



# "The Life Beyond : Existence After Death?"

Information on Modern Scientific Studies of Life & Death

## 「生命的延續—死後存在嗎？」

### 現代生死科學資訊集



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### 目 錄

#### 主席獻詞

2

#### 前 言

5

#### 講座節目表

11

- (1) 2011年10月 9日 講座之節目表
- (2) 2011年10月 15日 講座之節目表

#### 講者簡介

13

- (1) 彼得·芬域醫生 (Dr. Peter Fenwick)
- (2) 雲諾武醫生 (Dr. Pim van Lommel)
- (3) 喀嚕臣教授 (Professor Erlendur Haraldsson)

#### 講題簡介

14

##### 2011年10月9日

- (1) 意識與人腦是否一體？瀕死體驗有助解答此問題嗎？.... 彼得·芬域醫生
- (2) 非區限的意識：基於瀕死體驗的科學研究得出的概念.... 雲諾武醫生
- (3) 死後生命的信仰與輪迴、及死後生命之正反論證.... 喀嚕臣教授

##### 2011年10月15日

- (1) 臨終經驗 - 靈性的觀點.... 彼得·芬域醫生
- (2) 心臟病倖存者「非區限意識」的含意：近代對延續意識的研究，將會如何影響對曾有瀕死體驗病者的治療？.... 雲諾武醫生
- (3) 臨終顯像：臨終時的幻覺經驗.... 喀嚕臣教授

#### 「死後生命」的科學佐證

20

- (1) 瀕死體驗
- (2) 臨終顯像
- (3) 亡靈鬼物
- (4) 輪迴

#### 世界知名組織與基金會

23

#### 主辦單位：敦珠佛學會國際有限公司之簡介

30

#### 協辦單位：生命提昇慈善基金會有限公司之簡介

32

#### 有用連結

43



## 主席獻詞

# 生死教育的重要性

羅美玲

「科學、生死、輪迴」講座系列籌備委員會主席



羅美玲女士乃「敦珠佛學會」之行政總裁及指定導師，同時亦是「生命提昇慈善基金會」之行政總裁，並分別擔任《蓮花海》及《生命提昇》雙月刊的總編輯。其著作、演講、出版之多媒體影音光碟、書刊及雜誌等，現今已超過130餘款，著重於淨化人心與提昇精神力量、創建和諧社會。其領導才能及創新能力分別得到社會各方面廣泛的認同與肯定。

## 「死亡教育」的深度與廣度

「生命提昇」雙月刊連續數期的輪迴真實個案介紹，以及現時坊間廣泛被討論及湧現千萬個個案的「瀕死體驗」例證，都很清楚地向人類啟示了一個重點，就是「生命會在死後繼續存在」，以至「死後世界」與「重獲生命的投胎」，都確實是存在的，而且曾經有人類經歷過。

而最重要的訊息是，人類的「意識」，並未因死亡而消失，而是不斷的繼續存在着。這種「意識」的繼續存在，也代表「生命」的仍然存在，只是存在的方式及形態不同了，存在的環境不同了，感受也不同了。

由於「死亡」已經不再是以往人類的認知那樣，死後就甚麼也沒有，而是超越想像的充滿變數及危險。以往的「死亡」，死者及其親友只需要應付「離別的傷痛、失去一切、病的痛苦、怕被人遺忘」等等問題，隨著大量湧現的「瀕死體驗」例證、科學及醫學界的精英參與研究、符合科學鑑證條件的證據出現等等，都令「死亡」的廣度及深度增大了很多。

跟據連續三期的輪迴真實個案的內容顯示，死後起碼出現四種特徵：

1. 個案中的主角都不約而同地指出，在人死後至投生前的階段，會身處一種幽暗的環境。
2. 能夠記憶前生往事的個案，主角大都是前生因意外或被謀殺而傷重死亡的人，由於死時太過辛苦，至投生後，身體上仍然保留前生死亡時的痕跡，稱為「胎記」，而且在精神上持續受到上一生死時的痛苦所影響。
3. 在個案中的主角，發現自己死後是浮在半空中的，而且周圍有很多和他一樣的人，在死後都浮在半空中。顯示人類失去肉體後的存在模式，全部都變得一樣的無重量，很飄忽。不知道下一站會怎樣。
4. 死亡至投生，普遍大約要經歷1-3年左右。特殊的個案會經歷4-10年左右，甚至更長的年期。一切都充滿變化及「不確定性」。

由上述的四種特徵而知，現在的「死亡」，死者及其親友需要憂慮「死後的生命要面對怎樣的環境呢？那種環境會否對生命的存在方式及形態構成危險及痛苦呢？死後的生命要面對怎樣的變化呢？這些變化會否對生命的存在方式及形態造成難以估計的創傷呢？作為死者及其親友，可以作出怎樣的協助及事前準備呢？這些死後的環境有何特徵呢？可以改變嗎？若果會隨時轉換生命的存在方式及形態，這種轉換式的輪迴投生，會否有機會令生命長陷痛苦呢？可以改變嗎？」

這些問題，已經不再是「宗教或哲學」的問題，而是人類為了「生命」的保護和延續而很實際地要面對的問題。為了解決這些問題，而又要不困在宗教的範疇，並且要具有理性及科學精神的面對這些問題，就是當今真正要做的、也是現今社會最缺乏的「死亡教育」。



## 如何方可理性的解開 「生死之謎」？

現今社會所提供的「生死教育」，在「生」方面的「生命教育」，並不缺乏；但在「死」方面的「死亡教育」，只局限於「臨終關顧的安寧療護」服務，要達到的目標是設法令亡者無懼於「死亡」，到死亡的一刻都是安祥的、無懼的。著重點放在身體的痛苦舒緩、鼓勵放下執著。對亡者的親友則提供哀傷輔導，希望減低對失去亡者的思痛。這便是現今「死亡教育」所能提供有關「生死兩相安」的服務。

但對於上述的問題，如何掌握及解決，卻一點實用或實際的知識及技巧都沒有提供，有的只是宗教上的「信就得了」。死亡一刻的安祥，可能不敵死後半刻的劇烈痛苦。

因此，光靠一個「信」字，並不能立即解決眼前的死後問題，情況一如光靠一個「信」字，不能立即解決眼前的社會、人類的種種困難一樣，「信心」雖然很重要，但仍然需要實用及實際的知識與技巧，方能協助亡者及其在生的親友理性及科學地解決上述的種種困難及問題。

畢竟「輪迴」這種危險旅程的挑戰，並非你我一般想像的如此簡單。因此實用及實際的「死亡教育」，就顯得極之重要了。究竟在生前，應該接受一些怎樣的教育與訓練，才足以應付「死亡」與「投生」的挑戰呢？應該在生前做好什麼準備，方才有機會令「下一期的生命」進入提昇的軌道，向上不斷進化，而並非退化至更差的狀況呢？

我們今生的人生目標，不應該只放眼在金錢或者物質的追求之上，而是應該切切實實地提昇在生時的精神狀態，為死亡之後的下一場危險旅程作好適當及充份的準備。

## 香港開埠以來最具權威性的 「瀕死體驗」大型公開講座

要做好準備，必須先吸收一些理性、具科學性的有關知識。「敦珠佛學會」與「生命提昇慈善基金會」，由於得到「李嘉誠基金會」之「香港仁愛香港」公益慈善活動的贊助，特別邀請三位譽滿全球、世界頂尖級研究「瀕死體驗」之權威專家及學者來港，主講香港開埠以來首次以「科學鑑證瀕死體驗、廣論生死」為題的大型公開講座。這是前所未有的高階知識傳播，可以說是香港人之福，大開「生與死的眼界」。

由於因緣具備，並且得到三位講者的應允，可以同期舉辦兩場不同的講座，以利益普羅大眾，分別為：

## 第一場講座

講座日期：2011年10月9日（星期日）

講座時間：2:00 PM -- 6:00 PM

主講嘉賓及題目：

1. 彼得·芬域醫生（Dr. Peter Fenwick）-- 意識與人腦是否一體？瀕死體驗有助解答此問題嗎？
2. 雲諾武醫生（Dr. Pim van Lommel）-- 非區限的意識：基於瀕死體驗的科學研究得出的概念
3. 喀嚕臣教授（Professor Erlendur Haraldsson）— 死後生命的信仰與輪迴、及死後生命的正反論證

講座地點：香港灣仔博覽道一號「香港會議展覽中心」會議室N101(博覽道入口)

## 第二場講座

講座日期：2011年10月15日（星期六）

講座時間：7:00 PM -- 10:30 PM

主講嘉賓及題目：

1. 彼得·芬域醫生(Dr. Peter Fenwick) — 臨終經驗 - 靈性的觀點
2. 雲諾武醫生（Dr. Pim van Lommel）— 心臟病倖存者「非區限意識」的含意：近代對延續意識的研究，將會如何影響對曾有瀕死體驗病者的治療？
3. 喀嚕臣教授（Professor Erlendur Haraldsson）— 臨終顯像：臨終時的幻覺經驗

講座地點：香港九龍灣展貿徑一號「國際展貿中心」三樓演講廳

兩場講座，均以英語主講，並附有粵語及普通話之即時傳譯，以方便出席的聽眾們。今次是一次稀有難得的機緣，希望各位出席的嘉賓，均能因此而有所裨益。並希望各位出席的嘉賓對今次的講座，給予你們寶貴的意見，以便我們可以吸收更多寶貴的經驗。對各位多方面的合作，我們表示極度之感激與謝意！

為了令更多的普羅大眾，能對現今西方有關生死科學之研究，有進一步的了解，因而編輯了這一本資訊集，希望值此拋磚引玉，邀請社會各界之先進賢達們，多所賜教，非常感謝！



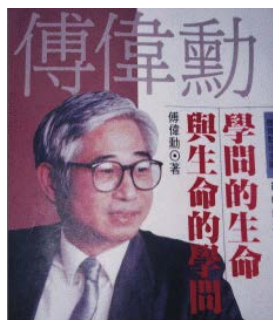
# 前言 生死教育

中國在傳統上，對於死亡是盡量避諱不談的，認為談論死亡是不吉利的。對於死亡、臨終和哀慟的有關教育，幾乎是沒有的。引致一些即使身處高等教育階段的學生，即將以成人的身份面對這個世界時，仍然對「死亡的認識、如何安慰臨終的親屬、如何面對哀慟」等等人生中極重要的問題上，顯得一籌莫展，能力有限，其根源都始於他們還沒有接受任何相關的「生死教育」。

近年世界各地分別發生了不同的天災，例如：9·21台灣大地震、5·12汶川大地震、4·14玉樹大地震、以致最近3·11日本福島縣的大地震、海嘯及核災難等等，一再地向我們展示了人類生命的脆弱。因此，如何幫助現代人直觀與經驗「生與死」的重要人生問題，便成為我們必須要直接去面對的一個重要課題。

## 生死教育的提出與發展

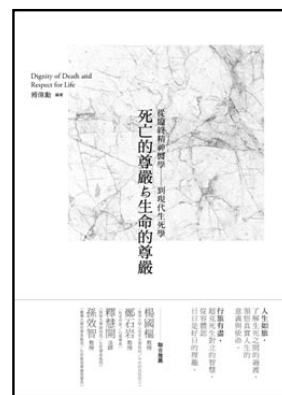
### 1. 生死教育的提出



傅偉勳博士遺照。

「生死教育」源自「生死學」，1993年台灣之傅偉勳教授，在其著作《死亡的尊嚴與生命的尊嚴》中，提倡以中國的“生死智慧”來融匯西方的“死亡學”(Thanatology)，從而形成從死向生的“生死學”學科。

因此，廣義的「生死教育」，即從死向生的教育，如台灣學者張淑美所述是“通過探討死亡的本質以及各種臨終、哀慟之現象，促使我們深切反思自己與他人、社會、自然以及宇宙的關係，從而能夠省察生命的終極意義與價值的教育”。



而狹義的「生死教育」等同於西方的“死亡教育”(Death Education)。一般在香港及內地，都採用狹義的「生死教育」，也因此使到“死亡教育”成為了禁區，難以推行，這正好反映出中國傳統文化的傳統禁忌。有關生死的教育，在外國一般被稱為“死亡教育”，然而在兩岸三地（包括香港、台灣及內地）裡，為了避開禁區的限制，因而稱為「生死教育」。

### 2. 生死教育與生命教育

近些年，社會對「生命教育」的呼聲越來越高，但對「生死教育」的了解及研究卻非常少見。從二者的關係來看：第一，「生命教育」與「生死教育」是相互交叉著的。有學者認為，廣義的「生命教育」：包括人際關係、倫理、生死學、宗教、殯葬禮儀等不同範疇，因此「生命教育」便已經包含了「生死教育」在內。然而，一些「生死學」專家卻反駁認為：「生死教育」實包括了從生到死、各個不同階段的多樣性教育，因此「生死教育」才是最完整地涵蓋了整體的「生命教育」。雖然在名相上之爭，沒有多大的意義，但由此卻可見到二者之間的密切關係。

第二，「生死教育」與「生命教育」是互相依賴、互相依存的。「生死教育」的開始，是有賴於「生命教育」的支持。而同時，「生命教育」的深入，亦有賴於「生死教育」的開始與延續，因為不談論死亡的「生命教育」總是膚淺的。台

灣學者林素霞等人也把「生命教育」分為倫理與生死兩個取向；而內地現有的「生命教育」，只偏重於倫理學取向的「生命教育」。這樣來看，「生死教育」實在是推動了「生命教育」的深入、以及平衡發展的重要伙伴。

