

End-of-life: a Hindu view

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Lancet 2005; 366: 682–86

This is the first Viewpoint in a series about end-of-life issues for different religions

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Introduction

The term Hindu was a Persian-Arabic label for dwellers of the Indus area. Hinduism does not have an institutional framework nor demand adherence to particular doctrines. Rather, it is a diverse umbrella or family of beliefs and practices.¹ Nevertheless, Hindus have specific beliefs in common that influence their attitudes to death. These beliefs relate not to the end-of-life period, but to transition to another life, whether by reincarnation, life in heaven with God, or absorption into *Brahman* (the ultimate reality). They provide direction through the whole of life by appropriate religious rituals and meritorious acts, which relate to the *dharma* of one's class, and by prayer and meditation. Of particular importance is the notion of a good death, which provides a model of how to die; a bad death is greatly feared.

Here, I discuss the key concepts for understanding Hindu attitudes to death; beliefs about the soul, heaven, hell, and liberation; and good and bad deaths; the roles of the family and priests in a good death, which are important for medical professionals to understand; and disclosure and ethical issues about withdrawal of treatment and euthanasia.

General terms

Hindus sometimes refer to their religion as *sanatanadharma*, the eternal religion or law. All Hindus are born into a particular class or *varna*. The four *varnas* are Brahmin (priests), *kshatriyas* (warriors and kings), *vaishyas* (merchants and traders), and *sudras* (peasants, labourers). These *varnas* are subdivided into occupation-based castes (*jatis*). Each caste has its own *dharma*, or social and ethical code for behaviour. Thus the warrior's *dharma* might involve killing others in battle,² which could also determine his attitude to religious suicide.

Dharma, "righteousness, morality, or virtuous conduct",³ also informs personal morality and family roles: "Thus . . . all the activities of the individual are fundamentally religious activities, and there is no aspect of life which can be divorced from *Dharma*."⁴ Closely related to *dharma* is the concept of *karma*, a causal law in which all moral or immoral acts and thoughts have consequences in the next life. Good *karma* leads to a good rebirth or release, and bad *karma* to a bad rebirth. Suffering can be explained in terms of past *karma*. Another relevant term, *ashrama*, refers to four stages of life: student, householder, forest dweller (when one has grandsons), and ascetic or *sannyasi*. These stages were for the top three classes, known as the twice born because they were reborn when initiated at puberty with a sacred thread. Although few people follow this model, it is socially and psychologically important. Many elderly people metaphorically withdraw into the "forest" in their homes, detaching themselves from material and emotional concerns and preparing for death through prayer, scripture reading, and meditation.

Many Hindus belong to traditions devoted to one God (*bhaktimarga*), such as Krishna. They believe that those who are virtuous, with the grace of God, will go to heaven and obtain liberation from *samsara*—the cycle of birth and death. Such movements (*sampradaya*) have their own discipline, often involving monastic life and celibacy, and have specific teachings about the way to approach the end-of-life period. These movements include ISKCON (the International Society for Krishna Consciousness, Hare Krishna), Pushtimarga, and Swaminarayan, which is very popular among Gujarati people. Followers of Swaminarayan, an avatar (incarnation) of Vishnu, will reside in their abode, Akshardham. Krishna's heaven is Go-loka and Shiva's heaven is Kailasha. A contemporary Guru, Sathya Sai Baba, has many followers in India and the west who see his teaching as universal. The Brahma Kumaris also have followers in the west. A reform movement, Arya Samaj, rejects the use of images (*murtis*) and Brahmanical rituals in favour of the Vedic fire ritual *havan*. After death, instead of the long and complex rituals, which last from 10 to 16 days or more, there is a *havan* after the disposal of the ashes on the third day.

Beliefs about life and death

Beliefs about life after death are derived both from the ancient Hindu texts and from popular belief. Most Hindus believe that there is a soul (*atman*) in all living beings, which transmigrates from one life to another, including animal life. In the Upanishads⁵ the soul within man is identified with ultimate reality, Brahman.⁶ Liberation (*moksha*) from birth and death can be

Panel: End-of-life key points

- Hinduism, often described as a way of life, embraces a diversity of traditions. Practitioners should establish the tradition of each patient.
- This life is a transition between the previous one and the next.
- Beliefs about the next life (rebirth, heaven, and liberation) vary.
- Karma explains inequity and suffering in this life, and affects the next life.
- A good death is timely, in the right place, conscious and prepared, with the mind on God.
- A bad death is untimely, violent, and unprepared.
- The family have a sacred duty to assist the dying before and after death.
- There can be a tension between open disclosure to allow a person to prepare for death and the family's desire to protect the patient.
- While suicide is frowned on, there are religious grounds for voluntary euthanasia, especially for spiritually advanced individuals.
- Involuntary euthanasia can occasionally be justified to prevent extreme suffering.

obtained through austerity and meditation, leading to mystical realisation of unity with Brahman in this life, and absorption into Brahman in the next. Brahma (the creator), Vishnu (the preserver), and Shiva (the destroyer), are three manifestations of the impersonal, neuter absolute Brahman. Vishnu and Shiva are sometimes identified with Brahman alone, and are at the centre of devotional sects.

