

Buddhist Community Care Bulletin

佛教社區關懷計劃

加拿大佛教教育基金會/安省佛學聯社合刊

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安省政府醫療和長期護理部 召開焦點小組會議

今年7月30日，本會幹事李文和吳淑瑜參加了安省政府醫療和長期護理部舉辦的焦點小組會議。當天有二十五位來自多個有關機構的人士參加，政府人員請他們對下列問題作回應。

- 1) 政府怎樣可以讓每一個人在適合的時間和地方得到紓緩護理及善終服務？
- 2) 政府可怎樣去支持在適當的時候把紓緩護理服務從醫院轉由社區機構在病人的家中或院舍中提供服務？
- 3) 應對醫療人員提供什麼有關紓緩治療及善終關懷的最重要訓練？
- 4) 政府怎樣可以盡量給予安省居民有機會選擇自己安逝的地方？
- 5) 你們對提高公眾對紓緩護理的認識可以擔當什麼角色？
- 6) 你或你們的機構可以怎樣去幫助你們的社群去考慮善終計劃？
- 7) 政府應如何支持病者及照顧他們的人去適當考慮預設護理計劃？
- 8) 以你們在紓緩護理的經驗來說，政府現時有那方面是做得好的呢？
- 9) 你們可否分享一下意見來幫助指導安省政府成立紓緩護理和善終服務的政策嗎？

加拿大佛教教育基金會及安省佛學聯社參與上述會議後，針對上述問題作出了聯合回應書。如有興趣了解我們回應的詳情，請與我們聯絡。

總結回應內容如下：

我們觀察到很多佛教徒因為言語不通而未能得到適切的紓緩護理及善終服務。他們通常以為紓緩護理及臨終服務是同一回事，不太明白病者可以在適當時候要求紓緩護理的服務，而醫療人員對佛教社區和其宗教信仰缺乏足夠認識，所以希望醫療界和佛教社區能增強共識。安省佛學聯社現開始發動社區關懷計劃，而加拿大佛教教育基金會已開始支持

多倫多大學的Emmanuel College 開辦這方面的教育課程。我們希望能為制訂安省的紓緩護理及善終服務策略與醫療和長期護理部繼續溝通和合作。

FOCUS GROUP MEETING: PALLIATIVE CARE ENGAGEMENT HOSTED BY MINISTRY OF HEALTH AND LONG TERM CARE

On July 30, 2015, Alice Lee and Chris Ng attended the Patient, Volunteers and Caregiver Focus Group hosted by the Ministry of Health and Long Term Care.

These are the questions posed to 25 people working in or representing various interested organizations who attended the meeting.

1. *How do we ensure palliative care happens at the right time in the right place for everyone?*
2. *What needs to happen to support moving palliative care from the hospital to the community, including hospices, when appropriate?*
3. *What training do you feel is most important for your health care providers when it comes to palliative and end-of-life care?*
4. *How do we ensure Ontarians have the option to die in their place of choice, when possible?*
5. *What is your role in promoting public awareness about palliative care?*
6. *How do you think you or your organization can help your community to start thinking about end-of-life care?*
7. *What kinds of support are needed to ensure advance care planning is addressed appropriately with patients and their caregivers?*
8. *In your experience with palliative care, are there any aspects that you feel are currently working well?*
9. *Is there anything else you can share that will help guide Ontario's palliative care strategy?*

The Buddhist Education Network of Ontario (BENO) and the Buddhist Education Foundation of Canada (BEFC), made a joint written submission to offer our input based on understanding gained from the Buddhist chaplaincy roundtables and engagement meetings with the Buddhist communities in the past year. Please contact us if you would like to read our submission. —>

In summary, we identify that access to palliative care by many Buddhists is not optimal due to language barriers. Palliative care that begins long before a person dies is not a practice commonly well understood. There is a need for capacity building in awareness and education at the community level for volunteers and caregivers in palliative care, as well as for health care professionals in Buddhist culture and spirituality. There should be better co-ordination of services offered in the Buddhist communities and in the health care system. BENO has begun the process of forming a group of Buddhist community care volunteers. BEFC is working with Emmanuel College, University of Toronto, on the public awareness and education aspects. We are prepared to continue to work with the Ministry in its formulation of Ontario's Palliative Care Strategy. ♪

義工互助和交流的小組會議

有幾位做善終服務義工的朋友，提議安省佛學聯社除了主辦培訓講座外，也希望定期舉行義工互助和交流小組會議，以鼓勵多些朋友去從事這門工作。

今年八月，我們開第一次小組會議，分享經驗與心得。參加的朋友有在多所護理院舍(如 Kensington Hospice, Toronto Hospice, Philip Aziz Care Centre 及 Emily's House 兒童護理屋舍)和幾間醫院的紓緩護理部做義工。