### 3. 生死教育的近代發展



海漫·菲費爾

隨著第二次世界大戰結束之後，於1956年的一個心理學會議中，美國南加州大學醫學院之海漫·菲費爾（Herman Feifel）談到有關對死亡的研究，並於1959年出版了《死亡的意義》一書。自此之後，美國死亡學研究的發展便逐漸發展起來，而美國大學之不同學院亦開始陸陸續地提倡有關死亡的教育。其他不同的學者、與及死亡學專家們的著作，包括庫布勒·羅斯（Kubler Ross）於1969年出版的《死亡與臨終》，亦慢慢成為了「死亡教育」中的經典教材。至1974年，全美已有41家醫學院，分別開設了有關「死亡教育」的正式訓練課程。21世紀的今天更不用說了，經過「死亡教育」專家們的多番努力，「死亡教育」現已在美國各大學學院完全落實。但相對來說，仍然是醫學院的醫生或護士選修這門課程的人士為較多；但是也有來自宗教系、哲學系、心理學系、社會學系、教育學院等各個院系的學生。



庫布勒·羅斯醫生

台灣20世紀90年代，在「台灣生死學之父」傅偉勳教授對「生死學」研究的大力推動下，在南華大學成立了「生死學研究所」及「生死學系」，基於人性關懷與人文的精神，以提昇人民生命品質與死亡尊嚴為目標，進而培育生死關懷及生死服務事業的專業人才，並且翻譯了許多有關「生死教育」的相關著作。

相對而言，香港及內地在這方面則較遲起步。內地出現了「生死學」方面的專著是在90年代末期開始，如鄭曉江教授的《善死與善終—中國人的生死觀》（1999）、《尋求人生的真諦—生死問題的探索》（2002）、以及鄭曉江、鈕則誠合編之《解讀生死》（2005）等等；而香港的中文大學亦於數年前才有開辦過「死亡與不朽」的通識課程，而嶺南大學亦曾推出過相關的「生死學」課程。另外，內地及香港也開始出現有關於對「臨終關懷」等方面的研究；但是在真正意義上的「生死教育」及有關課程，無論是對醫學院的學生、還是對普通一般大學生、以致對一般現代人來說，都仍然是相當之陌生的。



鄭曉江教授

## 亞洲之「安寧護理」與「生死教育」的未來展望

在亞洲之華人社區當中：在香港，紓緩關顧（palliative care）服務、寧養（hospice）服務、安養服務等等，均是指向「善終」的服務範疇；在中國內地，這類服務一般被稱為臨終關懷服務；而在台灣及新加坡，此等服務則被稱為安寧療護或安寧護理。

#### (A) 台灣

台灣早於20世紀之90年代，已有不同的志願機構，分別著力於推動「安寧護理」（palliative Care，當地稱為「安寧緩和醫療護理」）的相關服務，其中包括有：(i) 基督教馬偕紀念醫院，於1990年在其竹園分院，首次正式成立了「安寧病房」；(ii) 天主教的耕莘醫院，於1994年成立了「聖若瑟之家病房」；(iii) 台大醫學院附設醫院，於1995年成立了「緩和醫療病房」。

由於「安寧緩和醫療條例」在2000年的正式立法通過，慢慢地有更多的機構，相繼地有了「安寧病房」的建立，從而推展至全台灣不同的醫院。如今，台灣已有46家醫院設有「安寧緩和病房」，總共有683張病床；66家醫院設有「安寧居家服務」；73家醫院在一般病房或腫瘤病房中辦理「安寧共照服務」。被稱為「台灣之「安寧舵手」的陳榮基教授，乃是「蓮花基金會」的董事長，亦是推動整體「安寧緩和醫療護理」運動之表表者之一。



陳榮基教授

在台灣之「生死教育」發展方面，分別於1990年成立了「安寧照顧基金會」、於1994年成立了「佛教蓮花臨終關懷基金會」（後改名為「佛教蓮花基金會」）、以及於1995年成立「台灣安寧照顧基金會」等等團體，分別為推展善終照顧、哀傷輔導、及死亡教育等多方面而努力。南華大學於1997年率先成立台灣第一所「生死學研究所」、以及於1998年亦分別在台大醫學院及陽明大學等學術機構，開設相關的「生死學」課程，從而使到「生死教育」在台灣社會裡被廣泛地推展。



活著，是最好的禮物；善終，是最美的祝福

## (B) 香港

在凱瑟克基金（Keswick Foundation）的支持下，香港之「善寧會」（前身乃「善終服務會」）是於1986年6月正式成立的，該所非牟利團體是以「天為生命定壽元，人為生命賦意義」為其宗旨，並致力於推廣寧養照顧，提供善別輔導服務，希望透過社群教育，倡議珍惜生命，平和面對死亡，活出積極人生。並於1992年，建成了一所獨立的善終院舍，名為白普理寧養中心。

其後，隨着社會需求日漸增加，分別有律敦治醫院、南朗醫院、靈實醫院、聯合醫院等不同的醫院，相繼地開設了有關之善終服務。於九十年代初，「醫院管理局」之成立，因認同善終服務的概念和哲理，便開始在公立醫院提供及發展善終服務。而愈來愈多的醫院亦陸續地增設了這項服務，包括有：明愛醫院、佛教醫院、黃大仙醫院、屯門醫院、博愛醫院及沙田醫院等等。從而在整體上，壯大了香港之善終服務的「質」與「量」。

「醫院管理局」是以「全人治療」為其宗旨，並致力於實現人性化的服務，全面照顧「身、心、社、靈」各方面的需要。十多年前已開始為病人提供「寧養」（hospice）服務，由原先的單一住院模式，發展至今天的全面綜合服務。

迄今，「醫院管理局」轄下共有十間舒緩護理中心及六間腫瘤中心，專門為癌症病人提供「寧養」服務。寧養中心集結了逾一百名醫護人員、逾一千五百個義工，為八千個病人提供超過十三萬次的服務。大家整個團隊本著有一個共同的信念，便是：「癌症晚期病人曾對社會做出過貢獻，現在他們最大的折磨莫過於疼痛，如果我們能夠解除他們的痛苦，使他們將人生最美好的事留在記憶中，安寧而有尊嚴地走完人生旅途，那就是我們活著的人對他們最好的回報了。」

為進一步拓展本地的「寧養」服務，讓更多病人受惠，「醫院管理局」得到「李嘉誠基金會」的支持，攜手推廣『李嘉誠基金會「人間有情」：香港寧養服務計劃』，於2007年10月開始分階段開展。2008年4月全面推行服務有需要的末期癌症患者（包括孩童及成年人），讓更多病人於臨終之前後，分別獲得全面的人性化照顧。

該「計劃」在政府醫院現有「寧養」服務的基礎上，以每個政府醫院聯網的腫瘤中心為據點，發展「一條龍」式的「寧養」服務。計劃將擴大全港七個醫院聯網「寧養」服務的涵蓋範圍，擴展社區的參與層面，由醫管局跨專科的專業醫護團隊提供支援，緩解末期癌症病人身體承受的痛苦，給予臨終關懷，讓病人可以有尊嚴地活到最後一刻。該「計劃」是以三年為期作為試點，希望能為香港的「寧養」服務揭開新的一頁（詳情請參考『李嘉誠基金會「人間有情」：香港寧養服務計劃』之有關網址：<http://www21.ha.org.hk/sub/lks/tc/center.html>）。

2011年，該『「人間有情」：香港寧養服務計劃』於第二期推出之同時，得到醫院管理局、十間寧養中心、以及香港大學行為健康教研中心的支持，因而啟動了「寧舍」網站 [www.hospice-home.hk](http://www.hospice-home.hk)，集結科技、公益和社區觸覺的力量，讓大家的關懷祝福突破地點或時間限制，讓有心的香港人不論身在何方，都可以通過「寧舍」網站，為病人和抗癌隊伍送上支持、鼓勵及祝福。





「李嘉誠基金會」主席李嘉誠先生，在說出其資助計劃背後的信念時，實在是用心良苦的：『我們很樂意資助擴展這計劃。世界不屬於麻木不仁的人，《經濟學人》雜誌二〇一〇年「死亡質素」調查香港的排名提醒大家，我們需要做得更多。我特別感激寧養服務的同仁，你們讓不幸的患者依傍著關懷的臂彎走畢人生的旅程，也讓他們疲憊的家人得到慰藉，你們的愛心為患者映亮出一道美麗的最後風景。』

而在香港之「生死教育」方面，於2006年12月正式成立了「生死教育學會」，其創會會長為謝建泉醫生，現今會長則是謝俊仁醫生。學會由一班醫護界、專業人士、以及社會賢達所組成，其對推動香港的「生死教育」不遺餘力，實在貢獻良多。

作為一間慈善的宗教團體，「敦珠佛學會(國際)」乃成立於1998年1月，旨在香港及華人社區推廣顯密兩宗之佛法，出版不同種類的書籍、期刊、影音光碟等多媒體出品，藉此希望能夠淨化人心、改良社會風氣、使到社會更能和諧發展。並於2000年，「敦珠佛學會(國際)」開始致力於推廣「生死教育」，是從佛教的角度去應對人生中的「生死」問題。

為了進一步把「生死教育」普及化，而不需要局限於宗教的領域，「敦珠佛學會(國際)」近期更與另一間慈善團體「生命提昇慈善基金會」(成立於2008年) 共同合作，推出一系列的「科學、生死、輪迴」之大型公開講座，並邀請世界各國、以及國際知名之科學家、專家學者等，前來香港闡述他們多年來之科學研究報告，並分享他們在近代醫學與科學界頂尖的研究成果，以使廣大的香港市民，更能較科學化地去進一步了解及分析「科學、生死、輪迴」之間的相互關係。同時，亦希望值此等難得的機會，來擴寬香港市民對「生死」的視野，激發起他們對「生死」的思考，進而深入探究、及領悟生命的意義與價值。

## (C) 中國

事實上，「李嘉誠基金會」早於一九九八年，在汕頭大學醫學院第一附屬醫院，已成立了全國首家之寧養院，並開展了『李嘉誠基金會「人間有情」：全國寧養醫療服務計劃』，是迄今全國唯一上門免費為貧困末期癌症病人提供鎮痛治療、心理輔導等各方面照顧服務的臨終關懷機構，使晚期癌症患者能有尊嚴地離世，實為開全國之先河。

至今，已逾十萬名癌症病人受惠，而「基金會」捐助內地三十一所寧養院，並伸延至香港，覆蓋全港醫院聯網轄下十間醫院，捐資總額已超過港幣四億元，每年服務病人達二萬名，並有一萬二千多名義工參與項目。(請參看「李嘉誠基金會」出版之《萬變社會、不變承諾》小冊子第18-21頁，與及「寧舍」網站[www.hospicehome.hk](http://www.hospicehome.hk) 內之有關報導。)

最近於2010年5月19日，中央電視台新聞台的報導，謂首都北京市的北京老年醫院正式成立了「關懷病房」，這是北京市第一家三級老年醫院中的首家「生命關懷病房」。北京老年醫院是北京市基本醫療保險及工傷定點醫院，從而了知到內地亦開始重視這方面的發展，並且方興未艾。



《經濟學人》雜誌



謝建泉醫生



謝俊仁醫生

## (D) 新加坡

位於接壤新加坡與馬來西亞邊境的新山（Johor Bahru），早於1995年便成立了「新山安寧護理協會」（Palliative Care Association of Johor Bahru），為當時「扶輪社」屬下的其中一間機構，而所提供的是有限度的「安寧護理」，是屬於一種支援性的服務而已。直至2007年3月，協會才正式成為一個獨立的社會組織，繼續實踐協會的宗旨，為病患者提供免費的安寧護理服務。

「新山安寧護理協會」會長R.安佳姆都（Dr. Angamuthu Rajoo）醫生說：“安寧護理是給予病患和家屬一種慈悲愛心關懷的臨終護理。另外，協會也會提供生理、情緒、心靈和福利的支援。....這些服務一律是免費的。我們是一個非政府機構，支費完全依賴大眾和私人團體的善款來維持這項服務，因此病患不必擔心需要負擔任何的開支。”

與此同時，另一所名為「連氏基金會」\*（Lien Foundation）的慈善組織，由2006年開始，已著力於推動及提供有關之「安寧護理」服務，並成立了當時為亞洲首間有關安寧護理的研究及教育之「連氏安寧護理中心」（Lien Center of Palliative Care，<http://www.duke-nus.edu.sg/web/research/centers/lien-center-palliative-care>）。「連氏基金會」屬下更設有「有生之年」（Life Before Death，其網址為<http://www.lifebeforedeath.com>）的活動，為倡導更好的「臨終關懷」這一使命的組成部分。該活動通過社會媒體、藝術、電影和攝影深入民心。這項活動旨在讓人們思考並談論死亡和死亡過程，同時強調了為垂死人群提供更好護理的迫切需要。



連瀛洲博士

（註：「連氏基金會」\*乃是由新加坡商界領袖及外交家連瀛洲博士所創立的一所以慈善為目的之基金會，以其激進的慈善模式著稱。該基金會旨在加強弱勢群體的受教育機會、老年人群的優質護理、以及食水和衛生方面的環境可持續性為其工作之重點目標。）

