in working with the consciousness, accepting suffering, dealing with impermanence, and preparing for death. Meditating helps practitioners develop skills to let go of attachments, and this practice also works as a reminder that everything will eventually die, just like the breath. Ruth was surrounded by meditators when she passed away. Meditation is essential for working with death and dying in the Shambhala tradition to the point that this practice has been integrated into communal rituals surrounding death.

Post-mortem rituals: Experiences of a Shambhala funeral director

Funeral rites are still evolving in Shambhala, but current practices provide an essential understanding of how the community approaches death and dying. Funerals serve many functions, such as helping survivors accept that death is a reality and allowing the community to reorganise roles now that the deceased member will not be able to fulfill his or her communal roles anymore (van Gennep, 1960).

Funerals in the Shambhala tradition started as rituals loosely based on Tibetan Buddhist funeral rites Chögyam Trungpa experienced growing up.²⁸ However, these rites had to be adapted to meet legal requirements of various provinces and states, as well as the limited Buddhist knowledge of practitioners who were raised in a Western society. For example, disposal of a corpse through funeral pyre had to be adapted to burning in a

²⁸ Personal communication, November 26, 2010

cremation chamber because of legal regulations in North America. Additionally, perspectives on death were also challenged as all signs of death are typically sanitised from a Westerner's daily life, whereas death is something to be embraced from a Buddhist perspective with its potential to be used as a tool to attain enlightenment (Fendert, 2012).

Until recently, the main form of funeral in Shambhala was the *Sukhavati*. Based on the experience of a previous funeral director in the community, for the Sukhavati ritual, the funeral space is set up with the deceased's favourite foods on the altar.²⁹ The body is kept where the individual died and community members take turns meditating around the body until rigor mortis begins to dissipate, as seen in the story *Caring for Ruthie*. After rigor mortis subsides, the body is placed in the shrine room with the head closest to the altar. If cremation had already taken place, the urn is on the altar. The Sukhavati then begins with meditation. It is followed by a few words regarding the deceased in particular and death in general from the officiant. The informant noted that the speech is typically grounded in discussions about rebirth, karma, compassion, and can contain references to a *Tibetan Book of the Dead*, but the depth of the explanation depends on how familiar the audience is with Shambhala teachings.³⁰ When the officiant has finished, audience members are invited to speak. After speeches, everyone meditates

²⁹ Personal communications, November 26, 2010

³⁰ Personal communication, November 26, 2010

for ten to twenty minutes. This is followed by the officiant lighting a small picture of the deceased on fire,³¹ and the Sukhavati ends when the fire burns out.³²

This ritual was adapted into the *Shing Kam* funeral ritual, a specific Shambhala funeral ritual, in 2011 (Sakyong offers Shambhala a funeral, 2011). According to one member, community members may choose to have a Sukhavati ritual, but if they have not specified their preference by the time they die, they are given the new Shambhala funeral.³³ This ritual takes place in a Shambhala Centre shrine room like the Sukhavati ceremony. However, this informant elaborated on the newer funeral ritual, as specific speeches must be given and specific mantras must be repeated at predetermined intervals to aid the deceased in reaching the Pure Land of Amita Buddha. Meditation still takes place, and all members recited various mantras. Audience members are also allowed to speak about the deceased, but the time for this section in the newer funeral ritual is limited. Further, the image of the deceased is still lit, but this is followed by more recitations of mantras. Arrangements of the body have remained the same in this updated ritual; however, a Shambhala flag is placed over the corpse to help define this mortuary rite as a more religiously Shambhala ritual.³⁴

Based on the experiences of the Shambhala funeral director, members of the Shambhala community arrange most aspects of the mortuary rites, and funeral directors outside of the community are only contacted to move and later cremate the body.³⁵ This

³¹ This picture is attached to a stick and then placed in the middle of a small bowl of either sand or rice (which works to prevent the burning picture from becoming a fire hazard). The burning of this picture symbolises burning the corpse on the funeral pyre.

³² Personal communication, November 26, 2010

³³ Personal communication, October 1, 2013

³⁴ Personal communication, October 1, 2013

³⁵ Personal communication, November 26, 2010

involvement shows how important it is for members of the community to begin to work with death, as each member will eventually personally experience death. Death and dying are not only viewed as natural, but community members are encouraged to accept impermanence of the body, let go of attachments, and train their minds so that they can use their own death as a tool to become enlightened rather than continue in the cycle of rebirth.

Rebirth is one of the major teachings, which the funeral director noted as being a typical discussion topic, seen in the opening remarks by the officiant at Shambhala funerals.³⁶ The belief in rebirth is fundamental as it deals directly with death and dying. Buddhists understand life as a cyclical process where, at its most basic level, individuals are born again after they die. According to the funeral director, there is a cyclical process of dying and being reborn until all karma generated is worked through (Mitchell, 2008, p. 42-43).³⁷ Another informant noted that this cyclical process of death and birth is akin to reincarnation. However, the term reincarnation implies that there is a tangible entity, such as an ego or soul, and thus, most Shambhala members prefer the term rebirth.³⁸ Because the aim of Buddhists is to cease going through a cycle of death and rebirth, death is viewed as a very important moment for the possibility of achieving enlightenment and influencing subsequent rebirths. The Shambhala funeral director explained how the state of mind at which one dies is an influential indicator for subsequent rebirths in Shambhala

³⁶ Personal communication, November 26, 2013

³⁷ Personal communication, November 26, 2010

³⁸ Personal communication, November 15, 2010; personal communication, November 26, 2010; personal communication June 18, 2013

Buddhism (Klein, 1998, p. 55).³⁹ If one dies in a depressed state of mind then that negatively impacts the next rebirth, and if one dies in a state of mind which accepts death then that positively impacts the next rebirth.

In the Shambhala tradition, there are six bardos in the process of life, death, and rebirth. Dzogchen Ponlop (2008) introduces the bardo teachings as the experience of the present moment (p. 10). “Bardo in a literal sense means ‘interval’; it can also be translated as ‘intermediate’ or ‘in-between’ state. Thus, we can say that whenever we are in between two moments, we are in a bardo state” (Ponlop, 2008, p. 10). It is a moment of *nowness* where an individual momentarily sees through the illusions of this world into achieving a moment of enlightenment (Ponlop, 2008, p. 10-21).

The first three bardos involve life and are the bardo of life, dreams, and meditation. The remaining three involve the experiences from death to rebirth. The bardo of death is fourth and encompasses the process of death from the moment a person stops breathing until the moment their consciousness leaves the body. The Shambhala member with experience as a funeral director in the community explained how this is the most important bardo for funerals, because in this bardo an individual has the most potential to become enlightened (Ponlop, 2008, p. 119-160).⁴⁰ The final two bardos are that of dharmata (the bardo from death until birth) and becoming (the bardo of being born) (Ponlop, 2008, p. 161-236). Each stage of the bardo experience is a moment where all individual have the opportunity to see the suffering in the world as it is and cease their cycle of reincarnation. Ponlop (2008) explains that these six bardo stages are essential in

³⁹ Personal communication, November 26, 2010

⁴⁰ Personal communication, November 26, 2010

developing a foundation for the Shambhala worldview on death and dying because, “from this perspective, what we call ‘life’ and ‘death’ are simply concepts – relative designations that are attributed to a continuous state of being, an indestructible awareness that is birthless and deathless.... [and] mind endures all transitions and transcends all boundaries created by dualistic thought” (p. 11). Thus, the understanding of the bardo experience is used as a tool for Buddhist practitioners to develop awareness of their personal suffering.