義工們覺得在社區和在護理機構做義工有些不同，雖然同樣的每週去探訪病人，在社區做家訪時，義工與病者和其家人建立較深的友誼，尤其是新移民家庭，人生路不熟，更會請義工幫助向政府或社區申請求助，解決其他生活上的問題，令病者安心休養。但是在護理院舍或醫院，義工是紓緩關懷組的成員之一，由院舍安排適當的工作給義工—例如餵食，傾談，幫助病者躺得舒適或陪小朋友做他們喜歡的工藝勞作或閱讀故事等—通常需要多位義工於不同時段來照顧個別病者，對義工來說，有時會覺得未能有機會提供連貫性的服務，因而與每位病者及家人沒有太多認識的機會。

另外，義工們覺得在現時安省的醫療系統下，若病人因不懂英語，有溝通困難，因而未能得到醫療人員妥善的照顧，他們實在需要依賴移民社團幫助，提供合適其文化及信仰的善終關懷服務。

義工朋友們常說，能善用人生寶貴的時間參與紓緩護理為病者服務，是學佛修行的難得機會，實是感恩無限的！

PALLIATIVE CARE VOLUNTEERS PEER SUPPORT MEETING

In response to interest from palliative care volunteers who are Buddhists, the Buddhist Education Network of Ontario held a peer support meeting earlier this month both for volunteers to support one another and to encourage people to start volunteering (or working) in the field. We hope to have such meetings regularly. This would be in addition to the more formal education events where we invite a particular presenter.

At our meeting, various volunteers who have worked at Kensington Hospice, Toronto Hospice, Philip Aziz Centre for Hospice Care, Emily's House (hospice for children) and also the palliative care units of various hospitals shared their experiences. One volunteer is part of the developing international Death Midwifery network. Here is a report of some key messages:

*There is a difference between volunteering in the community and at a residential hospice. Although both involve weekly visits, a community volunteer can sometimes be with a client for quite a long period of time during which the volunteer gives care to a client through the ups and downs of the illness. A personal relationship develops where not only the volunteer feels privileged to accompany the client in this most important journey, he/she often becomes involved with helping the family of the client in various ways to allay the concerns and anxieties of the client.

*In a residential hospice, each volunteer does not usually get to develop a more personal relationship with the client, but rather is helpful with whatever activities the hospice requires of the volunteer for the block of time he/she is there. In the case of Emily's House, it is important that children whenever possible be given the opportunity to play and have a happy time just like other children like to do. While this more task-oriented nature of the work sometimes leaves the volunteer feeling disconnected, each volunteer is indispensable in working together to give a package of care to each hospice client whose privacy is of great importance.

*There is a systemic problem with immigrants not understanding English being more vulnerable to their needs not being met. To what extent can the health care system be asked to fulfill the cultural and spiritual needs of the dying which are much different from those of the mainstream society; and to what extent do the immigrant communities bear responsibility to their members?

*It has been repeatedly said: this work gives the volunteers exceptional opportunities to practice the Dharma, and for that they are grateful. ♪

APPLIED BUDDHISM & PSYCHIATRY

Expanding therapeutic paradigms - Acceptance and Commitment Therapy

Alice Lee: I am pleased to present this interview with a psychiatrist and a naturopathic doctor who are interested in Acceptance and Commitment Therapy.

Dr. Kenneth Fung, MD, MSc, FRCPC is a Staff Psychiatrist and Clinical Director of the Asian Initiative in Mental Health Program at the Toronto Western Hospital, University Health Network. He is also Associate Professor with Equity, Gender, and Populations Division at the Department of Psychiatry, University of Toronto. He completed a two-year fellowship in Cultural Psychiatry at the University of Toronto, and his Master thesis was on alexithymia among Chinese Canadians. His primary research, teaching, and clinical interests include both cultural psychiatry and psychotherapy.

Dr. Teresa Tsui, MSc, ND is a naturopathic doctor, clinician, educator and researcher. Her practice focuses on chronic diseases including mental health, women's health, and chronic pain. She manages the IN-CAM Research Network at the University of Toronto. She is a Clinic Supervisor and Academic Instructor at the Canadian College of Naturopathic Medicine. She also lectures undergraduate students, inter-professional education students, and clinician practitioners on natural health products at the University of Toronto.

Alice: In recent years, many psychiatrists, psychologists and psychotherapists who practice medicine in the west are becoming increasingly interested in Buddhist thoughts and practices. What do you think are the reasons for this trend?

Dr. Fung: A number of factors may have influenced this. There have been previous efforts to incorporate aspects of Buddhism into traditional psychodynamic psychotherapy, and Buddhism has influenced schools of therapy such as Gestalt Psychotherapy. Most recently, there has been a huge surge of interest in the application of mindfulness from Zen Buddhism because it is being recognized as a powerful beneficial practice. Jon Kabat-Zinn's work in Mindfulness Based Stress Reduction (MBSR) demonstrated its benefits for many people with chronic untreatable conditions such as chronic pain. Many newer types of psychotherapies have since incorporated mindfulness to help people with mental health problems. This includes Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavioral Therapy

(DBT), and Acceptance and Commitment Therapy (ACT). I am particularly interested in ACT.

Alice: What is ACT and how did you become interested in conducting research in ACT?