新加坡的「連氏基金會」為提醒世人及政府，不僅要重視生活品質，更要重視「臨終照護」（或稱安寧療護），因而特別委託了「經濟學人資訊社」（Economist Intelligence Unit）為基金會作出了一份有關全球「死亡品質」指數的詳盡調查研究，名為《死亡品質》（Quality of Death）的研究報告，並於2010年7月14日向全球正式公佈，實為全球首份有關的研究報告。調查訪問了40個國家的醫生、專家及醫療人員，對自己所在國家人民的「死亡品質」進行統計，包括「臨終醫療、病人能否及時得到減輕痛苦的服務、以及醫生的透明度」等等多項指數。

此份研究報告顯示出，全球每年有一億多臨終病人及其家屬需要「臨終關懷」服務，但能夠享受到「臨終關懷」的病人不到總數的8%。這倒給人們一個重要的訊息，就是：儘管亞洲地區的生活水準日益提高，但是「安寧護理」的水準卻沒有同步提昇。就算是目前經濟蓬勃的「金磚四國」也遠遠地落在後頭。報告認為：「儘管『生活品質』（Quality of Life）是一個日常常見的詞彙，但是『死亡品質』（Quality of Death）卻又是另一回事了。」

根據這項研究顯示，專精於「安寧照護」的有關機構，大多數都「不包含在國家的健康保險系統裡.....很少有國家，甚至是那些有先進健康保險制度的富裕國家，會將安寧照護納入整體的健保政策」。甚至於連止痛藥的供應，「在大多數的國家來說都是少得可憐」，其主要原因是擔心這些藥品遭到非法使用和交易，以及醫護人員缺乏有關注射等醫學訓練。



另一項挑戰，則是要克服人們對「死亡」的看法，以及在文化上的禁忌，才能藉此來提昇「安寧護理」的有關服務。報告亦進一步指出，隨著全球人口的不斷老化，「安寧護理」的需求亦正在不斷地增長。因此，各地之政府、志願機構、和其他多方面的服務供應商（service providers），必須與時間作出競賽，以期滿足這種不斷上升的社會需求。

最後這份研究報告，又列出了不同國家在提供有關「安寧護理」服務素質的排行榜。在40個被研究的國家當中：英國排名第1，澳洲排名第2，紐西蘭排名第3，愛爾蘭排名第4，比利時排名第5，奧地利排名第6，荷蘭排名第7，德國排名第8，加拿大排名第9，美國排名第10，...（亞洲）台灣排名第14，新加坡排名第18，香港排名第20，日本排名第23，南韓排名第32，馬來西亞排名第33，中國排名第37，而印度排名第40，居於最尾。

## (E) 總體而言

台灣在「臨終照護」之品質評鑑，被列為亞洲之冠。根據報告內之細節部份的評估與比較，台灣在「臨終醫療基礎環境、是否提供臨終照護、臨終照護費用、和臨終照護品質」等4項範疇的排名，分別為全球之第15名、第19名、第10名及第10名。

根據評比調查報告，在英國、澳洲及紐西蘭，「臨終照護」都是全國醫療政策中的一部分，政府確保國民都能得到「臨終照護」服務；其中英國是全球最先推出「臨終照護」服務的國家。

報告更加表示，台灣能夠成為亞洲第1，主要是歸功於其能較早便肯定了「臨終照護」的需要。報告並特別表示，台灣已經做到由全民健康保險承擔「臨終照護」；而在這方面，則甚至很多富裕之先進國家還未能做到。

報告認為台灣之表現能夠超越新加坡，主要是因為新加坡之醫療保健支出，只佔國內生產總值（GDP）的3.3%，較全球之平均價的8.8%為低；再加上新加坡目前的老年人口數目，與日本等先進國家相比之下，並不算多。

雖然香港在亞洲的位置是排行第3，僅次於台灣及新加坡。然而，在香港所提供善終服務的機構卻不諱言，香港對「生死教育」起步較遲，一般人對「死亡」總抱着「避而不談」的忌諱心態，使香港這個號稱為「國際大都會」的現代化城市，在人生必經之「死亡」面前，卻變得既落後又封建，令明明是惡毒詛咒的「不得善終」，隨時成了今天香港社會的寫照。

說實在一點，在人生最後的路程上，是否會被照顧周到，最後是否可以走得安詳、而又有尊嚴呢？這便是「善終」的真正意義所在了。由此份研究報告所得出的啟示，可以看出亞洲各國在推動及提供有關「安寧護理」的服務與素質方面，仍須要多加更大的力度，才能解決隨著社會人口老化所帶來一系列的問題，而其中之「生死教育」，更是不可或缺的重要一環。還望社會各界之有心人仕，能以此教育方針，作為解決問題的關鍵之一。

### 安寧緩和醫療意願 註記健保IC卡

- 「預約善終權」全民運動開跑
- 「拒絕臨終急救意願」
- 善用即可避免臨終痛苦

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# 科學、生死、輪迴」講座系列之二

## 瀕死體驗

講座日期：2011年10月9日 (星期日)

講座時間：2:00 PM -- 6:00 PM

講座地點：「香港會議展覽中心」會議室N101

香港灣仔博覽道一號(博覽道入口)

### 節目表

#### 1:25PM 開場前表演

- 古箏現場演奏
- 播放「生與死的奧秘」片段

#### 2:00PM 節目正式開始

- 司儀作簡介

##### — 講題一

意識與人腦是否一體？瀕死體驗有助解答此問題嗎？

由彼得·芬域醫生(Dr. Peter Fenwick) 主講

##### — 講題二

非區限的意識：基於瀕死體驗的科學研究得出的概念

由雲諾武醫生 (Dr. Pim van Lommel) 主講

#### 4:00PM 中場休息10分鐘

##### — 講題三

死後生命的信仰與輪迴、及死後生命的正反論證

由喀嚕臣教授 (Professor Erlendur Haraldsson) 主講

- 訪談及答問時間

#### 6:00PM 書本簽名會

- 古箏現場演奏
- 播放「生命的意義」片段



# 「科學、生死、輪迴」講座系列之三

## 精神領域之科學研究



講座日期: 2011年10月15日 (星期六)

講座時間: 7:00 PM -- 10:30 PM

講座地點: 香港九龍灣展貿徑一號「國際展貿中心」三樓演講廳

### 節目表

6:25PM 開場前表演

- 古箏現場演奏
- 播放「生與死的奧秘」片段

7:00PM 節目正式開始

- 司儀作簡介

— 講題一

臨終經驗 - 靈性的觀點

由彼得·芬域醫生 (Dr. Peter Fenwick) 主講

— 講題二

心臟病倖存者「非區限意識」的含意：近代對延續意識的研究，  
將會如何影響對曾有瀕死體驗病者的治療？

由雲諾武醫生 (Dr. Pim van Lommel) 主講

9:00PM 中場休息10分鐘

— 講題三

臨終顯像：臨終時的幻覺經驗

由喀嚕臣教授 (Professor Erlendur Haraldsson) 主講

- 訪談及答問時間

10:30PM 講座結束

- 播放「生命的意義」片段

# 講者簡介

## 彼得·芬域醫生 (Dr. Peter Fenwick)

-----劍橋大學文學士、劍橋大學內外全科醫學士、英國皇家精神科學院榮授院士



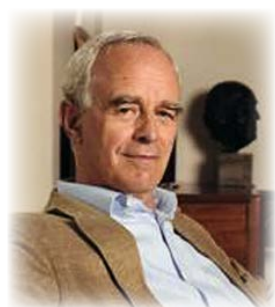
芬域醫生之專業領域非常廣泛，包括精神病學、神經精神病學、腦內、外科、頭、腦及脊髓疾病及創傷，睡眠紊亂，尤精於腦癇症。他對腦功能與意識間的關係具有長期及廣泛的研究。

芬域醫生曾任多家醫療及學術機構要職，長期任英國摩斯里醫院神經精神科顧問醫生、並曾為英國牛津威傑夫醫院精神科高級講師及神經精神科顧問醫生、倫敦英皇學院精神科高級講師。

目前他是英國布洛姆醫院神經生理學榮譽臨床顧問醫生、及英國修咸頓大學精神科榮譽高級講師。近十年來，他每年都有數月時間在日本一神經科學實驗室從事腦磁圖的研究。他並在英國、荷蘭及日本等地進行龐大的善終服務計劃。他並為「科學與醫學網絡」的主席及「綜合醫學基金」研究委員會主席。

芬域醫生對「瀕死體驗及死亡過程」有長期的研究，分析個案超過三百宗，別具獨到的心得。他著作等身，已發表於學術刊物的論文逾240篇及另有六本專門著作，在專業界內公認為英國主要的「瀕死體驗臨床研究」權威。

## 雲諾武醫生 (Dr. Pim van Lommel)



雲諾武醫生為心臟專科醫生，服務於荷蘭Rijnstate醫院。在26年的行醫期間發表了多篇心臟病學的論文。自1986年起開始研究因心臟病發而經歷「瀕死體驗」的病例，數達五百多宗。

在1988年，雲諾武醫生成立了麥卡華基金會，為國際瀕死研究學會在荷蘭的分支。自2001年，雲諾武醫生與一些同工在著名的醫學期刊「刺針」上發表了他們在荷蘭的研究，並論著了一些有關「瀕死體驗」的論文及專著的部份章節。在2007年，他發表了他的荷文新作《無盡的意識 - 從科學角度探討瀕死體驗》，一年內售出十二萬冊，成為荷蘭當年的暢銷書，之後該書被翻譯成英文及法文。

在過去數年，雲諾武醫生不斷地在全球各地作學術演講有關「瀕死體驗」及意識和腦功能的關係。在2005年，他獲得國際瀕死研究學會頒發「布嚕士·桂臣研究」。在2006年，印度總統鴉都·卡林博士在新德里舉行的「世界臨床及預防心臟病學」會議上頒授雲諾武醫生「終身成就收獎」，以表揚他的貢獻。

## 喀嚕臣教授 (Professor Erlendur Haraldsson)



喀嚕臣教授任教於冰島大學心理學系逾四分之一世紀，並曾擔任維珍尼亞大學客座教授，美國加州超個人心理學院兼任研究員、及德國弗萊堡心理學院研究教授。

喀嚕臣教授研究範疇廣泛，包括：通靈經驗及民俗信仰、超自然能力、臨終顯象、亡靈鬼物等，他在輪迴方面的研究尤其舉世著名，是西方學者在這方面的先驅。他曾在斯里蘭卡、印度、黎巴嫩等地，對一些宣稱能「回憶前世事蹟」的小孩作研究，廣泛地調查近一百宗個案，並發表逾百多篇論文及五部專著，他是近世研究輪迴的殿堂級權威。喀嚕臣教授長期與美國維珍尼亞大學醫學院之史提芬遜教授，及心理學巨擘加里士·奧西斯博士合作研究。並與奧西斯博士合著的《死亡時刻》，是一部有關「臨終顯像」的罕有著作，已在12個國家出版。喀嚕臣教授歷年來受邀在世界各地作學術演講，總達逾百餘場，廣受學術界重視及一般社會大眾歡迎。



# 講題簡介

## 意識與人腦是否一體？ 瀕死體驗有助解答此問題嗎？

彼得·芬域醫生



彼得·芬域醫生

到目前已清楚知道曾經心臟病發的病人約有10%經歷瀕死體驗，其中約有三份之一有脫體的經驗。



傳聞瀕死體驗出現時，瀕死者訴說他們離開了自己的身體，對週遭發生的事，清楚了然，或遊走到醫院其他病房，並覆述那裏發生的事情。於是，開展了一組的研究，調查這些現象。他們將一些咭片或數字放在某些地點，而當事人離開其身體，應可看見。這些研究將會在今次舉辦的演講中詳述。

為了作進一步的研究，山攀尼亞醫生（Dr. Sam Parnia）及其團隊自2008年開始，在聯合國主導下進行了AWARE（在復甦時覺知）計劃。該項計劃的目的是試圖瞭解：「當死亡開始時，發生了甚麼事情」、是否有證據顯示腦和意識是可以分離



山攀尼亞醫生

的。因此如証實病人當時有感受到這些經驗是重要的。

假如這是真的，那麼便意味我們的意識是獨立於腦部，而這些對神經科學將有廣泛的含義。AWARE（在復甦時覺知）計劃是要測試這些報導，到底是否真實。

在英國、法國、奧地利和美國，好些醫院的急救區內都有一些上載資料的咭片放近天花板處。每家醫院放置超過六十張咭，期望當有病人心臟病發而出現脫體時，剛好在這些有咭片的區域內。其後會訪問心臟病發的當事人，是否有脫體的出現。

假若有的話，描述當中發生了什麼。每位當事人會收到一份問卷調查，以決定他們瀕死體驗的性質，有否發生脫體？特別是他們期間看到了什麼？從中分析所收集的資料。由於此項的重要性，在研究完成之前，不會透露結果。此研究項目已經引致要重新規劃心臟病發時量度腦部活動的方法，及心臟病發時當急性腦缺氧要檢驗腦部的活動。

這項研究提出了意識的本質的問題，並介紹更廣闊狀態的意識的例子。探索涉及的腦部活動機制，因而帶出不同的意識模式，這些都是超越了單純機械式的腦部功能。

不少人士匯報在瀕死體驗後，他們的角色或變為治療者、或成為治癒者。並會回顧相關之証據。



# 非區限的意識：基於瀕死體驗的科學研究得出的概念

雲諾武醫生

研究異常是了解正常的最好方法

威廉·占士

根據我們目前的醫學概念，心臟病發時，循環和呼吸因而停止，意識不可能有感知作用。但心臟病發時，正當命懸一線而腦部沒有功能活動的期間，卻被事後發現在病人的報告中有「拓展意識」(enhanced consciousness) 的存在，而這種情況的出現正正是與目前的醫學知識產生矛盾的。