The Shambhala understanding of the bardo experience is fundamentally attached to their understanding of rebirth, as the six bardos are just a further breakdown of the process of life death, and rebirth. The previous funeral director explained how in funerals they “don’t necessarily go into the kind of explanation..., even when the audience is mixed with Buddhists and non-Buddhists. What we will say, generally, is that it is not the ego that is reborn; there is something that carries on.”⁴¹ However, the cycle of bardos and subsequent rebirths is important to understand from a Buddhist perspective, as it is understood that individuals cannot escape this cycle until they have worked through all of their personal karma.

Karma is the cause and effect of every individual action. It is the wave of responses to every deed each individual willfully enacts (Mitchell, 2008, p. 42-45; Watts, 2009). The Shambhala funeral director explained how “whatever suffering an individual is going through is due to causes and conditions [from the karma he or she has generated].”⁴² Karma acts like a scale in that it does not offer judgement, but that it is

⁴¹ Personal communication, November 26, 2010

⁴² Personal communication, March 19 2013

exclusively a reactionary force. Karma can thus be positive, negative, or neutral. However, it also acts like the ripple effect of a stone dropped into a very small glass of water where the waves keep bouncing back and forth from the edges of the glass. The metaphor of the rippling wave effect of karma also demonstrates the key difference between the Buddhist view of karma and Hindu view of karma. Essentially, Buddhist understandings of karma teach that the reactions of karma will eventually cease, whereas Hindu teachings describe karma as never ending (Watts, 2009, p. 3-10). Individuals are capable, in the Buddhist tradition, to stop producing negative actions and work towards ridding oneself of karma. This will in turn cease the cycle of death and rebirth and allow the individual to attain enlightenment.

The funeral director informant explained how a *Tibetan Book of the Dead* can also be used in funerals, but it is only used if the deceased had a thorough knowledge of one version of that book.⁴³ *The Tibetan Book of the Dead* is a type of book that provides a collection of spiritual guidance for living a proper life and preparing for death. Based on the experience of the Shambhala funeral director, this source is not always useful for all practitioners (unlike the other death related teachings and practices).⁴⁴ In the internal Shambhala document *Death and Dying* only accessible by community members, it is stated that “reading the text of *The Tibetan Book of the Dead* aloud to the deceased is probably not helpful unless you fully understand the text and related practices and can relay it in your own words” (The Shambhala Centre, 2011, p. 4-5).

⁴³ Personal communication, November 26, 2010

⁴⁴ Personal communication, November 26, 2010

Walter Evans-Wentz originally translated this book as one text that documents a specific community's ritual procedures and understanding of death (Baldock, 2009; Gouin, 2010, p. 21-23; Mitchell, 2008, p. 368). Since Evans-Wentz published his *Tibetan Book of the Dead* in the West, it has been commonly understood to be the only book for Tibetan Buddhist spiritual guidance for the dying. Instead, it is just one book from a category of over 100 such books and there are multiple variations of Tibetan Buddhist spiritual guidance texts regarding death and dying (Gouin, 2010, p. 22). Each book varies based on the community in which it was created, and most offer ineffective spiritual guidance for Western practitioners of Buddhism. The Shambhala funeral director stated that, "generally, [reading a *Tibetan Book of the Dead*] has not been done for Western students because they haven't spent that much of their life in meditative practices that are referred to... in the text. So it's not necessarily [going to] matter. What they need is whatever is going to encourage that sense of letting go and peace."⁴⁵ This informant continued through explaining that this book is only used in Shambhala mortuary practices when the dying practitioner has extensive experience in practicing Buddhism but "[Chögyam Trungpa] did not advise us [his followers] to read the *Tibetan Book of the Dead*."⁴⁶

Summary:

Although Shambhala is relatively new as a religious tradition, it has deep historical roots. Chögyam Trungpa Rinpoche created Shambhala International, which was originally named Vajradhatu International. Chögyam Trungpa was raised in the

⁴⁵ Personal communication, November 26, 2010

⁴⁶ Personal communication, November 26, 2010

Kagyü lineage of Tibetan Buddhism but also had extensive education in various aspects of other Buddhist traditions. The teachings and practices laid out by Chögyam Trungpa provide Shambhala practitioners a method for beginning to work with issues related to death and dying within the community.

Engaging in the dying process is an excellent opportunity for personal growth from a Shambhala perspective. There are two main themes for working with death and dying on which community members should focus. First, members are encouraged to accept the reality of death while alive. This is explicitly seen through the Shambhala Working Group on Aging and in the story *Caring for Ruthie*. Second, as demonstrated by the Shambhala funeral director, death “doesn’t have to become the basis for fear and panic.”⁴⁷ Overall, foundational Buddhist teachings are used to provide a basis for community members to begin to approach the issue of death within the Shambhala community. These teachings include rebirth, suffering, interdependence, non-violence, the middle way, and karma. Advanced practitioners may use different versions of the *Tibetan Book of the Dead* to mentally prepare for death, but it is not commonly consulted. Practicing meditation helps members cultivate compassion, and in all practices members are encouraged to engage with the dying and others affected by death from a position of compassion.

Together, the history, teachings, and practices regarding death and dying in Shambhala lay the foundation to explore how death is approached from a Shambhala Buddhist worldview. This chapter covers how death in Shambhala is regarded as a reality that is best to accept now rather than continually repress and deny. Additionally, there is

⁴⁷ Personal communication, November 26, 2010

no overall standard on what is and is not acceptable for dying in the community beyond the emphasis placed on acting with compassion. However, this precedence of compassion still allows for a significant amount of room for interpreting what are acceptable death related practices. This issue of interpretation only becomes more explicit when emotionally and politically sensitive topics arise. These teachings that are used to create a Shambhala view on death inform communal positions on euthanasia. The following chapter will examine how Shambhala Buddhist worldviews develop from various interpretations of the same teachings when the issue of euthanasia arises. It will explore the two main Shambhala Buddhist perspectives on euthanasia, the institutional and non-institutional, which is centered on the issue of understanding what is compassionate action.

Chapter Three: Euthanasia in Shambhala

As demonstrated in previous chapters, euthanasia is an emotional issue with multiple positions both supporting and refuting the practice. Additionally, members of the Shambhala Buddhist community are engaged in issues of death and dying through the Shambhala Working Group on Aging, palliative care, and participating in funerals. With this communal background in death and dying, Shambhala Buddhists can offer another perspective on the issue of euthanasia.

Two distinct positions on euthanasia – an institutional and a non-institutional – are seen within the Shambhala community, yet there is much overlap in how these positions are formed. The two positions depend on how teachings of the tradition are being interpreted. The main teachings regarding euthanasia include compassion, suffering, non-violence, karma, and interdependence, and they are interpreted through medical ethics, alternatives, autonomy, and pragmatic arguments.