In the *Bhagavad Gita*, the Supreme Lord is Krishna, incarnation (*avatar*) of Vishnu. He is creator of the universe, but also a personal God with whom one can have a relationship. Krishna assures the warrior, Arjuna, that he has a duty to fight his kinsman, but he cannot destroy the soul of those he has killed:

“Weapons do not cleave this self: fire does not burn him; waters do not make him wet; nor does the wind make him dry... For to the one that is born death is certain, and certain is birth for the one that has died.”⁷⁷

All action should be selfless, without any thought for its fruits (*karma*), motivated only by the love of God. Those who love God and think of Him at the time of death will come straight to him:

“And whoever, at the time of death, gives up his body and departs, thinking of Me alone, he comes to Me; of that there is no doubt.”⁷⁸

For many Hindus this passage is the key to a good death. A later work, *Garuda Purana*, describes elaborate rituals performed before and after death, still observed today, influencing popular beliefs about death and the afterlife.^{9,10} Yama, king of the dead, is a terrifying judge, Dharma Raja, who rules over a series of temporary hells.¹¹ The dying are fetched by Yama’s servants, the Yamaduts.¹² After cremation, the disembodied souls travel through various hells expiating their sins, depending on relatives’ offerings to release them. There are also temporary heavens. During the first 10 days the relatives have to create a new ethereal body.¹³ On the 12th day (symbolising 12 months), in a powerful ritual called *sappindikarna*,¹⁴⁻¹⁶ the deceased becomes an ancestor or *pitr*. There is an apparent contradiction between the creation of an ancestor in this ritual, going back to Verdic times, and the belief in rebirth, which is related to different historical traditions. Until this time, the relatives are in severe ritual impurity and live austerely.

Good and bad deaths

A good death (*su-mrtyu*) occurs in old age, at the right astrological time, and in the right place (on the ground at home if it cannot be on the banks of the sacred Ganges). Hence Ganges water is always kept at home in a small container and offered to the dying person and placed on the lips of the corpse. A good death should be prepared for throughout life, and entered into consciously and willingly (*iccha-mrtyu*).¹⁷ All affairs should be set in order; unmarried daughters or granddaughters should

have marriages arranged, conflicts should be resolved, and gifts of money and land should be made. People find it important to say goodbye to relatives and friends, and last words are highly treasured, becoming part of the way the tradition is passed on:

“My mother was like a saint and she died in just 5 minutes. She was 103 and she could put thread into needle, she walked without stick. She asked for bed on the floor. After that there was no one to give her a light—when people die we give a *diva*, like a candle, to show him or her a way to God. Then my sister’s son came. He said, ‘What’s happening, Bibi?’ She said, ‘O thank God you came. Come and give me *diva* on my hand.’ My sister started crying and she said, ‘Don’t cry, your tears will make a river for me to cross. I’m going to God. Let me go first. Don’t stop my way.’ He did everything, [then] she said, ‘Put my head in your lap, I want to go to God.’” (Panjabi woman)

A Brahmin priest may lead an act of penance. To ensure the dying person focuses on God, devotional hymns, *bhajans*, are sung; or “Ram Ram”, “Om”, or the *Gayatri Mantra* are chanted. Just before death the person is laid on the floor or ground, symbolising Mother Earth, with the head to the north,^{18,19} and Ganges water and a *tulasi* (basil) leaf are placed in the mouth.²⁰ Signs of a good death are a shining forehead and a peaceful expression, with the eyes and mouth slightly open, indicating that the soul has left from these orifices. In holy individuals the soul leaves from the *brahmarandra*, the fontanel at the top of the head.