近世已有數個理論嘗試去解釋一般之所謂「瀕死體驗」。要建立一個能普及解釋「瀕死體驗」的成因和內容，其難處在於它的複雜性，因為在不同的情況下，皆能感知「瀕死體驗」的產生。例如：在腦部因心臟病發而受重創之情況下，以至在腦部似乎仍然有正常功能的狀態。在四項具有前瞻性的研究裡，被發現在562名心臟病倖存者當中，分別有11%至18%病人報告曾經歷過「瀕死體驗」。在這些研究中，從生理、心理、藥理、或地域等範疇及因素，皆無法解釋這些經驗的成因和內容。

自從發表了數宗心臟病發倖存者「瀕死體驗」的研究，其結果和結論都有極度驚人而相似的結果及結論。因而這種「瀕死體驗」的現象，已再不可能將之摒出科學門外，而置之不理。這是真確的經驗，而不能簡單地委之於幻想、恐懼死亡、幻覺、精神病、藥物影響、或缺氧等等因素。而當事人顯然在心臟病發的數分鐘內，因經歷了「瀕死體驗」，從而永久性地改變了其對死亡的態度。

現時大多數的醫生、哲學家和心理學家們，對「大腦與意識」的關係所持「唯物」的觀點，局限了他們對這現象的正確了解。因此要討論建立新的假設，實在是一個科學的挑戰，以便可以嘗試解說有清晰及「拓展意識」的存在，並附有如下功能之可能性：帶有記憶、自我身份的認同、認知能力、情緒，可從外及上方透視那無生命的身體，並能與其他人士或逝去親朋的意識作出互相之聯繫，能立刻和同時(非區限性)回顧某人的過去之生命、與及預示其將來，而不需通過我們傳統與身體相連的「時、空」概念與範疇，所有「過去、現在、未來」之事件均可同時存在，甚或能夠解說「意識」返回身體的經驗。這些假設，確實是科學的挑戰，但卻是眾多「瀕死體驗者」們的親身體驗！

基於近世具有前瞻性的「瀕死體驗」研究所得出的展望，與及近世「神經生理學」在心臟病發之際、與及於腦部功能正常活動之時所得出的新發現與洞察力，加上來自於「量子力學」的概念，我們自然而然地會得出如下的結論：「意識」不會只是區限於某些特定的時間和空間，這被稱為「非區限性」。我們有很好的理由去假設「意識」不會經常與我們腦部的活動功能同步進行：「拓展意識」有時能夠離開身體而能夠感知不同事物的。因而我會得出如下的結論：腦部極可能有引發、而非產生體驗「意識」的功能。在這種見解下，我們的「意識」是無始亦無終的。

看來發現單獨一個不尋常的例証，因難以通過廣被接受的概念和思想之所能解釋，故未能夠給科學帶來有任何根本性的改變。若在科學上能成立「意識」的「非區限性」、而是普遍存在於一切處的現象，這樣的觀點將會有助於人類去重新認識「意識和大腦」之間的關係，因為它將會質疑在科學上採取純「唯物性的範式」(materialistic paradigm)。再者，「瀕死體驗」亦是個人之親身感受地去重新發現這個年代久遠、已被現代社會所遺忘的跨文化知識。在不同的「時間與空間」當中，這種經驗通常有不同的名稱，例如：異像、或神秘的、宗教的、或開悟的經驗。在對「死亡」紛紜多端的認識中，除了我們自己，一個恒常跨越時間和跨越文化的意義，便是一個個體的本質，它能獨立地存在於肉體之外，通常被稱作「靈魂」。近代「瀕死體驗」的研究，將會成為考察「意識」在肉體死後，仍然繼續存在的可能性之新思維的來源。

# 死後生命的信仰與輪迴、及死後生命之正反論證

喀嚕臣教授

對死後生命和輪迴的觀點，在人類的認知中有頗大的歧異。「斷滅論者」認為死後一了百了，「不可知論者」認為不可能知道死後生命會否延續，「永生論者」認為死後將永遠存在於死後世界，「輪迴論者」認為我們將投生在一新的身體。這些信仰有多普遍呢？調查顯示跨國界與跨宗教間有差異，但並不一定與每個國族的主流宗教教義吻合。

現存主要的、經驗上的論據是甚麼呢？**主流的科學觀認為「意識」是完完全全依存於「大腦」的條件。**下列範圍的研究顯示這種觀念需要修改。

**臨終顯像：**有時可從臨終的人士那裡觀察到他們與死後真實存在的事物接觸。

**瀕死體驗：**從一些教學醫院處進行數項「瀕死體驗」研究後，此課題便更為觸目。

**遇見亡者：**在歐洲每四人中便有一人有此種經驗。

**輪迴的記憶：**很多發生在兒童身上的個案已被証實，有些兒童且有恐懼症及胎記，與他們所稱述前生的死亡情景有關。

**靈媒溝通：**特別在十九與二十世紀，顯示頗有趣的發現。

**用科學和實際的方法在上述領域的研究，從而得出的結果，將於實驗論據的基礎上建議有「死後生命」的存在。**

而在講座的稍後部份，將講述最近一則有憑據的研究個案。案例發生在哥本哈根和雷克雅未克，與發生在瑞典一著名的舊案例相類似。



## 臨終經驗 - 靈性的觀點

彼得·芬域醫生

體認靈性方面的需要是「臨終關顧」重要的一環。我們從舒緩醫療團隊、善終及護養院護理人員處的研究中，分別証實臨終經驗的具體內容，特別在生命最後的數天，不論對亡者或其家人，均有涉及蘊含靈性方面的元素，而且並非罕見。除了正式的研究材料外，還有不少來自美國方面的電視廣播、電台廣播，和英國方面的文字媒體得來的故事傳聞。



這些經歷包括亡者目睹已逝世的親人的鮮明景象，並訴說前來帶亡者上路。這些在亡者死前數天或數小時出現的「臨終顯像」，通常是在意識清晰狀態下出現的。這些“訪客”通常是已逝世的親人或摯友，好像和亡者同處一真實空間，亡者並會定睛凝視某處及作出一些評述。有時當事人已口不能言，但經常面部表現出看見一些熟悉的事物，或能感知某些事物的出現，（這些對亡者）起了肯定和舒緩的作用。偶或可看見靈體或天使，但這些在英國是罕見的。在十分罕有的情形下，同在房間的其他人士亦能看見這些形象。

「臨終顯像」“一致性”的情況亦時有所聞。當亡者去世時，身旁的人有時亦會感覺到“訪客”到臨。此種“一致性”視乎當事人的精神狀態。假若當事人是清醒的，匯報通常有“示現”的感覺、或逼人的衝動感，驅使他們要付諸行動。較少遇到是聽到音聲或有觸覺，更稀有的是看到影像。假若當事人在睡覺，則夢境出現“一致性”，聽到復雜的，出現亡者的影像，並感覺有訊息傳來說他們都無恙，當事人不必擔心。

照顧亡者的人士亦有報導，當逝世的一刻，他們或會看到遺體環繞着光明，有霧狀物離開遺體，或在室內有強烈愛的感覺。其他在逝世時出現的現象，例如：時鐘停止、機械部份失靈、警鐘誤鳴、電視關閉、和動物反常行為。照顧亡者的人員亦透露，亡者經常祈望和解，最重要的是與家人的和解。

在我們回顧與前瞻研究有關照顧人員的經驗中，超過90%認為這些現象是超個人經驗，少於10%認為由於幻想，少於30%認為是藥物引致，幾乎所有的報告（85%）認為（瀕死體驗）可令亡者深度舒緩，及有助亡者安然而逝，假若家屬有幸目睹這些現象，會有助撫慰家屬的哀傷。

因此，這些研究對「死後意識繼續存在」的學說有清楚的顯示。



# 心臟病倖存者「非區限意識」的含意： 近代對延續意識的研究，將會如何影響 對曾有瀕死體驗病者的治療？

雲諾武醫生



雲諾武醫生是歐洲著名的心臟專科醫生，他是**第一個採用全面及系統性地研究瀕死體驗的醫療專業人士**。在執業期間，他因眾多心臟病發而經歷瀕死的倖存病人向他訴說經驗而感到震驚。他的科學訓練和傳統智慧告訴他，當循環和呼吸停止後，不可能再感知意識。因此，他很難接受這些病人的說法。然而，**他覺得對此現象不作調查，道德上是站不住腳的**。因此，他安排了一組具醫學訓練的人員，在醫院內受控的情況下作出調查。在逾二十年間，他系統地對背景廣泛的心臟病發倖存者，研究他們的瀕死體驗。他得到的報告是一致的，當心臟病發時同時「意識清晰、有完全認

知功能、情緒、自我身份及有時並有孩提時的記憶」，他們甚至（**非觸覺地**）從已無生命的身體透視外邊，並超越了物理的時空世界。

在2001年，他與研究的同工在“**刺針**”上發表了研究成果。**這是首篇以嚴謹累積的科學方法研究瀕死體驗，挑戰了神經學的根本，並在國際醫學界中，引起了轟動**。在四個研究中，共有562位心臟病發倖存者，其中有11%至18%的病人報稱曾有瀕死經歷。而該等研究顯示，這些經驗的成因和內容不能歸咎於生理、心理、藥物或人口等因素的影響。基於這些研究，雲諾武斷言大多數醫生或神經學家普遍的觀點：「大腦」全部涵蓋「意識」，並不能解釋這觀察得來的現象。因為有理由假設我們的意識並非經常與腦功能活動一致，**「拓展意識」有時能離開身體而有感知**。

這些「瀕死體驗」的科學研究結論，對昏迷或垂死病人的照顧，安樂死及從尚有心跳和體溫，但已診斷腦部死亡的垂死病人身上摘除器官作移植等，在實踐上會有牽連。而各類之醫護工作者、與臨終病人及其家屬，對可能在已昏迷、或醫學上之「臨床死亡」時，甚至死後所出現的異常經驗知所警覺，被顯示出會有所裨益的。





# 臨終顯像：臨終時的幻覺經驗

## 喀嚕臣教授



奧西斯博士

自古以來，皆有傳言目睹重病者在臨終前不久有幻覺經驗。奧西斯及喀嚕臣曾進行大型的研究，比較美國和印度兩地的個案。兩地雖然宗教和文化不同，但皆証明皆有此觀察。在兩地有超過400位醫生和護士，報稱病人臨終前向他們訴說，**看見已逝去的親人或似天使的人物**，這些人物告訴亡者，他們的目的為**要接走亡者**。自此之後，**臨終病人們便「準備好上路」**（離去），**因而他們感覺得非常良好**。這些事情的發生，是與病人的醫療狀況，又或與那些會引致幻覺的種種因素，均無任何關係。那麼，這些病人**是否對等待他們的來生會有驚鴻一瞥呢？**



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**Dr. Karlis OSIS**

\* 26. Dez. 1917

† 26. Dez. 1997



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# 「死後生命」的科學佐證

## (i) 瀕死體驗

「瀕死體驗」是當個人臨近死亡時，一系列的個人**感知體驗**。該現象通常在個人被判定臨床死亡，或非常接近死亡，其後卻被救活過來，覆述瀕死時個人的感知。當中亦有非命危而引至的瀕死現象的個案。

經歷瀕死者不少對當時情景已無記憶，但報告中**約三分之一的經歷者**卻能細訴個中情節，雖則各各相異，但亦可歸納為數種模式，按出現的頻率，可按次排列如下：

1) **感受強烈的情緒瀰漫**：報告中**從極喜到恐懼**均有發生。大部份的瀕死個案中，瀕死者的經驗都是平靜、愉快的。雖然有時亦有憂鬱和焦慮，但普遍都是暫時過渡的。整體而言，感受幾乎都是愉悅的。在大部份的個案裏，瀕死者都有如是體驗。但在一些的案例中，瀕死者的經驗卻是極度驚嚇的。他們描述的境況，有些好像經歷地獄，或進入了毫無意義的空洞裡。這與大部份愉悅的「瀕死體驗」截然相反。但這類個案為數不多，**此類個案亦沒有詳細的統計和分析**。

2) **與肉體分離 (脫體)**：感覺自己離開了身體，在空間漂浮。有時可看見一根銀色的繩索連繫著身體。瀕死者的**意識是清晰、敏銳和有條理的**。報告中有指瀕死者**思維比前更快捷和清晰**，能描述經歷過程，所到過的地方和曾出現的人物。有些經歷者本身是天生失明，但在離開肉身後卻能「看見」事物。

報告中顯示經歷者**只有視覺和聽覺兩種感知，而敏銳程度是不可思議的**。有些報告甚至指出經歷者能看穿牆壁，或能感覺他人的思想。在活動上，似乎毫不感到重量，並能隨意置身到任何地方。

脫體是「瀕死體驗」中最重要的特徵，除了屬於「普遍」外，且能被客觀驗證。脫體提供了有關意識能獨立於大腦運作的有力的證據。

3) **遇見亮光**：通常為金色或白色，亮度並非十分眩目。於中感受到慈愛，有一種歸家的感覺。有時亮光出現在另一端。在通過一段黑暗的空間，或可形容為黑暗的隧道後，感覺上，那裡是**沒有時間的**。瀕死者有時可從這團黑暗中，看到醫護人員在外面忙著為自己急救，有時像身處外太空俯視地球。穿過這段黑暗後，到達了一個似乎是他方世界的領域。

