

# Six Basic Rules of Palliative Care and Their Buddhist Counterparts

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American Journal of Hospice  
& Palliative Medicine®  
2024, Vol. 0(0) 1–4  
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DOI: 10.1177/10499091241292811  
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## Abstract

As healthcare workers in palliative care, every day brings its share of awfulness and beauty, suffering and connection, meaning and cynicism. Without a way to support ourselves, we cannot help our patients, let alone one another. But how do we cope? Despite the unpredictability inherent in our work, we can discern certain patterns that offer an approach for dealing with these stressors. These patterns can be summarized into six simple rules of palliative care—rules that are coterminous with the teachings of Buddhism. Recognizing the synergy between our role in palliative care and ancient observations about dealing with life's difficulties can help us with the stress of providing conscientious care within a system that relentlessly tries to stop us from doing so. Such considerations offer one of many paths we might choose to cope with this challenging work.

## Keywords

palliative care, buddhism, burnout, self care, meaning, kindness

If a man going down into a river, swollen and swiftly flowing, is carried away by the current – how can he help others across?

-Buddha

Humor is not the opposite of seriousness. Humor is the opposite of despair.

-Conrad Hyers

Can a complex discipline be broken down into six simple rules? It has been said that if you can't say it simply, it's not worth saying at all. A different, but no less highly regarded, dictum on speaking and writing advises: "Tell them what you're going to tell them, then tell them, then tell them what you told them."

In this piece, we describe six rules of palliative care and show how they align in great part with Buddhist principles. We explore this alignment as one of many potential strategies for coping with the daily stresses of caring for seriously ill patients in the context of a dysfunctional health care system.

The Six Rules of Palliative Care we propose are as follows:

1. Stuff happens.
2. Stuff don't make sense.
3. We can always do more stuff to you.
4. Our healthcare system is a stuff-show.
5. Never put off the good stuff (this applies both to patients and health care workers).

6. Simple kindness can help alleviate some of the bad stuff.

When one of us, a hospice and palliative care physician with over 30 years of experience in the field, discussed these rules with the other, a retired ophthalmologist who teaches secular mindfulness practices to health care workers, the latter recognized a significant overlap with the Buddhist teachings that underly Western ideas around mindfulness.<sup>1</sup> Thus, this piece offers perspectives from both inside and outside the palliative care field. While tongues are firmly planted in cheeks, we hope there is some wisdom to be found in these pages.

To reduce Buddhism to a two paragraph introduction barely scratches the surface. But one way of looking at Buddhism is that it offers a number of observations about life and consciousness, with which anyone can experiment, seeing for

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themselves if Buddhist principles help cultivate more kindness, well-being, and courage. The set of observations at the heart of Buddhism are called the Four Noble Truths.<sup>2</sup>

Fundamental to the Four Noble Truths is the idea of releasing or relieving “*dukkha*,” a word in Pali, the language spoken at the time of the Buddha. *Dukkha* is typically translated as suffering, but its meaning is far more complex than any one English word. *Dukkha* includes a sense of stress, confusion, and a global feeling of unsatisfactoriness. The Four Noble Truths are suggestions for attaining more freedom from those inevitable human mind-states.

Now, let’s see how those truths map to the Six Rules of Palliative Care...

### Stuff happens

All of us working in palliative care know this one well. This rule refers to the bad stuff we see every day. It can be an accident of disease, an injury, people doing bad things to one another, et cetera, all resulting in a serious illness. Then people become patients and encounter the healthcare system in all its complexity and gory glory. Then more bad stuff happens. Administrative examples of stuff happening also exist: for example, seemingly random palliative care staffing reductions might occur after a C-suite changeover.

Here is where we point out the correlation between this rule and the First Noble Truth, which is that *dukkha*—suffering/confusion/stress/unsatisfactoriness—is part of life. But there is a lot more to that deceptively simple statement, and we’ll explain it after we look at Rule Number 2.