Bad deaths (*akal mrtyu*) are violent, premature, and uncontrolled deaths in the wrong place and at the wrong time, signified by vomit, faeces, urine, and an unpleasant expression.^{21,22} A Gujarati woman who died in the lavatory with a horrible expression on her face had a particularly bad death. The worst death is said to be suicide for selfish reasons. A good death needs the right rituals to see the soul on its way. For a son this is a sacred debt.²³ The failure to do so can cause a bad death because the soul fails to move on, haunting the relatives or causing bad luck, nightmares, illness, and infertility:

“An aunt was dying... the doctors told the family, and the whole family was present at the death. But when the doctors switched off the life support machine they wouldn’t let the family give Ganges water or perform any last rites. Today, after ten years it still affects the family. If they want to have a social occasion like a wedding in the family or something they must do some penances because she died without water, therefore her soul is still not free, and her family is not free. They’ve got to keep performing all these rites [for seven generations] that they weren’t able to during the death, until the soul is free... The doctors said that she would live a little longer, but there was no point, she was dying anyway. They switched off the machine, and they said they mustn’t give her anything that would give her a shock and kill her straight away, that would choke her. (Gujarati couple, UK).²

Disclosure and last rites

Although there is a strong tradition of being prepared for death, undergirded by a belief in continuity, unfortunately, not all deaths are those of elderly people who have fulfilled their life ambitions. This situation can create problems of disclosure and withdrawal of care. In practice, there is a tradition of non-disclosure,^{25–27} which creates a tension between autonomy and knowledge of the outlook to prepare for a good end, and being protected from the knowledge by relatives in case the person gives up hope and dies prematurely. Furthermore, modern medicine often provides hope, however unrealistic, that a cure is possible. As the psychiatrist Sudhir Kakar observed, the death of an individual, especially a parent, ruptures the extended family system. “[This] not only brings a sense of insecurity in a worldly social sense, it also means the loss of significant others who guarantee the sense of sameness and affirm the inner continuity of the self.”²⁸

The difficulty of open disclosure is shown by an example of a Gujarati man, Suresh, and his son, Ramesh, in the UK. The Hindu family practitioner warned Ramesh that his father was terminally ill with prostate cancer and tuberculosis. Ramesh resisted this idea, and did not want his father told his prognosis. Unfortunately, the hospital staff kept reassuring Ramesh that Suresh would recover, and his impending death was never discussed with Suresh. As often happens, he was clearly aware that he was dying, as he gave his books away, talked about dying, and obtained a gold chain for his granddaughter’s marriage, but he colluded with his son’s silence. When he died unexpectedly in his son’s absence, Ramesh was racked with guilt because he had not been present to give him the last rites or to say goodbye.²⁹

In India, the patient can be taken home, which implicitly discloses to the patient that death is imminent. The dying person can be placed on the floor and the appropriate rituals performed.³⁰ In the diaspora this is more difficult, especially if the professionals are not aware of the importance of the family’s tradition.

Withdrawal of treatment and euthanasia

In a conscious and willed death the body is relinquished voluntarily. There has long been a tradition of voluntary death, and indeed of religious suicide in the Hindu community, which could owe its roots in part to the Jain tradition, in which spiritual adepts were encouraged to fast to the death. Such a self-willed death was “linked to a specific purpose: to obtain freedom (heaven or liberation) through an act of omnipotence involving the sacrifice of the self.”³¹ For a terminally ill person, fasting has several functions—as a spiritual purification, to promote detachment, and to ensure that there are no signs of bad death (faeces, vomit, or urine). Justice,³⁰ who spent some time in a bhavan (home for the dying) in Varnasi, noted that: “Not eating or drinking during the time of dying can . . . be considered an aspect of general detachment from

the material world, a spiritual goal of classical Hinduism.”³² A dying person can refuse medication to die with a clear and unclouded mind, and view pain as a way of expurgating sin.³³ This belief can cause problems for non-Asian professionals whose training makes them want to maintain life and relieve suffering.

A more difficult issue is the withdrawal of treatment from those unable to give consent, especially if the family resists. With the aunt described here, death was believed imminent because of her stage of life. However, there can be unfamiliarity with medical terminology and technology. For example, when a 3-year-old Panjabi child had been knocked down by a car, it took 3 days for the family to understand the idea of brain death and give permission for withdrawal of life support.