This chapter will detail how Shambhala teachings are interpreted through various arguments to support both the institutional and non-institutional positions in the community. It will then establish how a middle way between the two extremes is demonstrated by community members though focusing on commonalities between the two views. This is done to articulate what the Shambhala Buddhist tradition has to offer to current Canadian euthanasia debates.

Institutional Position:

The closest to an institutional policy on euthanasia is articulated in the manual *Death and Dying*, an internal document that all Shambhala members can access. Chögyam Trungpa did not leave any overreaching standards for working with death and dying, and this manual “is a compendium of what several of the Vidyadhara’s [Chögyam Trungpa’s] students understand to have been his instructions over the course of many deaths of sangha members” (The Shambhala Centre, 2011, p. 2). According to an established member in the community, “from the point of view of policy... there really won’t be many surprises; they [the Shambhala Buddhist leadership] will not support [euthanasia] in policy.”⁴⁸ The assisted suicide and euthanasia policy in the Shambhala *Death and Dying* manual is: “it is difficult to offer any clear definition of the buddhist [sic] view of it. It is important that we have the intention to help the dying person, and work with the situation with that attitude.... good pain management and palliative care can... [facilitate] a pain-free and dignified death” (The Shambhala Centre, 2011, p. 9). This is furthered in the manual through the understanding that “many people who have worked with the terminally ill have seen remarkable transformations in people when they actually click to having the opportunity of witnessing their own death.... [and] there are still times when you would be conscious enough to be present with your illness. That becomes a very powerful opportunity to deal with your own karma” (The Shambhala Centre, 2011, p. 9). This position is further articulated by leaders within the Shambhala

⁴⁸ Personal communication, March 19, 2013

community, and it is predominantly expressed when individuals are speaking or interpreting teachings on behalf of the entire tradition.

The institutional position is developed and supported through three main streams of thought. The first main support for the institutional position against euthanasia is a distinct religious position through interpreting Buddhist teachings. This position is further supported by arguments drawn from medical ethics. The institutional position is then reinforced by arguments in favour of various alternatives to euthanasia, such as palliative care. Together, these three arguments are used to support an institutional Shambhala position against euthanasia.

Institutional position: Shambhala teachings

Many Buddhist teachings are used, and selectively interpreted, to support the institutional Shambhala position, which is firmly against the practice of euthanasia. A Shambhala member with previous leadership experience noted that “the whole idea of euthanasia, that someone would voluntarily decide that they would want to end their life early, first of all that is very questionable from a Buddhist point of view.”⁴⁹ According to another member with leadership experience, Buddhists in general,

don't believe mind comes out of matter, so based on that idea that nothing is lost and nothing is created, the body goes back into compost or whatever and... the mental stream continues even through the body dies... So, if you do kill yourself then you may get rid of that body that's [a] problem in the case of someone who suffers physically, or you may get rid of that existence that's painful in the case of someone who commits suicide because they're unhappy, but then you're left with the killer and that

⁴⁹ Personal communication, March 19, 2013

whole vicious circle [of death and rebirth] gets more intense. (personal communications, September 3, 2013)⁵⁰

The implications on reincarnation and many other teachings seem too important to ignore when contemplating euthanasia from an institutional Shambhala Buddhist perspective. Officially, teachings on interdependence, non-violence, karma, and compassion are used and interpreted to outweigh similar teachings on suffering.

Because of how interconnected everything is presumed to be, there is a strong emphasis in the Shambhala tradition on developing community. A current leader explained how “a lot of focus in our community is on creating a community in society, because alone you might feel like things are unbearable, but with other people you actually have a lot of ability to adjust.”⁵¹ With the help of others, individuals are able to endure more than they would by themselves. This can be as mundane as relying on public transit to keep a set schedule in order to make it to work on time, but it also involves confiding in others and seeking support whenever needed. As the Shambhala tradition is comprised of only a small percentage of local populations, maintaining a strong sense of belongingness is extremely important so that members will never feel alone. This is especially the case if someone is contemplating something as drastic as euthanasia.

Further, according to a Shambhala leader, there is some common ground between Shambhala Buddhism and various other views from religious traditions against euthanasia, as it is argued that “the human condition is precious.”⁵² Although Buddhists believe in reincarnation, being given a human rebirth is still considered a gift. The

⁵⁰ Personal communication, September 3, 2013

⁵¹ Personal communication, August 29, 2013

⁵² Personal communication, September 3, 2013

member with funeral directing experience noted how “the chances of getting a human rebirth, [are]... like the chances of a turtle coming up in the ocean and finding itself in a fisherman’s noose.”⁵³ Having a human birth is ideal because it is the easiest state to work through karma to eventually gain enlightenment.

Thus, being human is a rare opportunity that should not be wasted. The member with previous leadership experience argued that from a Buddhist point of view “basically, even though you get sick and it’s painful, there’s a lot of freedom with it [human life] where you can sit in meditation [and] squirrels cannot.... this body, this life is more important, it’s sacred.... It’s even more than that; it’s actually to be venerated.”⁵⁴ Engaging in euthanasia practices can be viewed as wasting human life because it is shortening the time span in which the individual has to work through his or her negative karma.

Understanding how to avoid continuing to create negative karma is a key part of the institutional position against euthanasia. The member with current leadership experience explained that in Shambhala “the basic view is that the world is sacred and the less aggressive you can be toward the world the better. So obviously, taking a life, even if it is out of greatest compassion, has to be done with tremendous soul searching, in lack of a non-soul word.”⁵⁵ Thus, teachings on non-violence maintain precedence over acting out of compassion to alleviate suffering, since euthanising someone, even doing so with compassion, has too much potential for creating even greater suffering through negative future karma for all individuals involved.

⁵³ Personal communication, November 26, 2010

⁵⁴ Personal communication, September 3, 2013

⁵⁵ Personal communication, August 29, 2013

Additionally, euthanasia is discouraged because of how interconnected everything and everyone are believed to be. One person's karma is intertwined with that of many others.⁵⁶ The decision to be euthanised affects relatives, caretakers, and the larger community, not just the individual who wishes to die. A leader emphasised how the karma of a person being euthanised is so interconnected with others that the karma of the act will be shared with anyone who does not explicitly discourage the person from wanting to be euthanised.⁵⁷

From an institutional Shambhala perspective, the karmic consequences of euthanising someone outweigh any argument from suffering or compassion. Neither karma nor suffering can be escaped. A previous community leader discussed how “whatever suffering an individual is going through, it is due to causes and conditions... it is better for the person to exhaust their karma, so that they don't have to have that suffering, necessarily, when they come again.”⁵⁸ In this context the belief is that the suffering of those who want to be euthanised was brought about because of the negative karma they accumulated in their past. The only way to become enlightened is to work through all collected karma and find a way to accept suffering.