Dr. Fung: ACT is one of the third wave behavioural therapies. It aims to increase a person's psychological flexibility by increasing 6 core skills. They are: *Acceptance* – willingness to experience our thoughts and feelings even when they are unpleasant rather than avoiding them; *Defusion* – treating our thoughts as just thoughts instead of believing in them; *Contact with the Present moment* – being present in the 'here' and 'now' rather than being trapped in the past or paralyzed by an imagined future; *Self-as-context* – being in contact with a transcendent self rather than being stuck with unchanging ideas about who we are; *Values* – being in touch with what matters most deeply to us, such as caring for our families, rather than blindly following rules or avoiding fears; and *Committed Action* – taking steady

actions and steps to carry out our values. I first became interested in ACT when I was searching for a kind of psychotherapy that can complement typical Western therapies, especially from an Asian cultural perspective. I find ACT's emphasis on acceptance, mindfulness principles, and values resonate with what I believe in as a therapist.

Dr. Tsui: I will add that I am intrigued by the applications of ACT as I am new to it and was introduced to this therapeutic intervention by Dr. Fung. The parallels between ACT and Buddhism are very interesting to me. I have been reading about Buddhism and practising mindfulness meditation for over a decade.

Alice: In what ways are Buddhist thoughts and practices being applied in medicine? Or your clinical practice?

Dr. Fung: As I began to learn and research on ACT, it became evident to me that ACT is very consistent with many aspects of Buddhism, from mindfulness practice to the four noble truths and eightfold path. As a therapist, I often discuss and use core ACT principles with my patients. I have also had the experience of running a couple of therapy groups in partnership with Buddhist monks even though I am not a Buddhist. —>

Dr. Tsui: In my clinical practice for the last 10 years, I strive to be fully present with each patient interaction so that I can fully hear their story. I like to think that I approach each patient with a beginner's mind that is open and inquisitive.

Alice: What do you think are the benefits of supporting researchers and scientists in western medicine to gain deeper insight into Buddhist thoughts and practices? And how could we go about doing that?

Dr. Fung: As a cultural psychiatrist, I believe that each culture has great wisdom to offer. Supporting further research into the rich and sophisticated Buddhist philosophies, thoughts, and wisdom, which have been developed to alleviate human ignorance and suffering, can undoubtedly help improve Western methods of psychotherapy. This will not only benefit Asians, who grow up with Buddhism culturally even if not religiously, but also for people of all ethnic groups and all religions.

Dr. Tsui: The benefits include applying Buddhist thoughts into practice to expand our therapeutic paradigms. Our idea of a psychiatrist and naturopathic doctor partnering with the Buddhist Education Foundation to do research on Acceptance and Commitment Therapy is a novel interdisciplinary collaboration. We are hoping that benefits will include improving patients' health outcomes, creating a new model of providing care, and creating opportunities to educate newer clinicians.

Alice: Can you tell us more about your idea of supporting a fellowship in applied Buddhism in the Department of Psychiatry at the University of Toronto?

Dr. Fung: If we are successful in fundraising and establishing such a fellowship, it will help attract psychiatry fellows to study Buddhism and learn how we can apply its principles to help people deal with stress and recover from their mental health problems. There is a lot of stigma associated with mental problems, and at the same time, in an increasingly stressful modern society, many people have problems coping. Immigrants especially face a lot of challenges in Canada. Even though methods based on Western culture can have great benefits, they have their blind spots and their limits. I think that this will be a great opportunity to make a much-needed contribution to the healthcare field as we unite together to bring in fresh ancient wisdom from Buddhism to alleviate human suffering and make our society a more loving and compassionate place.

加拿大佛教教育基金會本年七月在法鼓山多倫多分會向多名法師請教有關新MPS課程事宜。
In July 2015, BEFC hosted a meeting to consult with the ordained *sangha* members about the new MPS: Buddhism program at Emmanuel College.>

Alice: Thank you both very much for this interview for our readers to know about ACT. We are also very appreciative of the opportunity to support a fellowship in applied Buddhism brought to our attention by Dr. Fung. As you know, our Foundation is supporting an Applied Buddhist Studies Initiative at Emmanuel College at the U. of Toronto which is about to search for a faculty position in Chinese Buddhist studies. We are very happy to learn of this possibility of expanding the study of applied Buddhism into research in psychiatry in a cross-cultural context. This fellowship is very much in line with our continuing fundraising interest in supporting the application of Buddhism in modern society to ensure people will understand the relevance of the Buddha's teachings in modern life. ♪



^加拿大佛教教育基金會本年五月在多大的 Emmanuel College 舉辦第四回圓桌會議。

Toulouse 院長在場宣佈成立了《釋悟德漢傳佛學教授席》及新的MPS: Buddhism 碩士課程。BEFC hosted the fourth Buddhist Chaplaincy Roundtable at Emmanuel College in May 2015. At this event, Principle Toulouse announced the establishment of the Shi Wu De Professorship in Chinese Buddhist Studies and the approval of the new Master of Pastoral Studies (MPS): Buddhism Program.