Euthanasia

There is a distinction between the willed death of a spiritually advanced person, and someone in great pain wishing to end an intolerable life. Suicide for selfish reasons is morally wrong and leads to hell. Such a death cannot have *shraddha*, the all-important post-mortem rites. However, some lawgivers made exceptions:

“If one who is very old (beyond 70), one who cannot observe the rules of bodily purification (owing to extreme weakness...) one who is so ill that no medical help can be given, kills himself by throwing himself from a precipice or into a fire or water, or by fasting... shraddha may be performed for him.”³⁴

Some recent authorities have argued that only God can take life, and human beings should not do it because of the karmic effect on the next life.³⁵ Subramuniaswami states that “a lethal injection severs the astral silver cord connecting the astral body to the physical. Those involved then take on the remaining karmas of the patient.”³⁶ Instead, suffering should be seen as purifying and cleansing. Crawford,³⁷ however, suggests that Ayurvedic medicine “allows room for human efforts to curtail the effects of ordinary non-moral actions by the use of intelligence, wisdom, balanced conduct, and recourse to medicine. Only the fruits of immensely good or bad moral actions cannot be averted by these means.” As an enlightened person in the past was allowed to choose the time of his death, so it is morally permissible for a terminally ill person who is suffering greatly. Otherwise he may lose “the equanimity he so cherishes for his final moments of life. Euthanasia ensures a merciful death because he can leave this life with consciousness unclouded by the stupor of drugs, and without fear that some unexhausted *karmas* will plunge him back into mortal existence.”³⁸ A difficulty arises for those who are not spiritual adepts, but the arguments below might be adapted for such cases.

Hindu ethics on the whole come out strongly against involuntary euthanasia, because it contradicts the

principle of autonomy and can lead to abuse. However, the primary concern is the relief of suffering. Mahatma Gandhi advocated *ahimsa*, non-violence, which is utmost selflessness, refraining from any harmful act. Yet it is necessary to destroy some life to live at all, and sometimes one has to take life to protect others. Gandhi said that he could not abide the thought of allowing a rabid dog to die a painful and slow death, and he would hope there were more hopeful remedies for human beings in a similar situation. However:

“Should my child be attacked with rabies and there was no helpful remedy to relieve his agony, I should consider it my duty to take his life. Fatalism has its limits. We leave things to Fate after exhausting all remedies. One of the remedies and the final one to relieve the agony of a tortured child is to take his life.”³⁹

Thus there are different levels of *ahimsa*, wherein evil can be eclipsed by a compassionate act performed selflessly, because ultimately it is motivation that counts. Such an approach might also be applied to a severely disabled baby with a poor outlook. Crawford comments: “*Karma* does not give us the right to keep such people alive and in pain when all they want is a peaceful death. Their *karma* is our *dharma*. We have a duty to our fellow human beings. If they are suffering because of some sin, it is not less a sin to let them suffer. Mahatma Gandhi had said, ‘God comes to a hungry man in the form of a slice of bread!’ In what form does God come to a person begging to die?”⁴⁰ There is thus not a single moral position on the issues of involuntary euthanasia, and there is a longstanding tradition of voluntary suicide in certain carefully defined circumstances.

Conclusion

Generalisation about Hindu patients at the end of life is difficult because their beliefs and attitudes will depend so much on education, class, and religious tradition. However, the key factors are to find out the patient’s and family’s particular religious position, and to remember the importance of enabling him or her to have a good death with the help of family. They will need to be actively involved in care. The long-term importance of allowing the right death-bed rituals to take place, recognising the tension between allowing for patient autonomy and disclosure and the need for the family to make decisions on behalf of the patient should be acknowledged. The Hindu good death provides a valuable model for how death can be approached positively and without apprehension.