Allowing and helping suffering individuals to work through their karma is viewed as the most compassionate way of acting from the institutional Shambhala perspective. A previous leader emphasised how “it's extremely difficult for ordinary people to grasp or really accept that suffering such as it is, is just karma unfolding, and this sounds almost

⁵⁶ Personal communication, March 19, 2013; personal communication, August 20, 2013; personal communication August 29, 2013

⁵⁷ Personal communication, March 19, 2013

⁵⁸ Personal communication, March 19, 2013

heartless.”⁵⁹ However, helping others to work through their karma instead of helping them postpone dealing with it is viewed as the compassionate way of acting from the institutional Shambhala view.

Overall, the karmic implications are the most important religious factors from the institutional Shambhala position on euthanasia. The previous leader noted that “what Buddhists add to that discussion is understanding karma, and I don’t mean that intellectually. It’s actually awareness and direct relationship with the pain and suffering. If one can use the circumstances to look directly at the pain,... then one is beginning to purify one’s conditions.”⁶⁰ Additionally, from the institutional Shambhala view, everything is interconnected, and non-violence and compassion trump any argument from the perspective of suffering. From this position, euthanasia is not to be encouraged because of the possibility for too many negative implications.

Institutional position: Medical ethics and alternatives arguments

When discussing euthanasia from an institutional Shambhala perspective the medical ethics and alternatives arguments against euthanasia, as outlined in Chapter One, are used in conjunction with the Buddhist teachings to further support the view that euthanasia should continue to be discouraged. The teachings on interdependence, karma, non-violence, and compassion are used as a foundation to integrate overall secular medical and alternatives ethical positions against euthanasia. Together the arguments and teachings, raised by members speaking on behalf of the tradition, define how and why euthanasia is deemed inappropriate from an institutional Shambhala perspective.

⁵⁹ Personal communication, March 19, 2013

⁶⁰ Personal communication, March 19, 2013

Because everyone is interconnected, one's desire to be euthanised will impact the life of many others. As noted by a current leader, the decisions of a patient impact the physician.⁶¹ When contemplating euthanasia it was argued by this leader that there must be "a proper balance between the person's wishes, the laws of the land, the family's wishes, and the ethics of all three groups, because the professional person may have completely different ethics [than the individual seeking death]."⁶² The act of euthanising a person cannot be done on its own, in a void, or without any impact on others. Thus, the karma of the action will influence the future lives of all involved, not just the individual wishing to be euthanised. From the institutional Shambhala view, euthanasia is too risky. The goal for Shambhala followers is to become enlightened and cease going through the cycles of death and rebirth. However, euthanising someone or being euthanised would only cause that cycle to be extended in order for the affected individuals to have time to work through that newly generated karma.

The main issue from this perspective is that there will be too many negative karmic consequences that doctors and medical staff would have to endure if euthanasia were to be legalised. The current leader explained how "the physician is a moral agent who serves a role in ethical decision making processes. Therefore, his or her values and standards must be respected."⁶³ The main roles of physicians are to protect and to preserve human life, not destroy it. Allowing euthanasia to take place would force doctors in the middle of an issue that they should not have to personally reconcile. Each

⁶¹ Personal communication, August 29, 2013

⁶² Personal communication, August 29, 2013

⁶³ Personal communication, August 29, 2013

medical professional must abide by the laws of the land, but legalising euthanasia can easily conflict with personal ethics regarding not taking a life.

Additionally, it was argued by the current leader that those requesting euthanasia are most often in a conflicted state of mind and would not normally want to be euthanised. This informant stated that, “requests for physician assisted suicide typically reflect the outcry for help resulting from un-identified problems.”⁶⁴ It is more prudent to get to the root of these problems and deal with overall cause rather than euthanise someone as part of a treatment for symptoms.

Helping individuals accept their suffering is viewed as the most compassionate form of acting from the institutional Shambhala position. As the current leader explained, “what you think you can’t accept today you can accept tomorrow.”⁶⁵ One of the fundamental tenants of Buddhism is that this world is suffering. Thus, practitioners are encouraged to find a way to accept their suffering, rather than use euthanasia as an escape.

Further, the emphasis on non-violence is integrated into the institutional Shambhala argument against euthanasia. As explained by a previous leader in the community “in general terms, Buddhists would not support euthanasia because of the idea of not causing any harm.... So, if the person is still alive you wouldn’t shorten their life. Even on the circumstance that they have some terminal painful condition.”⁶⁶ Thus, euthanasia is not to be supported because individuals are supposed to avoid causing harm.

⁶⁴ Personal communication, August 29, 2013

⁶⁵ Personal communication, August 29, 2013

⁶⁶ Personal communication March 19, 2013

This includes physicians causing harm to patients through killing a patient, even if the purpose is to alleviate pain and suffering.

To support the emphasis on non-violence, Shambhala officials bring examples from comparable ethical topics of abortion and suicide. When contemplating euthanasia it was noted by a previous leader that “similar decisions were made by women who were questioning whether to have an abortion or not.”⁶⁷ Abortion, according to the informant, is “taking the life of another sentient being... so the classical teaching of Buddhism would be no, you would never do anything like that.”⁶⁸ A current leader explained how in the Shambhala community abortion is discouraged, but ultimately “it’s up to the mother.”⁶⁹ If abortion were to occur there would be too many negative karmic consequences arising from causing violence to another being.

However, there are institutionally sanctioned ways to mitigate the negative karma and suffering created by the violence of abortion. Because, according to a current leader, abortion is “fraught in Buddhism with such karma, that if someone decides to have an abortion then our teachers will give them practices to do to help alleviate any suffering that they might have taken on for having the abortion. They’re called ‘Purification practices’ and they’re basically reminders that you are inherently good.”⁷⁰ The practices allow for some of the negative karma to be mitigated hopefully to lessen some impact of the abortion.

⁶⁷ Personal communication, March 19, 2013

⁶⁸ Personal communication, March 19, 2013

⁶⁹ Personal communication, August 29, 2013

⁷⁰ Personal communication, August 29, 2013

Nevertheless, an informant explained how the sanction against suicide in the Shambhala Buddhist community is stronger than the emphasis against abortion.⁷¹ The current leader explained how suicide “almost without question is discouraged.”⁷² The informant argued that this is because suicide is “regarded as an aggressive act. Just as we don’t take any other’s life, we don’t take our own life. That is really reflective that you’re just taking yourself and your ego too furiously... which is so aggressive, it’s basically like killing your next-door neighbor because they annoy you.”⁷³ Moreover, because of the negative consequences of suicide, there are help groups within the Shambhala community for individuals contemplating their suicide.⁷⁴ There are too many negative consequences and conflicts with fundamental Buddhist teachings that suffering does not justify suicide.

The institutional Shambhala position also emphasises alternatives to euthanasia. In Shambhala the alternatives argument is primarily an emphasis on palliative care. As discussed in Chapter 2, Buddhist communities are leading palliative care movements across North America. Palliative care allows for practitioners to work through their accumulated karma and suffering without generating more negative suffering for themselves or others interconnected with the suffering. Because it does not create more negative karma and only helps rid negative karma for all individuals involved, the institutional Shambhala position argues that palliative care is most compassionate method of dealing with terminal illnesses.