4) **進入亮光前後，瀕死者會遇上已過世的親友**。他們通常看起來比記憶中年輕些或健康些，有時他們的形體以亮光的形態呈現。瀕死者除遇到認識的親友外，有時亦有其他不認識的人士，宗教人物或符號。較罕見的案例，瀕死者遇見從未謀面的已逝世親人。或在他們認知中尚在世的親友，但之後發現在瀕死事件發生時，該親友實已離世。

5) **非在地球的境界**：經歷者身臨一些境地不屬於我們所處的世界，美好得如天界（堂），聽到如天籟般的音律。

6) **生平回顧**：重現一生中重大的，或甚瑣碎的事情。往事如影片幕幕重現。有時會從其他相關人士的觀點，對該段生命作出評價。或有所建議，例如應如何的改過。

7) **感知對所有事物通達了解**，甚至宇宙如何運作。

當瀕死者經歷以上種種階段後，通過心靈感應，似從某處收到訊息如：“你的時刻還未到！”，又或瀕死者自主地感到世間的責任未了。當念頭生起，瞬間便返回自己的身軀，旁邊圍繞著醫護人員，將自己從死裏搶救回來。

在經歷「瀕死體驗」後，瀕死者的**性格**，**價值觀**都有重大改變。譬如，對他人更多包容，更有愛心，佔有欲減輕，爭強好勝之心減少，對知識渴求，對靈性事物充滿興趣，但對死亡的恐懼大大減低，最觸目的是**堅決地相信死後生命的存在**。

伴隨「瀕死體驗」的各種特徵，其中有強烈指向死後生命的可能性。

當腦部沒有活動時，意識仍然有所感知，甚或更加清晰、敏銳。可知清明的意識並不需要依附在活動的大腦。而意識如能脫離身體活動，對周遭事物有所認知，更進一步顯示，**身體雖然壞死，而意識繼續存在，這指出了死後生命的可能**。

除卻「瀕死體驗」，一些目為神秘靈異的現象，**在考證後，不少有其真實的一面，成為死後生命的佐證**。其中包括有：臨終顯像、及亡靈鬼物等奇異現象。

## (ii) 臨終顯像

「瀕死體驗」出現在心臟，大腦活動停頓的死亡狀態，但臨終顯像則並非出現在此種危急關頭。歷來時有所聞，一些病危者在他們去世前，視覺上或幻覺上有這些經驗。據報病人在臨死前不久，曾目睹死去的親人，或如天使之類的人物。通常這些不速之客會告訴病人，要來接他們離去的。他們對所目睹的反應，變得情緒高亢，或表現歡樂。

一些案例顯示，病人正康復中，並不預期會逝世，或癒後良好。但在病人聲稱看見亡靈要帶走他們後，有些在短時間內，例如少於一小時便去世。這都令醫護人員錯愕不解的。

上世紀50年代末，超常心理學家奧西斯進行了首次臨終顯像的系統調研。之後，奧西斯和另一心理學家喀嚕臣在美國及印度分別做了的大型調研。在兩地分別訪問了**400多位醫生和護士**，他們均曾接觸有臨終顯像經驗的病人。目的在比較不同地域文化，臨終顯像的經驗是否有所不同。

比較顯示，臨終顯像中見到已逝世親人，兩地的比率幾乎一樣。而逝世親人表示要帶亡者往他方世界，兩地比率亦頗相近。美國為69%而印度為79%。有少許案例卻是見到尚在世的人，但當中沒有一例是有傳達帶走亡者訊息的。

## (iii) 亡靈鬼物

除了在臨終顯像時見到亡者外，亦有不少在日常情況遇上亡靈的報告。

百多年前，“靈魂研究學會”(SPR)進行了第一次系統的亡靈研究。在他們的調研裏，得出如下結論：**聲稱目睹亡靈的人士都是正常和神志清醒的**。好些亡靈幻覺似都有事實基礎，它們都與關連目擊者的客觀事件扯上關係。再者，有好些有驗證的幻覺，為「集體經驗」：即多於一人在同一時間經歷著相同的經驗，有些案例且在其他人士也可作證。

其後，有關亡靈的研究陸續展開，在西歐和北美國家進行研究。1976年，在美國進行了一項全國性的普查。結果顯示，回覆者中，**有27%肯定表示他們相信曾與亡者有遇接觸**。11年後，另一調查顯示**百分率增至41%**。在歐洲，相關的百分率由最高的冰島41%到西德之26%。有些國家的百分率較低，如荷蘭11%及挪威、丹麥分別為9%。聲稱遇到亡者有不同的形式，**90%是感覺的，如視覺、聽覺、觸覺、嗅覺或多重性的**。視覺接觸亡靈是最為普遍，佔案例的69%。案例中約10%純粹是活脫的感覺亡靈存在。

一般相信經驗到亡靈多在黑暗或微光的環境中出現。可是在冰島的研究報告中顯示，大部份的案例發生在白天或燈火通明情況，只有小部份案件發生在黑暗環境。有理論指亡靈大多是當事人神志不清時所經驗。在此等研究當中，**近半數的案例的當事人正在工作、身體在活動或清醒的**，只有少許當事人是在睡覺。同一研究中亦指出幻覺的成因，不能歸咎於醫學或生理的因素。當事人都是健康正常，沒有發燒。只有一例是有藥物影響。

亡靈經驗的明顯特性是相當大比數的亡者都是死於暴烈原因。如意外、自殺、謀殺等，約佔30%。冰島研究發現，與一世紀前SPR的結果相去不遠(28%)。遇見死於暴烈亡靈的當事人多與亡靈無關係，數量較遇見死於自然而與亡靈無關係的當事人為多，意思是死於暴烈的亡靈大多是目擊者不認識的。不光是暴烈死亡，遇見不預期死亡的亡靈與遇見尋常久病去世的亡靈亦較多。

## (iv) 輪迴

世人一般認為輪迴轉世是一種民間傳說。始於上世紀六、七十年代，西方一些不同範疇學者，把媒體上有關一些小孩宣稱有前生記憶的報導，**納入嚴肅的科學殿堂裏作研究課題。**

喀嚕臣教授是冰島大學的心理學教授。喀嚕臣教授早年便開始與研究輪迴的著名學者美國維珍尼亞大學的史提芬遜教授合作，作廣泛地區的輪迴個案研究，地域包括印度、斯里蘭卡、泰國、緬甸、黎巴嫩、土耳其、巴西、北美印第安土著及非洲尼日利亞等多個地區，個案包括不同文化，不同宗教背景。喀嚕臣教授負責在斯里蘭卡的個案，這是個個案多發的地區，在每三至四年，都能搜羅約20起新案例。(喀嚕臣教授亦有在斯里蘭卡和其他地區作輪迴個案的獨立研究)。

在不同的國家，均有小孩訴說他們有前生的記憶。這些小孩通常在兩至三歲時便開始重覆他們前生的往事，直至入學。他們經常表示希望尋找或返回前生的家庭。述說的內容經分析後，顯示某些特徵和趨向。他們經常訴說死亡的情況，當中大多是死於意外，或暴力慘死。他們通常在年輕時便去世，且是近年間事。試圖證實這些個案有頗大程度的成功。如**找到逝去的人而生平事跡與小孩的供詞多所吻合**。對於這些孩童作出的心理分析，顯示他們與同伴們有明顯差異，而他們之中不少有很高的天份，甚至是**資優兒童**。

個案分析中，發現其中最大共通點是小孩在三歲前後，開始訴說前生的往事，而到入學時約五至七歲便停止。另一共同特徵是前生人物的死因多是死於暴力或意外。

除了從個案小孩的供詞作核證外，他們的行為表現，亦甚異於同齡其他小童。例如：個案小孩對某些事物有無以名狀的恐懼或愛好，以至其父母亦不明所以，但從其對應的前生人物，可以找到相似的情況。一些個案小孩還可以清楚認出其相應前生人物的眷屬朋友或曾用的物件。

個案中將特殊事項羅列對比，但並非每項都會符合。從分析資料，讀者們可從該等小童的供詞和表現與其相應的前生人物資料作比較，自行判斷輪迴轉世是一種民間傳說抑或是事實存在的現象。但從學者們客觀的研究所顯示，似乎**已超越了巧合**，或從相應亡者處取得資料後的人為造作所能解釋。



喀嚕臣教授



史提芬遜教授



# 世界知名組織與基金會

## 1) 亞洲

### 寧舍（香港）

<http://www.hospicehome.hk/aboutHospice.php>

於2011年，『李嘉誠基金會之『人間有情』：香港寧養服務計劃』於第二期推出之同時，得到醫院管理局、十間寧養中心、以及香港大學行為健康教研中心的支持，因而啟動了「寧舍」網站[www.hospicehome.hk](http://www.hospicehome.hk)，集結科技、公益和社區觸覺的力量，讓大家的關懷祝福突破地點或時間限制，讓有心的香港人不論身在何方，都可以通過「寧舍」網站，為病人和抗癌隊伍送上支持、鼓勵及祝福。

### 李嘉誠基金會覆蓋全國的「人間有情」寧養服務計劃(香港)

<http://www.lksf.org/zh-hk/HeartofGold>

李嘉誠基金會覆蓋全國的「人間有情」寧養服務計劃最近由內地伸延至香港，為香港基層末期癌症病人提供優質的寧養服務，令病人在生命的最後旅程中得到舒適的照顧，活得更有尊嚴。香港每年約有10000人死於癌症，約占全港死亡人數的三分之一。癌症病人固然飽受肉體和精神折磨，痛苦不堪，他們的子女、兄弟姊妹、父母和配偶一樣感同身受。這種痛苦的經歷不會很快過去，病人需要接受長期治療，效果可能只是暫時性，而且復發情況相當普遍。因此，李嘉誠基金會推出「人間有情」香港寧養服務計劃，希望為末期癌症病人和其家屬減輕身心痛苦及帶來希望。李嘉誠先生是在中國內地推動免費寧養服務的先驅，基金會早於1998年開展「人間有情」寧養服務計劃，至今內地已有89000名負擔不起專業醫療照顧的癌症病人受惠。2010年，服務擴展至全國32所寧養院，每年內地及香港受惠病人約2萬名。至目前為止，基金會捐助內地和香港寧養服務計劃的總額近4億港元。

### 香港醫院管理局（香港）

<http://www21.ha.org.hk/sub/lks/tc/aim.html>

「醫院管理局」是以「全人治療」為其宗旨，並致力於實現人性化的服務，全面照顧「身、心、社、靈」各方面的需要。十多年前已開始為病人提供「寧養」(hospice)服務，由原先的單一住院模式，發展至今天的全面綜合服務。迄今，「醫院管理局」轄下共有十間舒緩護理中心及六間腫瘤中心，專門為癌症病人提供「寧養」服務。寧養中心集結了逾一百名醫護人員、逾一千五百個義工，為八千個病人提供超過十三萬次的服務。大家整個團隊本著有一個共同的信念，便是：「癌症晚期病人曾對社會做出過貢獻，現在他們最大的折磨莫過於疼痛，如果我們能夠解除他們的痛苦，使他們將人生最美好的事留在記憶中，安寧而有尊嚴地走完人生旅途，那就是我們活著的人對他們最好的回報了。」

### 善寧會（香港）

<http://www.hospicecare.org.hk/big5/about.html>

早於1984年，紀寶儀修女向凱撒克基金申請資助英國St Joseph Hospice的漢拉妮教授來港訪問。這趟訪問令一班專業人士、義工和各界人士對寧養照顧服務產生興趣，於是包括紀寶儀修女的一班熱心人士：謝建泉醫生、余榮光醫生、鍾淑子護士、李鼎新牧師和劉勝義神父因為意識到善終服務在港的需求，組成小組探討末期癌症病人的需要，而香港善終服務會（善寧會前身）就是由這個核心小組逐漸發展而成，並於1986年成立，正式開展了本地寧養照顧服務。善寧會推動三項工作：（1）推廣寧養照顧服務：舒緩照顧服務（又稱寧養照顧服務或善終服務），是為末期病患者及其家人提供身、心、社、靈的全人照顧服務，讓病人在生命的最後階段仍然可以活得安祥、舒適和豐盛。要把寧養照顧的概念和知識推廣至不同階層，及提升有關之服務水平，讓不論身在病房、院舍或家居的人士均可受惠。（2）提供善別輔導服務：善寧會轄下的『譚雅士杜佩珍安家舍』本著「去者能善終，留者能善別」的宗旨，為失去摯愛的喪親人士提供善別輔導服務，協助他們面對因親人離世所引起情緒上及生活上的困擾，重投新生活。（3）推廣生死教育：生、老、病、死是人生必經階段，但受傳統文化影響，人們對「死亡」仍存有忌諱。我們致力推廣生死教育活動之目的，是要讓社群對認識生存、臨終、死亡和哀傷等事實，令人明白生之有涯，從而思考生命，積極計劃及面對人生。

### 美善生命計劃（香港）

[http://www.enable.hk/tch/project\\_enable/aboutproject/about\\_mission.aspx](http://www.enable.hk/tch/project_enable/aboutproject/about_mission.aspx)

