The purpose of this research was to learn more about end-of-life nursing care for individuals in the Hindu and Buddhist cultures, specifically in Nepal. The purpose of this presentation is to inform others, specifically the nursing community, of end of life care for Buddhist and Hindu cultures.

### Buddhist Beliefs:
- Buddhists believe that the human body is only a temporary composite which dissolves at death, although some stream of consciousness undergoes rebirth (Chan, Poon, & Hegney, 2011).
- It is important that the dying individual be in a clear state of mind at time of death as it is believed their state of mind influences rebirth (Hughes & Keown, 1995).
- Death is viewed as natural and inevitable, therefore they traditionally have more tranquil and accepting attitudes toward death (Shubha, 2007).

### Hindu Beliefs:
- Hindus believe in cycles of being born and dying, karma, and a supreme being who exists in the universe and in the individual souls, and who is the ultimate end for all (Pucholski & O’Donnell, 2005).
- Hope lies in making spiritual progress and moksha, or liberation from the cycles of rebirth (Pucholski & O’Donnell, 2005).
- Preservation of life is balanced against the acceptance that dying is natural and a step closer to moksha (Pucholski & O’Donnell, 2005).
- Family members are central in the decision making process and care during end-of-life care.

### Findings

**Buddhist Practices and Beliefs**
- Buddhists believe that the human body is only a temporary composite which dissolves at death, although some stream of consciousness undergoes rebirth (Chan, Poon, & Hegney, 2011).
- It is important that the dying individual be in a clear state of mind at time of death as it is believed their state of mind influences rebirth (Hughes & Keown, 1995).
- Death is viewed as natural and inevitable, therefore they traditionally have more tranquil and accepting attitudes toward death (Shubha, 2007).

**Hindu Beliefs**
- Hindus believe in cycles of being born and dying, karma, and a supreme being who exists in the universe and in the individual souls, and who is the ultimate end for all (Pucholski & O’Donnell, 2005).
- Hope lies in making spiritual progress and moksha, or liberation from the cycles of rebirth (Pucholski & O’Donnell, 2005).
- Preservation of life is balanced against the acceptance that dying is natural and a step closer to moksha (Pucholski & O’Donnell, 2005).
- Family members are central in the decision making process and care during end-of-life care.

**Comparison to U.S.**
- Dying individuals prefer family around them instead of healthcare workers.
- Cremation after death is the most common practice for Buddhist and Hindus in Nepal, but there are Christians that go through the burial process.
- Traditionally, rituals and prayers are performed after death instead of a proper funeral.
- Prolonged artificial life support is not usually supported (Singh & Freeman, 2011), while Americans tend to be more accepting of life support measures.

**Recommendations for Care**
- Provide a peaceful and quiet environment during time leading up to death.
- Engage both the patient and family in the planning of care.
- Advise patients and families on the use of hospice and palliative care for additional support.
- Medications altering consciousness are generally not preferred, therefore it is important to consult with the patient and family before administering.
- Consider the entire sociocultural background of the patient when trying to meet their needs.
- Assist with dietary concerns as necessary for those who may be vegetarian or have special dietary requirements.
- Be respectful of same-gender nurse requests.
- Be conscious of after-death rituals and body removal practices.

**References**