⁷¹ Personal communication, September 3, 2013

⁷² Personal communication, August 29, 2013

⁷³ Personal communication, August 29, 2013

⁷⁴ Personal communication, August 29, 2013; personal communication, September 3, 2013

Palliative care is the closest instance to an institutional Shambhala acceptance of euthanasia. The member with previous leadership experience argued that, “if you really see yourself, you’re convinced and confident that there’s no point to this suffering any longer, then you might feel... [for] no medical intervention, basically palliative care.”⁷⁵ This emphasis on palliative care in Shambhala demonstrates the fine line between allowing a person to die when his or her body is no longer capable of functioning on its own, and helping a person die when his or her vital bodily functions are deteriorating. The current leader explained how “everyone has a natural lifespan, and that should be allowed and not interfered with if possible, That all goes into not extending the life if possible, by any means.”⁷⁶ Thus, they agree with not keeping a person alive through technological means if the dying individual does not seek to stay alive. However, from the institutional Shambhala position, actively taking a life through euthanasia remains a violent action with too many negative karmic implications for all involved with the suffering of the dying individual. Thus, this is not an acceptance of euthanasia. Palliative care is allowing a body to die, and helping the body die peacefully. For Shambhala practitioners, this enables members to work through the suffering generated from negative karma, develop positive karma, and not cause further negative karma for others when in the process of dying.

This argument for palliative care and medical ethics are used by Shambhala Buddhists with leadership experience in the tradition to support the position against euthanasia. Euthanasia is not institutional accepted within the Shambhala community as it

⁷⁵ Personal communication, March 19, 2013

⁷⁶ Personal communication, August 29, 2013

conflicts with too many teachings within the tradition. An emphasis on non-violence and interdependence take precedence over the suffering of the individual. The position is that too much negative karma would be created for the individual seeking death and all others involved, and this potential to generate negative karma outweighs the suffering of the individual. In order to lessen the karmic impacts, individuals should work through their suffering so as to have more neutral karma in future rebirths. This is argued to be the most compassionate way of acting because it encourages others to work through their karma instead of accumulating more. Thus, according to the institutional Shambhala position, euthanasia should never be encouraged as there are too many negative implications for all involved in the act and the alternative of palliative care is a more compassionate method for preparing to die.

Non-Institutional Position:

Although the institutional Shambhala position is against euthanasia, there is another position on the issue that arises from members within the community. This is a non-institutional position that all informants, regardless of whether or not they were part of Shambhala leadership, raised. When contemplating euthanasia from this view there is a range of positions from recognising that euthanasia can be acceptable from a religious Shambhala perspective, to outright acceptance of it and acknowledging that Shambhala practitioners have been euthanised. This opportunity for euthanasia is developed through personal insights and interpretations of the tradition by members of the Shambhala community. Thus according to a previous leader in the community, when considering

accepting euthanasia from a non-institutional view “the short answer is no, but the long answer is maybe.”⁷⁷

Akin to the institutional position, there are three main aspects of how the non-institutional argument in acceptance of euthanasia develops. First is a distinct religious position that arises out of re-interpreting major Buddhist teachings. This position is then supported through utilising the secular individual autonomy and pragmatic arguments in support of euthanasia. These three lines of thought are combined to support the non-institutional Shambhala position in favour of euthanasia.

Non-institutional position: Shambhala teachings

Practitioners of Shambhala select similar rationales as leaders, yet they weigh them differently to justify a non-institutional position in support of euthanasia. According to a current leader in Shambhala, “there are two core values, and one would be respect for life and the sacredness of our experience. The other would be desire to alleviate suffering. So obviously, this is such a pivotal issue because these two seem to collide.”⁷⁸ Other teachings are brought in to the discussion, including karma, interdependence, reincarnation, and compassion, to interpret which of these two values (respect for life and sacredness of experience) is most important to uphold when faced with euthanasia. Overall, the desire to alleviate suffering is determined more important from a non-institutional perspective than the sacredness of experience.

⁷⁷ Personal communication, March 19, 2013

⁷⁸ Personal communication, August 29, 2013

From the experience of a previous community leader, “what you get in terms of compassion and action in any given circumstance has to do with context.”⁷⁹ A member who has practiced Shambhala for less than ten years noted that “everything in Buddhism is internalised and personalised.”⁸⁰ This is because, according to a previous leader, Buddhist dogma “is not a defence of a particular set of beliefs.”⁸¹ A current leader noted that “actions themselves cannot ... [be] good or bad in the sense of virtuous or non-virtuous.”⁸² It is the context of the actions that dictates whether there will be a positive impact on karma or not. Thus, there can be no firm ruling on completely condoning or condemning euthanasia from a non-institutional interpretation.

Teachings are intended to be a general rule, but the teachings cannot be equally applied to all situations. The member with funeral directing experience explained that generally in Shambhala “you’re trying to create an atmosphere in which people can appreciate that death is a normal phenomenon and that people experience loss; it doesn’t have to become a basis for fear and panic.”⁸³ It was also argued by a current leader that in Shambhala “you would have to work with the intelligence of the actual individuals, because what might work for Peter might not work for Pauline.”⁸⁴ This contrasts the institutional position, which is completely against euthanasia. While certainly not unique to Buddhism as a religious worldview, this highlights the fact that the institutional rhetoric of the Shambhala leadership is not seen as immutable by the rest of practitioners.

⁷⁹ Personal communication, March 19, 2013

⁸⁰ Personal communication, August 20, 2013

⁸¹ Personal communication, March 19, 2013

⁸² Personal communication, September 3, 2013

⁸³ Personal communication, November 26, 2010

⁸⁴ Personal communication, August 29, 2013

When contemplating euthanasia from the non-institutional position, teachings on suffering take precedence over karma. The member with less than ten years of experience in the tradition explained that “to accept euthanasia you have to determine that there is no value in life and too much suffering.”⁸⁵ This was supported by a previous leader who emphasised that “from a Buddhist point of view we don’t want to mitigate suffering except in circumstances where it’s unnecessary and not helpful.”⁸⁶ Thus, an argument is made for euthanasia when suffering is determined excessive.

The non-institutional argument in favour of karma is stressed when the average person may have more karma to work through than he or she is capable of doing. The average person may have accumulated a significant amount of negative karma but is not prepared enough to deal with the entire amount of negative karma and associated suffering at once. If this is the case, then helping that person work through the suffering which he or she can currently bear is best. A member with palliative care experience argued that “euthanising someone can be the most compassionate thing to do.”⁸⁷ When someone is suffering unnecessarily then “there’s no need to drag it on; we will all die.”⁸⁸

Additionally, there is a possibility of sharing the karma of an action between all involved parties. According to a previous leader, it is possible to “share the karma of the person willing to make this decision [to be euthanised].”⁸⁹ This informant argued that sharing the karma of euthanasia depends on the teacher’s understanding of karma and “consequences of supporting it even to the level of saying it’s your decision as opposed

⁸⁵ Personal communication, August 20, 2013

⁸⁶ Personal communication, March 19, 2013

⁸⁷ Personal communication, May 30, 2013

⁸⁸ Personal communication, August 20, 2013

⁸⁹ Personal communication, March 19, 2013

to trying to prevent it.”⁹⁰ Thus, the karma of being euthanised can be shared between a teacher who has delved deeply into the Shambhala tradition and the individual seeking euthanasia if the teacher enables the individual seeking death to continue on that path. This would help lessen the negative karma for the person already going through so much suffering that he or she is considering being euthanised. This would happen either in contrast or conjunction with helping prolong the suffering and work through it in manageable life-long chunks.