### Stuff don’t make sense

The random, uncaring nature of stuff happening can eat away at our souls if we allow it. Life is not fair by any stretch of the imagination. Really bad things happen to really good people over and over again. Young patients endure terrible cancers as horrified parents suffer with them. On and on we observe such terrible realities. And we observe good things happening to really bad people: a cruel despot (name your favorite) surviving their cancer, for example, among many other instances that come to mind. All of this can lead to greater stress, and even to questioning the existence of a deity or greater good that we serve.

This rule is a textbook example of the First Noble Truth, which states that *dukkha* exists. Duh. But bear with us. A common misconception is that this statement means that “life is suffering” or “life sucks.” But we know that life can have both joys and sorrows. Instead, the acknowledgement of *dukkha* means that, yes, things go wrong. Our health fades, our circumstances change, our abilities and relationships come and go. It also means that we can be stuck in a fragmented, confusing, obstructionist trainwreck of a healthcare system not of our making that routinely prioritizes profit margins over the needs of patients. Basically, the First Noble Truth—accepting

the inevitability of suffering—opens us up to seeing how we automatically add to that suffering. This moves us toward the Second Noble Truth, but let’s explore a couple more rules before going there.

### We can always do more stuff to you (versus for you)

One could provide CAR-T to a frail elderly patient at a total cost of almost \$1 million.<sup>3</sup> Indeed, in many cases, the default pathway of aggressive, technology-intensive interventions can be taken with minimal resistance. Many of us have been consulted after day 30 in the ICU, or day 15 on ECMO, or after the fifth line of treatment for renal cell cancer. We could go on, but mercifully will not, and certainly don’t need to. It often seems our health system is designed to create *dukkha* – which leads us to Rule Number 4.

### Our healthcare system is a stuff-show

If you have been a patient already, please accept our sympathy and skip ahead to the next section. As a patient, you have probably lived this rule. Even healthcare workers, with our advantages of familiarity, knowledge, and resources, often lack protection from the stuff-show of our healthcare system. Lacking any advantages, our patients and their loved ones attempt to navigate this hellscape with varying results and innumerable frustrations. Patients encounter multiple overlapping registrations, diverse electronic records, and lack of communication among providers. Attempting to read medical bills provides further frustration and anger. Those who are uninsured or (more commonly now) under-insured often face a rapid decline into poverty, as well-documented in multiple studies. We have twice the per-capita cost of healthcare as Western Europe yet sit 28<sup>th</sup> in life expectancy at birth and 23<sup>rd</sup> in infant survival. Again, the evidence overwhelms us and can demoralize us if we allow it, but we do not have to allow it. Which brings us to the Second Noble Truth.

The Second Noble Truth says that the cause of *dukkha*—suffering—is that we pretend that the First Noble Truth isn’t true. Which seems like a weird thing to say, because we clearly see that the First Noble Truth is true, as evidenced by all the stuff we deal with in Rules 3 and 4. So it is important to understand that the “pretending” in this case largely occurs subconsciously, and it shows up in our lives as us being more miserable than we need to be, without our understanding why. Or without our even realizing we *are* more miserable than we need to be!

Basically, the Second Noble Truth says that we try to cling to things that are, by their very nature, “un-clingable”, because they are always in flux. This tendency to cling is obvious intellectually, but it starts on a preconscious level. When it rises to consciousness, it changes our experience for the worse if we don’t see it happening. And we almost never see it

happening unless we train ourselves to look for it, for instance through meditation.

Here's how this works: Our ancient minds were designed to make an instantaneous decision about whether a stimulus is dangerous or not. When we don't like something—when we cling to things being other than they are—it triggers that ancient fight-or-flight wiring, often in subtle ways that we don't recognize. One result is that our higher cortical centers are taken offline, since those higher centers are way too slow for an actual life-and-death emergency. But it means our thinking mind starts generating self-reinforcing gibberish filled with catastrophizing, resentment, petulance, and endless rumination. This happens because we've lost the perspective that our higher wisdom offers. And we usually can't see how unhelpful it is for ourselves and everyone around us—we feel we deserve to be crotchety and snappish. (Or, more likely, we are crotchety and snappish without even realizing it.)