References

- 1 Weightman S. Hinduism in the village setting. Milton Keynes: Open University Press, 1978.
- 2 Bhagavad Gita 2.31. Translated by Radhakrishnan S. New York: Harper and Bros, 1957.
- 3 Zaehner RC. Hinduism. Oxford: Oxford University Press, 1966: 11–12.
- 4 Basham AL. Hinduism. In: Zaehner RC, ed. The concise encyclopaedia of living faiths. London: Hutchinson and Open University Press, 1966: 244.
- 5 Flood G. An introduction to Hinduism. Cambridge: Cambridge University Press, 1996: 36.
- 6 Chandogya Upanishad 6.8.ff. Translated by Hume R. In: The thirteen principal Upanishads. Delhi: Oxford University Press, 1983.
- 7 Bhagavad Gita 2.23, 27. Translated by Radhakrishnan S. New York: Harper and Bros, 1957.
- 8 Bhagavad Gita 8.5. Translated by Radhakrishnan S. New York: Harper and Bros, 1957.
- 9 Garuda Purana, part 11, 1979; part III, 1980. Translated by a board of scholars. Delhi, Motilal Banarsidass.
- 10 Firth S. Dying, death and bereavement in British Hindu community. Leuven, Brussels: Peeters, 1997: 33–37; 138.
- 11 The Rg Veda, Book X.14. Translated by Doniger W, O’ Flaherty. London: Penguin Books, 1981.
- 12 Osis K, Haraldsson E. At the hour of death. Norwalk, Conn, USA: Hastings House, 1997: 92.
- 13 Parry J. Sacrificial death and the necrophagous ascetic. In: Block M, Parry J. Death and the regeneration of life. Cambridge: Cambridge University Press, 1982: 85.
- 14 Parry J. Sacrificial death and the necrophagous ascetic. In: Block M, Parry J. Death and the regeneration of life. Cambridge: Cambridge University Press, 1982: 84.
- 15 Knipe D. Sapindikarana, the Hindu rite of entry into heaven. In: Reynolds F, Waugh E. Religious encounters with death: insights from the history and anthropology of religions. Pennsylvania USA: Pennsylvania State University, 1977.
- 16 Firth S. Dying, death and bereavement in British Hindu community. Leuven, Brussels: Peeters, 1997: 33–37; 96.
- 17 Parry J. Sacrificial death and the necrophagous ascetic. In: Block M, Parry J. Death and the regeneration of life. Cambridge: Cambridge University Press, 1982: 82–83.
- 18 Garuda Purana, II, 2.7–8. Translated by a board of scholars. Delhi: Motilal Banarsidass, 1979.
- 19 Firth S. Dying, death and bereavement in British Hindu community. Leuven, Brussels: Peeters, 1997: 58; 64–65.
- 20 Firth S. Dying, death and bereavement in British Hindu community. Leuven, Brussels: Peeters, 1997: 66.
- 21 Parry J. Sacrificial death and the necrophagous ascetic. In: Block M, Parry J. Death and the regeneration of life. Cambridge: Cambridge University Press, 1982: 82ff.
- 22 Firth S. Dying, death and bereavement in British Hindu community. Leuven, Brussels: Peeters, 1997: 60–62.
- 23 Firth S. Dying, death and bereavement in British Hindu community. Leuven, Brussels: Peeters, 1997: 15, fn.
- 24 Firth S. Dying, death and bereavement in British Hindu community. Leuven, Brussels: Peeters, 1997: 69, adapted.
- 25 Gordon D, Paci E. Disclosure practices and cultural narratives: understanding concealment and silence around cancer in Tuscany, Italy. *Soc Sci Med* 1997; 44: 1433–52.
- 26 Shumacker A, Goh GB. Autonomy for whom? A perspective from the Orient. *Palliative Med* 2000; 14: 163–64.
- 27 Firth S. Wider horizons: care of the dying in a multicultural society. London: National Council for Hospice and Specialist Palliative Care Services, 2001: 63–66.
- 28 Kakar S. The Inner world; a psychoanalytic study of childhood and society in India. Delhi: Oxford University Press, 1987.
- 29 Firth S. Dying, death and bereavement in British Hindu community. Leuven, Brussels: Peeters, 1997: 121.
- 30 Justice C. Dying the good death: the pilgrimage to die in India’s holy city. Albany, New York, USA: State University of New York Press, 1997.
- 31 Young K. Euthanasia : traditional Hindu views and the contemporary debate. In: Coward H, Lippner J, Young K. Hindu ethics: purity, abortion and euthanasia. Albany, New York: State University of New York Press, 1995.
- 32 Justice C. Dying the good death: the pilgrimage to die in India’s holy city. Albany, New York, USA: State University of New York Press, 1997: 230.

- 33 Firth S. Wider horizons: care of the dying in a multicultural society. London: National Council for Hospice and Specialist Palliative Care Services, 2001: 66–67
- 34 Atri. In: Kane VP. History of Dharmashastra Vol. II. Poona: Bhandarkar Oriental Institute, 1974: 926.
- 35 Crawford SC. The Swamis' view. In: Hinduism Today. Albany, New York, USA: State University of New York Press, 1988: 109–10.
- 36 Crawford SC. Dilemmas of life and death: Hindu ethics in a North American context. Albany, New York, USA: State University of New York Press, 1995: 110.
- 37 Crawford SC. Dilemmas of life and death: Hindu ethics in a North American context. Albany, New York, USA: State University of New York Press, 1995: 111–12.
- 38 Crawford SC. Dilemmas of life and death: Hindu ethics in a North American context. Albany, New York, USA: State University of New York Press, 1995: 113.
- 39 Young K. Euthanasia: traditional Hindu views and the contemporary debate. In: Coward H, Lippner J, Young K. Hindu ethics: purity, abortion and euthanasia. Albany, New York: State University of New York Press, 1995: 16.
- 40 Crawford SC. Dilemmas of life and death: Hindu ethics in a North American context. Albany, New York, USA: State University of New York Press, 1995: 129.