The Buddhist belief in rebirth also lessens the impacts of euthanasia. This was noted as important by the member with funeral directing experience because death is not end; it is a necessary step before being reborn.”⁹¹ Because of rebirth, everyone will have another opportunity to work through accumulated karma and suffering in subsequent lives. There is less pressure, therefore, for practitioners to work through all collected karma in this life. Euthanasia allows Shambhala practitioners to go through their karma in manageable bits and experience the remaining effects of karma in future lifetimes.

With the non-institutional position, compassion takes precedence over teachings on non-violence. Based on the experience of a member with over 20 years of experience in Shambhala, “killing is usually negative, but if you kill out of compassion, genuine compassion, then it becomes a positive act.... If the person is giving up then it’s a negative state of mind, but... if it’s an act of courage and openheartedness then it becomes a positive thing.”⁹² Further, there are cases in this history of Buddhism where teachings on non-violence were less important than the compassion with which violent

⁹⁰ Personal communication, March 19, 2013

⁹¹ Personal communication, November 26, 2010

⁹² Personal communication, September 3, 2013

actions were taken, such as Tibetan Buddhist monks using self-immolation as a form of protest against the Chinese in Tibet.⁹³ If euthanasia is enacted in a compassionate and positive manner than negative karma will not be generated from engaging in it. There would be potential for positive karma to develop from helping the individual cease suffering in this life, and for the euthanised individual willing letting go of attachments to this life.

Therefore, from a non-institutional Shambhala view the same teachings as the institutional view are used, however, they are interpreted differently. Context is the most important aspect to consider when contemplating the appropriateness of euthanasia. Suffering and reincarnation take precedence over karma. Additionally, the karma of euthanising someone could be understood to be neutral or positive instead of always negative. The karma of euthanising someone can also be shared if the individual is not capable of working through all of his or her collected karma in this lifetime. Further, compassion is interpreted to take precedence over non-violence, as everything in the world is contextual and there are cases where acting compassionately may also be acting violently.

Non-institutional position: Individual autonomy and pragmatic argument

The two main euthanasia arguments used from the non-institutional view are the individual autonomy argument and pragmatic argument. Teachings on interdependence, suffering, compassion, and karma are interpreted to give support to the pre-established arguments of autonomy and pragmatic, which are previously discussed in Chapter One,

⁹³ Personal communication, March 19, 2013; personal communication, June 18, 2013; personal communication, August 29, 2013

to develop the overall combination of non-institutional Shambhala position in support of euthanasia.

From the non-institutional position, the implications of interdependence impact how euthanasia is interpreted. However, individual autonomy is stressed as equally important to interdependence. One informant with less than ten years of experience in the tradition explained that “you need to respect individual choices... [as euthanasia] might not be for you but there are so many people.”⁹⁴ One ultimate ruling either for or against euthanasia is not acceptable in every single case. The lawmakers, individuals seeking to be euthanised, and those who would aid the individual in being euthanised would still be interdependent and have their karma tied together. Although all are interdependent, that interdependence must also respect the individual. Not all physicians must engage in euthanasia, just as not all physicians must be anesthesiologists. Thus, the autonomy of one individual seeking to be euthanised will not infringe on the interdependence of doctors who do not want to be involved in the practice or have their karma attached to euthanasia.

Not allowing euthanasia to be practiced could create more negative karma for all involved than allowing it, as the decision to not allow euthanasia may create more unneeded suffering. It is argued by a previous Shambhala leader “that pain is useless and they [the individuals seeking to be euthanised] don’t think that there is any benefit in continuing.”⁹⁵ This informant explained how, “the person just sees the ongoing pain as useless, they see their body as not recovering, there is no point in going on, and they just

⁹⁴ Personal communication, August 20, 2013

⁹⁵ Personal communication, March 19, 2013

want to force the letting go.”⁹⁶ Forcing an individual to endure this suffering can create more negative karma as the individual may not be prepared to work through an extended amount of suffering.

Because not all people are prepared enough to work through extensive amounts of suffering, helping someone be euthanised is argued to be potentially more compassionate from the non-institutional perspective, as it respects the individual choice to die. In Shambhala, practitioners are encouraged to accept death as a natural aspect of life. The member with less than ten years of experience in the tradition noted that, “there’s no need to drag it on, [as] we all will die.”⁹⁷ Respecting the choices of others as individuals is more compassionate than forcing an individual to live through suffering.

Along with the emphasis on individual autonomy from the non-institutional Shambhala position, there are pragmatic arguments for accepting the practice of euthanasia from this view. The pragmatic argument in favour of euthanasia only furthers the individual autonomy position by arguing that not only do individual choices to die need to be respected, but individuals have already made the choice to be euthanised in the Shambhala community and these people should not be condemned for their choices.

The non-institutional argument in favour of euthanasia, through pragmatic reasoning, begins with passive euthanasia. Similar to the institutional argument that there are alternatives to euthanasia. The member with previous leadership experience discussed how “even in a hospital [people] will start refusing food and drink because they know they’re about to let go... they’re [doctors] just not preventing you to allow yourself to

⁹⁶ Personal communication, March 19, 2013

⁹⁷ Personal communication, August 20, 2013

die.”⁹⁸ This form of letting go is a type of passive euthanasia as there are interventions that can extend the life of the dying person (such as eating) and these interventions are not taken.

Additionally, taking a life is accepted in some cases within the non-institutional view, despite institutional arguments against it. This specifically arises when monks use self-immolation as a form of protest to raise awareness to the greater suffering of citizens. For example, as noted by a previous leader in the tradition, “in many cases these are individuals who are taking it upon themselves to make this decision [to self-immolate] even though they are well versed in the classical teachings of the dharma, and there is certainly no support from any official within the Buddhist church or temple.”⁹⁹ The practice of self-immolation by monks is raised by non-institutional individuals in Shambhala as a parallel to euthanasia as these monks are ending their lives early because of unbearable pain in society.

However, through the palliative care in which multiple Shambhala practitioners are engaged, death is not an unusual event. As noted by a current leader, there is even a protocol for “the principle of double effect [which] allows for aggressive pain management even at the risk of hastening the dying process.”¹⁰⁰ This means that it is acceptable to give a dying individual enough pain killers to alleviate suffering, even if a side effect of that much pain killers would be death.

Similar to the pragmatic reasons in favour of euthanasia through parallels with self-immolation, the main pragmatic reason for accepting euthanasia from the non-

⁹⁸ Personal communication, March 19, 2013

⁹⁹ Personal communication, March 19, 2013

¹⁰⁰ Personal communication, August 29, 2013

institutional Shambhala view is because of specific cases where individuals from the community have recently been euthanised. A member of Shambhala with a background in palliative care argued that, “euthanasia has happened in the Shambhala community.... Euthanasia happens: it happens today, here in Halifax it happens. It’s just usually ignored, or we call it something else.”¹⁰¹ Because community members have practiced euthanasia before, it is argued from the non-institutional view that a way to accept euthanasia needs to be reconciled. It is argued to be more prudent to work with the fact that euthanasia is actually happening to some members in the community, than ignore those members and create more suffering for them.