承蒙香港賽馬會慈善信託基金捐助，香港大學行為健康教研中心成立了「美善生命計劃」。「去者善終，留者善別，能者善生」，藉著社區教育、專業培訓及研究工作，期望推動公眾人士對死亡和喪親的認識，支援長者、病人及其家人為死亡作預備，並發展有關專業人士對支援臨終病人及喪親家屬的全面培訓。在美善生命計劃中，將之定性為推動生死教育的社會意識運動（Social

awareness movement)。探索死亡其實就是思考生命的一部份。因為每個生命總不能逃避死亡，生命有始亦有終，死亡讓生命變得有限；亦因為生命有限，所以我們更要珍惜當中的一切。再者，覺察死亡就是覺察生命的意義，而接受死亡會讓我們更懂承擔生命的責任。因此，美善生命計劃會有以下三大方向：推動公眾人士對死亡和喪親的認識；支援長者、病人及其家人為死亡作預備；以及，發展有關專業人士對支援臨終病人及喪親家屬的全面培訓。

### 生死教育學會（香港）

<http://www.life-death.org/Pages/home.htm>

生死教育學會成立自2006年，是一個非牟利的教育及服務團體。本會由醫護人員，大學講師、專業社工及宗教界人士組成。他們希望透過推動本港生死學普及教育，加強社群對生死概念的認識，從正視死亡的事實中反思生命，探索如何讓有限的肉體生命、發揮無限的生命價值，從而建立整全的生命觀與生死智慧，迎向人生的每一個挑戰。

### 香港紓緩醫學學會（香港）

<http://www.hkspm.com.hk/>

香港紓緩醫學學會成立於1997年5月，該學會是一個專注於紓緩醫學的學術機構。成員包括來自對紓緩醫學有興趣的當地醫生及其他醫護專業人員，該學會定期舉辦學術講座，研討會和國際會議。

### 香港善終服務護士會（香港）

<http://www.fmshk.com.hk/hkhna/index.htm>

香港善終服務護士會是由一群臨終關懷護理課程畢業生以及臨終關懷護理的開拓者於1997年建立，目的是讓臨終關懷的護士聯合起來，以及促進臨終關懷的發展。該會積極推動相關的訓練和研究工作，並共同與其他學術機構舉辦的科學會議。

### 凱瑟克基金（香港）

<http://www.keswickfoundation.org.hk/zh/aboutus.html>

凱瑟克基金是約翰凱瑟克爵士及其女兒美琪凱瑟克於1979年成立的慈善機構。約翰凱瑟克爵士於1952年至1956年間出任怡和管理有限公司主席，長期在中國居住，對中國及中國人有著強烈的感情。因此，凱瑟克爵士的遺志是希望能回饋這個國家及人民。凱瑟克基金亦提供資金協助成立香港善寧會。

### 敦珠佛學會國際有限公司（香港）

<http://www.dudjomba.org.hk>

敦珠佛學會成立的宗旨是為了傳播佛教在其深度和廣度的教義。學會並積極推廣及落實以下工作目標：（1）揭示真正及如水晶般清晰的佛教的目的；（2）透過現代用語和科學術語作為註腳的協助，重新解釋佛法的本質；（3）提供佛教修行人穩固的基礎，藉以協助弘播佛法；以及（4）提供將要離世的人士對題的“實修訓練”，以幫助他們可應對在死亡過程中所產生的種種不同的逆境。

### 生命提昇慈善基金會有限公司（香港）

<http://www.lifeenlightenment.org>

生命提昇慈善基金會有限公司的成立目的是透過各種文化和教育活動和服務，從而促進及提升現代人在現代社會中面對生死的能力。

### 對中國瀕死體驗研究的報導 - 人民網（中國）

<http://scitech.people.com.cn/BIG5/4789085.html>

中國國務院政府特殊津貼獲得者、天津市安定醫院精神病醫學教授馮志穎，1987年和同事隨機找了唐山大地震100位幸存者，進行瀕死體驗調查報告的報導。

### 佛教蓮花基金會（台灣）

[http://www.lotus.org.tw/ShowContent.asp?subtype=%BDt%B0\\_&top=Y](http://www.lotus.org.tw/ShowContent.asp?subtype=%BDt%B0_&top=Y)

為喚起各界對重症末期病人的支持與關懷，乃於1994年成立了「財團法人佛教蓮花臨終關懷基金會」（簡稱：蓮花基金會），期盼推動更人性化的醫療服務，用愛與尊重來幫助末期病人及家屬，無憾且泰然走過生死大關。為使會務發展更為廣闊多元化，本會於2007年12月更名為「財團法人佛教蓮花基金會」，會務目標由原有的「臨終關懷」領域繼續深耕外，並將眼光放大擴展至「全人關懷照顧、整體生命教育」，立足於過去既有的基礎上再接再勵，希冀更上層樓、再締公益佳績。



## 南華大學生死學系暨研究所全球資訊網（台灣）

<http://www.lifeanddeath.net/index.php>

南華大學生死學系為台灣唯一以研究生死學為主的系所，而該系的設立主要在於提升當地在生死系統建構與發展上所需的知能與技術，藉此推動當地逐步建立現代社會所需之完整生死助人系統及產業，該系並有出版多種生死學相關的刊物。

## 安寧照顧基金會(台灣)

<http://www.hospice.org.tw/2009/chinese/about.php>

自1990年12月成立以來，安寧照顧基金會以協助臨終病人獲得適當之醫療並促進各界對臨終病人之關懷為宗旨，積極推動安寧療護及生命教育的推廣與發展，辦理各式各樣的教育訓練與宣導活動，協助全國各地醫院成立安寧病房；同時，也致力促使「安寧緩和醫療條例」於2000年正式立法通過，讓台灣成為亞太地區第一個也是目前唯一立法保障尊重自然死亡的國家，幫助末期病患在臨終時刻得已合法選擇不急救，維護臨走前最後的尊嚴。

## 連氏基金會（新加坡）

<http://www.lienfoundation.org/>

「連氏基金會」為新加坡商界領袖及外交家連瀛洲設立的一所以慈善為目的之基金會，基金會於2006年著力推動及提供有關之「安寧護療」服務，並成立了當時為亞洲首間有關安寧護療的研究及教育之「連氏安寧護療中心」（LienCenterofPalliativeCare）。「連氏基金會」屬下更設有「有生之年」（Life Before Death，其網址為<http://www.lifebeforedeath.com>）的活動，為倡導更好的「臨終關懷」這一使命的組成部分。該活動通過社會媒體、藝術、電影和攝影深入人心。這項活動旨在讓人們思考並談論死亡和死亡過程，同時強調了為垂死人群提供更好護理的迫切需要。

### 「有生之年」- 死亡諮詢（新加坡）

<http://www.lifebeforedeath.com/index.shtml>

「連氏基金會」屬下設有「有生之年」（Life Before Death）的活動，為倡導更好的「臨終關懷」這一使命的組成部分。該活動通過社會媒體、藝術、電影和攝影深入人心。這項活動旨在讓人們思考並談論死亡和死亡過程，同時強調了為垂死人群提供更好護理的迫切需要。

### 「有生之年」- 死亡品質（新加坡）

<http://www.lifebeforedeath.com/qualityofdeath/index.shtml>

為了促進對臨終關懷的相關問題的認識，連氏基金會委託英國「經濟學人」智庫制定了“死亡品質”指數。該指數排名40個國家（當中包括30個是經合組織國家）提供關於其臨終關懷服務的質素等多項指標。

## 亞太區臨終關懷及紓緩照顧網絡（新加坡）

<http://aphn.wordpress.com/>

亞太區臨終關懷及紓緩照顧網絡的成立是為了加強和支持組織和個人在該地區致力於減輕患有危及生命的疾病的傷痛，並制定方案，鼓勵和協助經驗不足及較孤立的同事。自2001年以來1200多成員來自31個國家註冊並加入了亞太區臨終關懷及紓緩照顧網絡。

## 馬來西亞臨終關懷理事會（馬來西亞）

<http://www.malaysianhospicecouncil.org/>

馬來西亞臨終關懷理事會於1998年由十一位創立成員成立，主要在馬來西亞組成提供臨終關懷及紓緩照顧服務組織的網絡支援，其成員現已發展到十九位。

## 日本紓緩醫學會（日本）

[http://www.jspm.ne.jp/jspm\\_eng/index.html](http://www.jspm.ne.jp/jspm_eng/index.html)

日本紓緩醫學會是為了促進在紓緩醫學上的跨學科和科學的研究，旨在整個期間的癌症和其他棘手的疾病上，以及在從診斷到臨終照顧服務上，能改善人民的生活質量。此外，透過對的紓緩醫學的實踐和教育，醫學會是希望對促進醫學及福利的發展作出貢獻。





## 日本安寧及和紓緩關顧基金會（日本）

<http://www.hospat.org/english/objectives.html>

為了提高安寧及和紓緩關顧的質素，從而提高在日本的病人及家屬的生活素質(QOL)，日本安寧及和紓緩關顧基金會成立於2000年12月28日，基金會的重點是建立出一個較為理想的安寧和紓緩關顧的系統，並通過以下目標來達至：（1）透過進行調查和研究，從而提高安寧及和紓緩關顧的質素，（2）提供對員工的參與，包括醫生、護士、藥劑師、合作醫療工作人員和社會工作者的技術支援，以及（3）贊助對安寧及和紓緩關顧的公關活動和國際相關的交流活動。

## 班加羅爾安寧信託（印度）

<http://www.karunashraya.org/NewSite/Aboutus.html>

班加羅爾安寧信託是一個非牟利的公益慈善信託基金，旨在提供紓緩關顧的安寧機構，服務對象為末期癌症的病人。直到2009年2月，信託基金已照料6306住院病人和2146在家護理的病人。

## 2) 美洲

### 全美安寧及紓緩關顧協會（美國）

<http://www.nhpco.org/templates/1/homepage.cfm>

全美安寧及紓緩關顧協會是在美國最大的代表安寧和紓緩關顧項目和專業人士的非牟利性會員制組織。該組織致力於提高臨終關懷服務，以及擴大民眾接受安寧服務的機會，從而深刻地提高美國臨終人民及其親人的生活質量。

### 全美安寧服務年度報告 - 全美安寧及紓緩關顧協會（美國）

[http://www.nhpco.org/files/public/Statistics\\_Research/Hospice\\_Facts\\_Figures\\_Oct-2010.pdf](http://www.nhpco.org/files/public/Statistics_Research/Hospice_Facts_Figures_Oct-2010.pdf)

全美安寧服務年度報告為美國安寧服務的年度回顧，包括服務成長、提供以及素質等重要趨勢。報告亦提供（1）臨終關懷病人的特點（如性別、年齡、民族、種族、主要診斷和服務時間）；（2）提供臨終關懷的特點（例如，服務病人總數、服務組織的類型、大小和稅務狀態）；（3）服務地點和關顧的服務水平；以及（4）有償和志願人員角色。

### 美國安寧及紓緩醫療學院（美國）

<http://www.aahpm.org/>

美國安寧及紓緩醫療學院是一個為專門從事臨終關懷和紓緩醫療服務的醫生的專業組織，該會現時擁有超過4000會員，當中75%為醫生，而15%則為護士或其他醫療服務提供者，另外，有10%為市民或學生。

### HospiceDirectory.org（美國）

<http://www.hospicedirectory.org/>

HospiceDirectory.org是美國臨終關懷基金會（HFA）旗下的一個附屬組織。基金會為美國人及其家庭提供了一個值得信賴的平台，可於每天24小時，每週七天，迅速和容易地讓他/她們連接到當地或各地的臨終關懷服務。

### 死亡教育與輔導協會（美國）

<http://www.adec.org/>

1976年，一群感興趣的教育工作者和臨床醫生舉辦了死亡教育與輔導的論壇。多年來，該組織發展為現時的死亡教育與輔導協會（ADEC）。ADEC是在離世、死亡和喪親的方面所成立最早之跨學科組織。ADEC的主要目標是提高專業人員和非專業人員的能力，用以能夠更好地滿足他/她們在死亡教育與悲傷輔導工作上需要。

### 臨終關懷及紓緩關顧相關研究刊物 - 羅伯特伍德約翰遜基金會（美國）

<http://www.rwjf.org/pr/topic.jsp?topicid=1194>

美國羅伯特伍德約翰遜基金會（Robert Wood Johnson Foundation）曾於上世紀90年代及2000年初研究及推動臨終關懷及紓緩關顧服務，現存有不少在這方面有用的參考資料。

### 臨終關懷及死亡和離世相關研究刊物 - 赫思廷斯中心（美國）

<http://www.thehastingscenter.org/Publications/SpecialReports/Detail.aspx?id=1344>

美國赫思廷斯中心（The Hastings Center）是美國著名的生命倫理學研究中心，該研究中心亦有一些對臨終關懷及死亡和離世等議題較深入探討的研究及報告。

### 臨終關懷網上資源 - 國立衛生研究院（美國）

<http://bioethics.od.nih.gov/endoflife.html>

美國國立衛生研究院（National Institute of Health）所提供有關臨終關懷方面的網上資源連結。

### 知覺研究小組 - 美國佛吉尼亞大學（美國）

[http://www.healthsystem.virginia.edu/internet/personalitystudies/recommended\\_books.cfm#OBEs](http://www.healthsystem.virginia.edu/internet/personalitystudies/recommended_books.cfm#OBEs)