In other words, when any difficult situation arises—and Rule 3 and Rule 4 are filled with examples—our automatic reactivity instantly and persistently adds to the difficulty. The real problem, though, is that we don't see how our attitude is shaped by those subconscious forces that arise spontaneously as part of our built-in survival wiring. This is the power of Buddhism and mindfulness—the invitation to understand your mind and see how, unobserved, it will add to your suffering.

So, what do you do about it? This is where the Third Noble Truth comes in, which basically says that if you want to have more agency and wisdom in how you react to difficult situations, stop doing the Second Noble Truth. Practically speaking, that means doing whatever you need to do to release the automatic clinging for things to be different and invite your prefrontal cortex to come back online.

In fact, palliative care is about being the Third Noble Truth for patients, providers, and the system at large. Going back to Rule 3: Imagine you are consulted on a frail 88-year-old patient with advanced cancer, who is now on his way to an LTAC. Every provider involved in that patient's care was lost in reactivity—reactivity stemming from subconsciously clinging to how much easier it is to simply treat, treat, treat rather than have a conversation with the patient and family. In palliative care, you are literally being the prefrontal cortex for everyone, coming online to provide a larger perspective with wiser options when providers, patients and families are all lost in avoiding complexity in a complex situation. This brings us to Rules 5 and 6, and the Fourth Noble Truth.

### **Never put off the good stuff (this applies to both patients and health care workers)**

Every get-together with friends and family, every walk in the woods, every trip taken can replenish energy and provide meaning. Energy and meaning helps patients to cope and helps us to help them.

### **Simple kindness can alleviate some of the bad stuff**

So many potential manifestations of kindness exist that we can only mention a few examples. That person who appears lost and afraid wandering in the hospital will be eternally grateful to the stranger in scrubs or a white coat who helps walk them to their destination. The extra phone call at 7 PM to a family member to check in and support them can help immeasurably. Procuring a warmed blanket for a patient or honestly endorsing the efforts of caregivers might bring some light into the darkest situation. Or just sitting and being present during a particularly trying time for patient and family can be deeply meaningful.

This concept of simple kindness aligns with the Fourth Noble Truth. Recall the first three Noble Truths: The first one reminds us that life can be hard. The second one suggests that we make things worse by pretending (often on a subconscious level) that the first truth isn't true. The third one says that if you want to have less suffering, stop doing truth two. The Fourth Noble Truth tells you how to do that—a set of suggestions known as the Eight-Fold Path. A full discussion of the Eight-Fold Path is well beyond the scope of this paper, but, briefly, it offers suggestions to cultivate wisdom, ethical conduct and ways to understand your own mind. Palliative care Rules 5 and 6 align perfectly with these suggestions.

In other words, to begin to release that subconscious clinging and resistance to the way things are, it helps to practice noticing what your mind is doing, and then, practicing being kind and doing the right thing—and really noticing what that feels like. In essence, these Six Rules, and the corresponding Four Noble Truths, are a reminder that, in the end, you only have your mind. It is the lens through which you experience everything. It determines who you are, the quality of your relationships, and the way you act in this world. You can train yourself to notice each thought that shows up, so that you have agency with regard to how you respond to the things around you. Or you can continue to *not* notice whatever thought lurches into consciousness, and then be ruled by what that thought tells you.

Given the toxic and draining nature of the stuff-show that is our healthcare system, this piece hopefully encourages you to explore understanding your mind—and meeting what you find there with kindness. We offer this as one of many potential means to help you deal with our difficult reality in a way that supports you, your family, your colleagues, and your patients.

Special thanks to Laurie Zuckerman who originally inspired this work and to Luke Walker and Jillian Gustin for their kind suggestions.

**Declaration of conflicting interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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**Notes**

1. <https://www.modestlymindful.com/>.
2. Moffitt, Philip. *Dancing With Life: Buddhist Insights for Finding Meaning and Joy in the Face of Suffering*. Emmaus, PA, Rodale Books, 2012. (*A good basic reference on Buddhism and the Four Noble Truths*).
3. <https://www.primetherapeutics.com/en/news/pressreleases/2021/release-2021-cost-of-care-car-t-exceed-million.html>.