The pragmatic reasons for the non-institutional view in favour of euthanasia are not only general observations that euthanasia has indeed happened in the community. The informant with previous leadership experience was close to Chögyam Trungpa before his death. This informant recalled a story of voluntary active euthanasia, of which the founder of Shambhala was aware and supported:

... there is at least one story that I know of. A senior student of Trungpa Rinpoche, when he was still alive, had this discussion and was told how to die. Although it was never publically acknowledged, he did in fact (my understanding is) take some kind of poison. He had a form of a disease that at that point there was no medical treatment for. He knew the stories of the disease because it was inherited, and I think he watched one of his parents go through it. So, my understanding is that he had a conversation with Trungpa Rinpoche. Trungpa Rinpoche, essentially in helping him to work with this decision, talked to him about how to prepare his mind; leaving the decision to him but in essence sharing the karma of the consequence with him. Essentially saying: ‘I’m going to be supportive of this means that now my karma is attached to this decision and is not part of our relationship.’ In that circumstance I believe that Trungpa Rinpoche knew that he was going into retreat, that he was by himself for several days, and at a certain point ended his live (apparently with some painless

¹⁰¹ Personal communication, May 30, 2013

way of doing it). There was no public discussion of this. There were just, I believe, a few people who knew that he had decided to end his life that way, and that he had final conversations with Trungpa Rinpoche about it, who did not get stuck on any dogmatic position. Exactly what he said to him I don't know. Except, it was clear that in the case of an extraordinary teacher, they can be willing to share the karma of the person willing to make the decision.¹⁰²

If this description is factual, then it demonstrates how euthanasia, as assisted suicide, was probably accepted by the founder of the Shambhala tradition, and not condemned for dogmatic reasons. The reality was that a Shambhala practitioner was seeking death and the individual was given support from Chögyam Trungpa. Religious teachings were not used to dissuade the individual. Instead, the suffering was so great that the karma between the two individuals became interdependent through the compassion of the teacher. Thus, from the non-institutional Shambhala perspective, the pragmatic way to work with the fact that some individuals do seek death is to be compassionate and find a way to help lessen those individuals' suffering instead of creating more.

Both individual autonomy and pragmatic arguments are used by non-institutional Shambhala practitioners to support the practice of euthanasia. They argue that there are ways to interpret the Shambhala Buddhist teachings to support the practice of euthanasia, and that this is vital for supporting the community members who have already been, or want to be, euthanised. Teachings on non-violence are not as central in this view because there will always be exceptions that demonstrate how violence is a more compassionate way of acting, such as in the case of the monks who self-immolate. Interdependence of the action is still taken into consideration. However, because euthanasia can be interpreted from this view as karma positive or karma neutral, and karma can be shared,

¹⁰² Personal communication, March 19, 2013

the implications of euthanasia on interdependence is not nearly as dire. Further, it is argued from this position that it is more compassionate to help alleviate an individual's suffering rather than create more. Thus, according to the non-institutional Shambhala position, euthanasia is acceptable and may even be beneficial in certain contexts.

Middle-Way: Uniting the Two Positions

As stated by a previous leader in the Shambhala community: “for a topic like this you really don’t come out with a kind of comfortable response.”¹⁰³ However, a balance between the extreme dichotic views can be achieved. By not fixating too hard on either the institutional or non-institutional Shambhala views, the informants who are all members of the community demonstrated a common ground on euthanasia – a middle way.

In the institutional position, medical ethics and alternatives are used to help justify why euthanasia is not acceptable. Autonomy and pragmatic arguments are used to demonstrate the non-institutional position, which supports some euthanasia. The non-institutional pragmatic argument in support of euthanasia because it has already been happening (and probably will not stop happening) is potent as it raises examples of people who have been euthanised.

However, the main example, raised by a previous leader in the community, of a practitioner being secluded in retreat for many days and then dying instead of suffering through a degenerative genetic illness was, unprompted, indirectly refuted through a

¹⁰³ Personal communication, March 19, 2013

leader in the tradition.¹⁰⁴ This leader was giving a random hypothetical example explaining how it would be more comforting to know that the individual seeking euthanasia had extensive experience in meditation and working with the mind.¹⁰⁵ This informant stated that “definitely if someone, for example, came to me and said ‘you know, I want to go off into the woods and retreat and overdoes on drugs because whatever, I’ve got Parkinson’s or whatever that’s so unbearable...’ I wouldn’t let them use one of my retreats ‘cause I wouldn’t assist the suicide.”¹⁰⁶ There are odd similarities between the two examples which could point to them being different interpretations of the same event, such as using the location of a Shambhala retreat to be euthanised and the individual who sought death having a degenerative genetic illness. These two examples can be a random and unrelated coincidence. However, even if these two examples are two separate events with common themes, they demonstrates how there is no full agreement in the Shambhala community on whether or not euthanasia has been practiced. This could be due to a number of reasons, including how euthanasia remains illegal in most of Canada today, that the story did not actually happen, or euthanasia has been happening and very few people in the community are aware of it.

However, taking the pragmatic concerns for euthanasia from the non-institutional perspective, it is argued by members of the community not speaking on behalf of the tradition that it is more prudent to work with this reality instead of ignoring the

¹⁰⁴ Personal communication, March 19, 2013; Personal communication, August 29, 2013

¹⁰⁵ Personal communication, August 29, 2013

¹⁰⁶ Personal communication, August 29, 2013

community members who suffer so much that they seek death.¹⁰⁷ The split between the two views is reconciled by members of the community with primary concerns about pragmatic reasons for accepting euthanasia. Thus, the non-institutional position on euthanasia can provide the foundation for integrating the concerns raised in the institutional Shambhala view to bridge the gap between the two positions.

First, the common element between both institutional and non-institutional views is that Buddhist teachings and selected euthanasia arguments are used to justify both the institutional and non-institutional Shambhala position. The teachings on interdependence and desire to alleviate suffering are understood to be very important from both the institutional and non-institutional Shambhala views. Additionally, interpreting the karmic consequences of euthanasia is vital for determining what position on euthanasia is taken. Through the institutional position, karma is negatively impacted by euthanasia; karma is understood to be neutral or positive from the non-institutional argument. This differing interpretation of karma depends on what is understood to be compassionate.