知覺研究所（DOPS）是由伊恩史蒂文森博士於 1967年成立，該所是佛吉尼亞大學的精神醫學系中的一個研究小組。該研究小組是透用科學方法研究超自然現象，尤其是：（1）兒童聲稱記起前生的回憶（輪迴），（2）瀕死體驗，以及（3）脫體經驗。

### 意識研究中心 - 美國亞利桑那大學（美國）

<http://www.consciousness.arizona.edu/>

美國亞利桑那大學的意識研究中心於1998年由費策爾研究所（The Fetzer Institute）授予種子基金而成立的。意識研究中心是一個獨特的機構，其宗旨是匯集哲學，認知科學，神經科學，社會科學，醫學，物理科學，藝術和人文的觀點，來走向綜合理解人類的意識。

### 瀕死體驗及生存理論（美國）

[http://paranormal.suite101.com/article.cfm/near\\_death\\_experience\\_and\\_survival\\_theory](http://paranormal.suite101.com/article.cfm/near_death_experience_and_survival_theory)

簡介瀕死體驗及一些超自然現象的關係。

### 死後世界？ - 美國心理研究協會（美國）

<http://www.aspr.com/osis.html>

美國心理研究協會的董事會和員工希望表達他/她們對911悲慘事件表示深切悲痛，他/她們的思念和慰問給與所有因這事故而令其生活受影響的人士。而在這個時候，他/她們覺得這篇由奧西斯博士所寫的文章，可能會對一些人士有一些幫助。

### 瀕死體驗及死後世界（美國）

<http://www.near-death.com/>

該網站旨在幫助人們連接有關的瀕死體驗及對其研究的信息，其目的是為了理解死亡，同時，亦因而理解到生活正帶來了巨大的喜悅和愛。

### 努爾基金會（美國）

<http://www.nourfoundation.com/>

努爾基金會成立於1985年是一家公益慈善基金會和非政府組織，基金會亦是聯合國經濟和社會理事會的特別諮商顧問。透過多個學科和綜合的方法，並融合了科學與人文，該基金會旨在研究和探討促進人類之間更大的精神相互理解，寬容和團結的核心原則及價值觀。努爾基金會的主要目標，從一個公正的和跨學科的角度出發，激發出一個客觀及智慧地解構出存在的問題，惟這不僅是植根於理論，而同時是共享了共存的個人經驗。

### 過渡到另一世界：西藏生死書（美國）

<http://www2.lib.virginia.edu/exhibits/dead/otherworld.html>

由美國弗吉尼亞大學圖書館所提供的網上展覽，揭開稀有的西藏對死亡和離世的文稿，並創造機會好讓與大學社區及以外的社會大眾能分享到這些古老信仰和習俗的智慧。

### 3) 澳洲

#### 澳洲紓緩關顧協會（澳洲）

<http://www.palliativecare.org.au/>

澳洲紓緩關顧協會與澳大利亞聯邦政府的衛生和老年部門合作，以實施國家紓緩關顧政策(National Palliative Care Strategy)，從而提高對紓緩關顧及臨終關顧的關注，提高國民對在澳大利亞的服務的認識以及服務的提供的地方及種類等，鼓勵對支持改善改善知識網絡的討論。澳洲紓緩關顧協會的成員包括在澳大利亞聯邦政府內六個州政府和兩個自治地區政府內的紓緩關顧組織，以及澳大利亞及新西蘭紓緩醫療協會。

### 4) 歐洲

#### 歐洲紓緩關顧協會（歐洲）

<http://www.eapcnet.eu/>

歐洲紓緩關顧協會成立於1988年12月12日，由42創始成員，以及維托里奧教授（Ventafridda）和 Floriani基金會的推動而成立。其目的是在歐洲推動紓緩關顧，以及希望成為正在紓緩關顧的科學，臨床和社會層面各方面工作或有興趣的人士的聚合點。

#### 全英紓緩關顧協會（英國）

<http://www.ncpc.org.uk/page/about>

全英紓緩關顧協會是為所有在英格蘭，威爾斯和北愛爾蘭的紓緩關顧、臨終關懷及安寧關顧相關的人士而成立的一個傘子慈善機構。該會相信，無論他們居住的地方，亦不管他們的條件，每個人當接近臨終時，都應可接受最優質的關顧和支援服務。

#### 全英臨終關懷計劃 - 英國衛生部的臨終關懷策略（英國）

<http://www.endoflifecareforadults.nhs.uk/about-us>

全英臨終關懷計劃的目標是推動對所有臨終的成人提供高素質和以人為本的照顧服務，並讓更多人在臨終時可選擇在那裡生活，以及死去。該計劃的存在，是為了支持英國衛生部的臨終關懷策略，並於在2008年7月推出，並獲得2.86億英鎊政府公帑支持。

#### 臨終關懷指引 - 英國國民健康服務（英國）

<http://www.nhs.uk/Planners/end-of-life-care/Pages/End-of-life-care.aspx>

英國國民健康服務為了正接近臨終的人士所提供的臨終關懷指引。指引的一些地方也可能會對照顧臨終人士的關顧者，以及正為自己提前計劃臨終時臨終關懷的人士有用。

#### 2008-09臨終關懷法規 - 英國議會（英國）

<http://services.parliament.uk/bills/2008-09/palliativecare.html>

英國議會通過的2008-09臨終關懷法規，體現英國政府對其臨終國民的關懷及支援。

#### 英國卡迪夫大學紓緩醫療及紓緩關顧的在線課程（英國）

<http://www.pallium.cardiff.ac.uk>

英國卡迪夫大學所提供的在線紓緩關顧的教育課程。現時提供的課程主要是學士後的紓緩醫療及紓緩關顧課程。

#### “我離世那天” - 英國廣播公司的教育節目視頻（英國）

<http://www.bbcactivevideoforlearning.com/2/TitleDetails.aspx?TitleID=140>

“我離世那天”是英國廣播公司所製作的教育節目視頻，旨揭示瀕死體驗背後的科學。“我離世那天”包括真正的瀕死體驗個案，以及科學家透過科學來解釋的正反不同意見。



## 離世後的協助指南 - 全英市民諮詢協會（英國）

[http://www.adviceguide.org.uk/index/your\\_family/family\\_index\\_ew/what\\_to\\_do\\_after\\_a\\_death.htm](http://www.adviceguide.org.uk/index/your_family/family_index_ew/what_to_do_after_a_death.htm)

該諮詢指南提供了對在英國公民離世後，在各方面所產生的問題所必要知悉的知識，以及提供諮詢相關輔導及支援服務的方法。

## 領域研究基金會（英國）

<http://www.horizonresearch.org/>

領域研究基金會是英國一家獨立的慈善組織，其目的是對人類意識在離世時所作出科學研究的支持和嘗試瞭解更多。該基金會旨在通過籌集資金來做高質的科學研究項目，並提供各種教育工具，如講座，研討會和信息小冊子等給與市民和醫護人員。而該基金會的編輯部亦會在其網站定期地提供更新目前對意識和身心的性質等相關問題的最新的研究和書籍的報導。而儘管現今的非二元論（唯物主義）的理論仍是主流見解，但事實上，由於現時並沒有可證實支持或反對雙方的論點的科學研究，故此，該基金會的編輯部將會平衡報導支持及反對雙方的論點的報導。

## 5) 其他

### 人類意識計劃（美國及歐洲）

<http://www.nourfoundation.com/events/Beyond-the-Mind-Body-Problem/The-Human-Consciousness-Project.html>

人類意識計劃（The Human Consciousness Project）是一個多學科協作的國際科學家和醫生聯手對意識的研究以及意識與大腦的關係的研究。人類意識計劃是在山攀尼亞醫生（Dr. Sam Parnia）的帶領下，對人的意識及大腦在臨床死亡時的關係所作出的世界上第一個大型由多個於美國和歐洲主要醫學中心所共同進行的研究。

### 國際安寧及紓緩關顧協會 - （環球）

<http://www.hospicecare.com/>

國際安寧及紓緩關顧協會的理念是每個國家均應根據其自身的資源及條件制定紓緩關顧護理模式，在參考其他國家在臨終關懷上的經驗之餘，但應改進之而成為自身的發展所需。

### 紓緩關顧 - 世界衛生組織（環球）

<http://www.who.int/cancer/palliative/en/>

世界衛生組織對紓緩關顧在應用的建議。

### 國際瀕死研究協會（環球）

<http://www.iands.org/>

國際瀕死研究協會（IANDS）是一個的對瀕死經驗（NDE）的現象作出研究及傳遞信息的國際組織。IANDS成立於1978年並於1981年在美國註冊。今天，它已發展成為一個國際組織，其網絡包括的50多個地方的分部。IANDS負責出版的學報為“瀕死研究期刊”（the Journal of Near-Death Studies），只是當今該領域的唯一的學術期刊。該雜誌是跨學科的，並致力於對瀕死體驗以及及相關現象作出不偏頗的探索，並歡迎在基於科學的標準（如實證觀察及研究）下，所作出的不同的理論觀點和詮釋。

### 瀕死體驗研究基金（環球）

<http://www.nderf.org/>

瀕死體驗研究基金擁有最多兼且來自世界不同國家的公開的瀕死經驗個案。該網站以多種語言報導，從而令不同國家的人士可分享這些眾多的瀕死體驗的經驗。

### 接近死亡研究基金 - 中文（環球）

<http://www.nderf.org/ChineseSimple/index.htm>

瀕死體驗研究基金的中文網站

# 敦珠佛學會簡介

## 宗旨：現代生死教育與佛法的結合與運用

### 重新認識生命的意義與價值 握命運之樞紐、主浮沉於一刻

#### 生命的意義

若果能夠善用今生的一切資源，包括財富、知識、能力、時間、壽命、健康，深入理解死後的生命如何延續、如何遇險、如何逃生，因而重新釐定一切「做人處事」的態度及手法，棄惡揚善，並且以適當而具智慧的方法，積極訓練「心力」的清明度及專注度，用以提升精神的狀態，與及學習如何處理死後的嶄新生存形式及形態，令生命的精神領域得以不斷提升，直至「脫離輪回」，擺脫一切束縛。

這種運用及善於處理今生的資源，豐富今生的生命，提升生命的進化過程，以至脫離一切對生命的束縛，面對死亡，甚至「運用死亡」以加速「精神生命」的進化過程，不負今生的「擁有與存在」，不辜負未來生命的期望，就是真正的「生命的意義」。



佛壇正面

莊子說：【善吾生者，乃所以善死】。意思是「善於處理生命，亦將會善於處理死亡」。能夠在生前積極面對生命，瞭解生命，學習處理生命，以至最終可以輕鬆地掌握生命，不再癡纏，不再輪迴，這種「善吾生者」，正是「生命的真諦」：既知生，亦知死。

所謂「修行」，就是「學習處理生命，以至最終可以輕鬆地掌握生命」的一種「真正實踐」。敦珠佛學會(國際)對其中的智慧，作出層層深入的分析，觀點既實用，亦極之貼題兼創新，可以運用於「日常生活」，亦可以協助「修行」，靈活性與深度，均能融匯兼顧。



佛壇前之供燈



長達60尺之佛壇



# 敦珠佛學會(國際)

## 成立背景：

由於「佛教」經歷2500多年的弘播，夾雜著很多民間的風俗與鬼神傳說，令「佛教」的真正內涵被世俗化及混淆不清。「佛教」為求融入民間，著重扶貧濟世、心靈安慰、與及導人向善，其弘播在「廣度」方面，確實是相當之成功的，亦值得我們隨喜讚歎。然而在「深度」方面，例如“如何訓練修行者的「心力」以應付死後的「轉型期」”、“如何弘播「佛教」，才可以令「佛教」真實的面目及目標得以清晰化”、“「佛教」的「實修訓練」如何可以十分「對題」地實行”，則仍需我們多番的努力。1998年，敦珠佛學會(國際)成立於香港特別行政區，為一註冊的慈善宗教團體，目的就是希望令「佛教」的弘播可以「深度化」，從而既能兼顧其「廣度」的一面，亦可發展其「深度」的一面。「敦珠佛學會」(國際)是一所「藏傳佛教」甯瑪巴(俗稱紅教)的弘法道場。

## 弘法宗旨：

1. 將「佛教」真實的面目及目標清晰化、以正本清源；
2. 以「科學」與現代術語及名詞作為注腳，重新演譯「佛法」深層的一面；
3. 訓練具有「理論(教理)」及「實踐(實修)」經驗的弘播「佛法」人才；
4. 推行「對題」的「實修訓練」，以幫助現代的修行人；
5. 向修行者提供「理論(教理)」及「實踐(實修)」的教授及援助；
6. 向臨終者提供「對題」的「脫險、及應付逆境之援助」。

## 佛教多媒體產品

「佛法」令人有艱深的感覺，「敦珠佛學會(國際)」為了配合現代人的理解特性，推出「修心與修行」之「**佛教顯密修持系列**」，分別以書籍、光碟、雜誌等形式出版，出版數量現已達至**130餘種**，以**深入淺出**、清晰簡易、系統有序之演譯方法，再輔以「**科學之新發現**」作為「**註腳**」，將「**佛法**」之精妙處一一展現，非常精采，敬請各位善信，萬勿錯過。即使只作為一位普通人，如果想「**無負今生、有所成就、避免磋陀歲月、兼處處碰壁**」，則本會之所有佛教多媒體產品，必有一款適合閣下之需要的！