The various interpretations of compassion are the foundations for how Buddhist teachings are interpreted from both positions. Leaders in the Shambhala Buddhist tradition teach that as humans “we have tremendous capacity for wisdom, compassion, and skillful action with which to ease the suffering in the world” (Panelist Shari Volger, community panel, March 21, 2014). Easing suffering compassionately can either be from helping individuals work through as much karma as possible right now, or helping those individuals work through as some suffering now and not allowing them to live through

¹⁰⁷ Personal communication, March 19, 2013; personal communication, May 30, 2013; personal communication, June 18, 2013

excessive suffering that they cannot learn from at this point in time. Additionally, the member with funeral directing experience argued that “generally it’s [enlightenment] not the case or the ordinary person.”¹⁰⁸ Therefore, as demonstrated through informants, considering how the average non-institutional individual will not cease to produce karma and reach enlightenment before his or her next rebirth, prolonging the suffering into manageable chunks over multiple lives is not as large of a concern for the average individual.¹⁰⁹

The institutional argument in favour of alternatives, such as palliative care, is a valid counter to outright allowing euthanasia. Ideally, euthanasia would not be an issue, but this is not an ideal world. As discussed in the alternatives section of Chapter 1, palliative care support and funding is exceptionally greater in countries where euthanasia is legalised. Legalising the practice forces policy makers to work with the suffering of individuals at the end of life instead of ignoring the issue. The institutional focus on helping others work through their suffering so that they have less negative karma to experience in future lives is only helped and further strengthened by the non-institutional pragmatic view of finding a way to accept euthanasia because it is already happening.

Chögyam Trungpa, the founder of Shambhala, was able to find a way to reconcile the emphasis on non-violence and the rare anecdotal case where one of his practitioners did not want to die from a genetic disease, as seen through the example raised by a former leader in the community.¹¹⁰ The teacher primarily acted with compassion by not

¹⁰⁸ Personal communication, November 26, 2010

¹⁰⁹ Personal communication, November 26, 2010; personal communication, March 19, 2013; personal communication, May 30, 2013; personal communication, June 18, 2013

¹¹⁰ Personal communication, March 19, 2013

forcing the individual to continue suffering. A method of dying was discussed and between the two (Chögyam Trungpa and the individual seeking death) to ensure that the least violent method of dying would take place. Alternatives would have always been available, especially considering that multiple Shambhala community members are involved in palliative care.¹¹¹ According to the previous funeral director, in Shambhala “you’re trying to create an atmosphere in which people can appreciate that death is a normal phenomenon, and that people experience loss; it doesn’t have to become the basis for fear and panic.”¹¹² Pre-emptively helping an individual die through euthanasia is not as serious an issue in Shambhala, because after the death each individual will have the opportunity to reborn according to Shambhala Buddhist teachings.

Summary:

There are two distinct positions within the Shambhala Buddhist community, institutional and non-institutional, which arise when examining the ethics of euthanasia. These positions overlap in the teachings used and interpreted to support each view. The non-institutional argument in favour of euthanasia from a pragmatic view raises the issue that this is a problem (for example, it is not a theoretical conundrum) which members of the community have already been facing. It also demonstrates that there needs to be a greater support network within the tradition to help these individuals who suffer so much that they seek death. This is the support network that is advocated in the institutional position through the use of arguing for alternatives. However, by acknowledging that euthanasia is an issue and working with accepting the practice, alternatives gain more

¹¹¹ Personal communication, May 30, 2013

¹¹² Personal communication, November 26, 2010

recognition and overall support. This is because allowing euthanasia forces the issue to be faced and makes developing alternatives a higher political priority.

Conclusion:

Canadian euthanasia legal cases demonstrate a slow shift in social attitudes towards euthanasia. The legal cases of Sue Rodriguez and Gloria Taylor in British Columbia and the Supreme Court of Canada fought against section 241(b) of the Criminal Code of Canada. These cases claimed that this section discriminated against sections 7, 12, and 15 of the Canadian Charter of Rights and Freedoms. Quebec National Assembly's approval of Bill 52 furthered this legal debate in favour of euthanasia. This bill legally allows patients to be euthanised in Quebec. This bill was passed as a health care issue, unlike Rodriguez and Taylor's cases, which argued against the Criminal Code of Canada. Through the arguments raised in Rodriguez and Taylor's cases and in Quebec's Bill 52, multiple positions are used to debate both for and against the practice of euthanasia. These arguments and ethical positions include: the slippery slope argument, medical ethics, argument from alternatives, individual autonomy, pragmatic reasoning, and the sanctity of life position. These arguments have shaped the Canadian context, however they also provide a foundation for the Shambhala Buddhist positions both for and against euthanasia.

Chögyam Trungpa Rinpoche created Shambhala International, originally named Vajradhatu International, in the 1970s. Chögyam Trungpa was raised in the Kagyü lineage of Tibetan Buddhism but also had extensive education in various aspects of other Buddhist traditions. The teachings and practices laid out by Chögyam Trungpa provide Shambhala practitioners a basis for beginning to work with issues related to death and

dying within the community. Foundational Buddhist teachings and practices are used to provide a basis for community members to begin to approach the issue of death and dying within the Shambhala community. The main practice is meditation, and along with this practice has been an increased emphasis on individual autonomy in the Shambhala tradition, which is not a common position in most forms of Buddhism. Additionally, the primary teachings used when working with death include rebirth, suffering, interdependence, non-violence, the middle way, and karma. Advanced practitioners may use different versions of the *Tibetan Book of the Dead* to mentally prepare for death, but most practitioners do not consult any version of this book. Additionally, all members are encouraged to engage with the dying and others affected by death from a position of compassion.

When contemplating euthanasia there are two distinct positions that arise in the Shambhala Buddhist community. These are an institutional and a non-institutional positions, which overlap in the teachings used and interpreted to support each view. Compassion and a desire to alleviate suffering are the primary teachings used to develop the two Shambhala positions on euthanasia. The institutional Shambhala position is a position against euthanasia. In turn, this position supports medical ethics in favour of physician autonomy and alternatives to euthanasia. The non-institutional Shambhala position is in favour of euthanasia from an individual autonomy and a pragmatic view. Both leaders and members of the community bridge these two views, the institutional and non-institutional, by focusing on pragmatic reasoning. By acknowledging euthanasia as

an issue faced by some members of the community, the push for developing alternatives in the community become stronger.

Together, the case of euthanasia from a Shambhala worldview demonstrates how euthanasia is not a black and white issue of a right-to-life against a right-to-death. Both leaders and members of the Shambhala community use compassionate action and the context of approaching euthanasia on a case-by-case basis to provide some reconciliation between the two main positions raised in the community.

This thesis provides insight into the overall discussion and inclusion of multiple religious voices that are likely to contribute to constructing laws and policies in Canada. The context of each case of euthanasia is very important from the Shambhala perspective. This emphasis in the community, of approaching each instance of euthanasia as its own case and focusing on the context and events of that case rather than creating one official ruling which all must obey, provides a unique perspective to the current Canadian euthanasia debates. Additionally the emphasis on karma and compassion are religious perspectives which nuance current secular views of euthanasia that were described in Chapter One.

However, further research needs to be conducted on the extent of divisions within the community between followers of the founder, Chögyam Trungpa, and followers of his son, Sakyong Mipham. More studies on additional Shambhala communities must also be conducted to determine if these positions on euthanasia are reflected throughout all Shambhala Buddhist communities. Furthermore, it would be interesting to research euthanasia positions in Shambhala Buddhist communities in Quebec, in order to

determine if legalising the practice of euthanasia has any impact on communal institutional positions.

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