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香港電話：(852) 25583680

香港傳真：(852) 31571144

臺灣通訊地址：臺灣臺北市105南京東路四段171號12F之4

臺灣傳真：台灣傳真：(02) 66014880

臺灣查詢電話：0989273163

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# 「生命提昇慈善基金會」 之理念與未來發展藍圖

國務院新聞辦媒體：中國網《中國訪談》欄目訪問

「生命提昇慈善基金會」

行政總裁羅美玲女士、及創辦人陳建強博士

本「基金會」之行政總裁羅美玲女士、與創辦人及永遠董事長陳建強博士，於2011年1月17日在中國北京海澱區西三環北路89號地址，接受了中國國務院新聞辦媒體「中國網」對本「基金會」的公益慈善事業之有關專訪。當日之訪談情況可於「中國網」的有關網址中找到其錄像：[http://fangtan.china.com.cn/2011-03/17/content\\_22160964.htm](http://fangtan.china.com.cn/2011-03/17/content_22160964.htm)

香港生命提升慈善基金：生命與慈善的和諧讚歌

中國網

[http://big5.china.com.cn/fangtan/2011-03/17/content\\_22160964.htm](http://big5.china.com.cn/fangtan/2011-03/17/content_22160964.htm)

中國日報

[http://www2.chinadaily.com.cn/hqcj/zxqxb/2011-03-23/content\\_2098726.html](http://www2.chinadaily.com.cn/hqcj/zxqxb/2011-03-23/content_2098726.html)

中國經營報

<http://www.cb.com.cn/1634427/20110323/194584.html>

和訊公益

<http://gongyi.hexun.com/2011-03-23/128167050.html>

搜狐

<http://roll.sohu.com/20110323/n304781040.shtml>

金融界

<http://finance.jrj.com.cn/2011/03/2316169542866.shtml>

建筑人物周刊

<http://www.jzrw.net/news/gyys/2011324/113246198.shtml>

數米基金網

[http://news.fund123.cn/new\\_767878.html](http://news.fund123.cn/new_767878.html)

東莞日報

[http://news.timedg.com/2011-03/23/content\\_3128780.htm](http://news.timedg.com/2011-03/23/content_3128780.htm)



香港生命提昇慈善基金會：  
譜寫生命與慈善的和諧讚歌

如果說生命是一種奇蹟。在有限的生命過程當中，享受生命帶來的種種奇蹟；在生命的過程中，用更加和諧的態度面對生命的種種變化。這正是生命的美妙和美好，而生命的真諦也將便隨生命的奇蹟而無限。

那麼，慈善是一種生命的美好，慈善的內涵像是生命洗盡鉛華之後的精華與真諦。

本刊現將當日兩位被採訪時的詳細內容之「完整版」全文刊登出來，以餉讀者。

## 【採訪之詳細內容】

**主持人：**我們常說生命是一種奇蹟和恩賜，那麼慈善事業就是生命過程中的光亮與奇葩。今天，我們特別邀請了香港「生命提昇慈善基金會」行政總裁羅美玲女士與董事長陳建強博士作客本節目，請二位嘉賓與廣大網友朋友打個招呼啊。

**主持人：**生命與慈善是人類永恆的主題，那麼節目伊始，還請二位為大家先介紹一下「生命提昇慈善基金會」的宗旨及目標。

**羅女士：**為了要達成我們長遠的目標，香港「生命提昇慈善基金會」的工作大概可以分為三個主要階段：

**第一個階段，**是教育的階段。我們會**先把「生死教育」推廣至每一階層的人民**，讓他們可以接受「生死教育」及了解其重要性，希望他們接納我們的教育服務。在不斷的努力下，我們正在訓練大概有**200**位的志願工作者，希望他們能夠協助我們推行「生死教育」。我們在這方面已有多年的服務工作，包括出版期刊、書籍、影音光碟等多媒體製作，以推廣「生死教育」的基礎知識，並會努力不懈地繼續進行。

另外，我們將舉辦一系列的公開講座，從海外邀請一些世界頂尖級及知名的專家學者前來香港，進一步推廣「生死教育」，主講**有關於「科學、生死、輪迴」的一系列講座**。將來，我們還計劃更進一步地推廣網上「生死教育」之課程，**將「生死教育」全面普及化**，以便可以幫助到更多及更廣泛之香港市民、以至全國內地的**13**億同胞。

**第二個階段，**我們現正積極地籌備一些很實質的、有關「生死」的服務，以提供給廣大的人民，以至全球的人類。例如：我們現正籌備一間名為「**生命提昇醫院**」的項目，這間醫院是**兼具慈善和商業性質的元素**在內。這個項目，將可以帶來無限的商機，固然投資者可以從中獲得豐厚的利潤，而「基金會」亦可以從中得到大量的資金，以用作大量及全面發展其他慈善項目的用途。另一方面，那些需要別人幫助的人士，也可以得到幫助而解決他們的需要。這間醫院的「**服務創新**」，具有**獨特性和前瞻性**，是以前從來沒有人做過的。這是我們在第二個階段裡預備要提供的服務，容許我們稍後再為大家作進一步詳盡的介紹。我們很希望能夠得到很多善心人士的支持，並且接受我們的誠意邀請，共同努力來推動及完成這個很有意義的項目。

**第三個階段，**就是當我們這個醫院的服務已被確立及完善之後，我們會將有關的服務，進一步**與社區的其他服務結合在一起**，希望最終能夠辦到一個很完美的社區。例如：社區內可以全面地提供有關「生死教育」及其相關性的服務，由幼童階段乃至老年階段，每一個階段皆能獲得全面「生死教育」的知識及資訊，並且每人均能學習到有關「**生與死**」的**重要性**。我們希望把這樣的「創新服務」推廣至全世界的



陳建強博士、羅美玲女士正接受  
「中國網」主持人的訪談



每一個角落，並將這個「理念和運作模式」作為一個典範推廣至全世界，為整體人類提供一個全面地「提昇生命素質」的服務。

主持人：你們的「基金會」叫做 “生命提昇” 慈善基金會，對於 “生命提昇” 這四個字有甚麼特殊的涵義嗎？

羅女士：“生命提昇” 的意思是，無論是我們在生的時候之「生活品質」，乃至到我們死去後、失去肉身的「生命精神素質」，都可以得到提昇。再深層的含意則是，人類整體是不斷地進化的。

我們在生的時候，我們是可以從「生活的品質」來看到我們的生命是否正在提昇？現代的科學文明，是可以幫助我們，讓我們可以從這個層面，看到我們的生活正在提昇，是通過科技的進步，來體驗人類「物質文明」的進化。

然而，從另一個層面來看，當我們死亡以後，我們的生命其實仍然是存在的。當我們的肉體沒有的時候，就只有我們的精神仍在進行。在這方面，現在有很多著名的科學家，和大量的「瀕死體驗者」在其「起死回生」後所提供的大量證據，可以證明我們在死亡以後，生命是仍然的繼續著，我們仍然是存在著的。死亡並非是一個結束，而只是另一個很重要的階段之開始，甚至是另一個新生命的開始。

為甚麼說這樣會是很重要的呢？這是因為我們的精神會與其他的物質再結合在一起，從而再獲得另一種「生命形態」的存在。問題就在這裡：這個精神狀態與其他物質結合所產生出來的新生命，它會比以前提昇了，好一點嗎？還是會比以前更差一點呢？這個新的生命會得到提昇及進化呢？還是會退化呢？這個就是我們將來要面對的「生命的抉擇」。這個「抉擇」所帶來的後果，將會是更好的呢？還是會更差的呢？

那麼，我們所要面對的困難，我們的「精神素質」是怎麼樣來維持的呢？會面對很大的挑戰嗎？這個層面是沒有人看得到的，而我們“生命提昇”最深層的意義，並不只是要在生的時候，幫助大眾可以將其「生命素質」加以提昇，還有這個死後之「精神素質」，我們也需要幫忙他們加以提昇。

因為如果沒有一個協助和指引給予他們，他們是可以退化到很差的地步。因此這個“生命提昇”的特殊涵意，是為了幫助那些正站在「生命的十字路口」之生命，幫助他們作出一個「生命提昇的決擇」！換而言之，我們並不單單只局限於在生時「生命素質」的提昇；而更加重要的是——亦是大多數人所忽視的，以及不懂得如何去進



陳建強博士、羅美玲女士接受「中國網」訪談後與主持人合照



大型的生死教育講座活動





生死教育講座活動

用我們的能力去賑災扶貧，幫助一些弱勢群體，以及幫助一些需要幫助的人仕等等，這些都是一種慈善的表現。但其實慈善是有其更深層的意義的，這種意義就在於我們人類有一個最原始的本質，而這個本質是一種具有廣大的慈悲和善良的意識狀態。只可惜這種素質，因為經歷了現實生活中很多殘酷現實的洗禮，令到我們這種原始的本質會受到污染，從而使到人們都變得愈來愈自私自利，以及在不知不覺間互相殘害。

那麼，怎麼樣才可以將這些原始的本質，再次顯露出來呢？這就是需要通過我們在生時進行一些慈善的行為。這些慈善的行為能夠令到我們原始的本質，重新地被發掘及顯露出來。所以，如果要恢復人類這種美好的一面，就必需通過慈善行為的實踐來加以達成的。

舉一個例子，我們中國有五千多年的文化歷史，如果我們能夠將這五千年文化中最重要的一個元素，就是「慈善」這個元素，將它加以突顯出來，然後推廣至全中國的同胞，以至全世界的每一個民族以及國家，並將「慈善」文化獻給全世界的人類，以展示我們五千年歷史中最美好的一面。那麼，全世界的人民都會很容易的接受我們的文化。這種文化的推廣，將會令全世界的人民和我國人民全面地拉近距離，而且他們也更容易地接受我們和我們的文化。而在國際層面，令到世界各國和我們中國的距離拉近，更加容易的互相接受對方，以達成我國所訂立的一個理想目標，就是全世界各國及其人民皆可以「和諧共存」。所以這便是我們對於「慈善」最深層意義的理解！

因此，無論在個人的層面、國家的層面，以至到全人類的層面，都是要通過這個「慈善」的行為，才能令到整體的生命得到全面的提昇，這就是「慈善」更深層次的意義。其實，「慈善」不單只可以提昇一個人的人生素質，也可以提昇一個國家的整體素質，甚至是全球人類的整體人類文明素質。從這個角度來說，「慈善」是有著它更深層次的意義存在著的。

主持人：羅女士您獲得了很多的榮譽，在2011年，您被委任為中國對外貿易促進委員會理事，並連續兩年在中國經濟發展論壇中榮獲中國經濟優秀代表人物大獎，以及在2011年中國公益與經

行的－「死後生命的抉擇和提昇」，因而我們更需要幫助所有生命在「生關死節」時能夠得到最好的抉擇。這就是我們「生命提昇慈善基金會」最重要的使命，以及是“生命提昇”最深層的含意！

主持人：這是您對生命的解讀，也是對生命和生死的解讀。慈善是人類一項崇高的事業，那麼二位又如何理解慈善的意義，您認為慈善對於生命又會產生哪些影響？

羅女士：一般人對於慈善的理解只局限於表面上，認為能夠用一個慈悲的心、無論是運用金錢、還是用努力去幫助別人，來實行一些善行，便是慈善的活動。例如：



生死教育展覽活動

濟發展高峰論壇中榮獲行業十大誠信傑出人物的榮譽稱號。您對於這些獎項和榮譽怎麼看？這些獎項對您個人有甚麼意義？

**羅女士：**能夠獲得眾多國內權威性機構的認同和肯定，我個人除了覺得**很榮幸及高興**之外，亦都對「生命提昇慈善基金會」有**很大的鼓舞作用和幫助**，令到它有更大的能力，去推行慈善的事業。

剛才我們提及「基金會」將分為三個階段來發展，無論是那一個階段，我們都要全面地推行慈善的事業。當這三個階段的慈善事業都能夠被確立之後，我們將會有足夠的資源和人力、物力等，以便更全面地實行我們的各類慈善項目。

所以，這些獎項對我們的認同和支持是影響深遠的，並帶給我們極大的鼓舞！如果能夠通過這些獎項，可以**喚醒更多的人士對我們的認同**，並且使到他們都覺得能共同參與慈善項目的好處，甚至加入成為我們行列中的一份子，讓我們一起去「**共襄善舉**」，這樣就會令到所有人都能夠得到幫助，則是**社會大眾之福**！

另外，這些獎項亦都可以成為一個**榜樣**，讓大眾市民或人類知道，如果他們都去參與或推行慈善活動，他們都會同樣地得到認同和肯定的，這樣就可以誘發他們埋藏在內心深處的善良品格及本質，進而「**提昇**」他們個人的「**精神素質**」，從而令到**社會風氣也變得更加「和諧」**與互助。所以**這些獎項實在具有很多層面的作用、和具有很深層的意義**。因為每一個人都需要別人的認同和鼓勵，這些獎項可以令這些認同和鼓勵更實質化地展示出來。

這些獎項好令我們更加順利地得到其他人的認同和幫忙，從而讓我們可以更好地推行我們的各類慈善項目。同時，當更多人士能共同參與慈善項目的時候，也好**讓更多人將他們內在的善良本質得以顯露出來**。我希望所有人都能夠得到這些獎項，並希望他們更加努力。同樣地，我們也希望「基金會」在未來，能夠更廣泛地得到社會各界人士多方面的認同、支持、鼓勵和幫忙，正所謂「**孤掌難鳴、眾擎易舉**」。

**主持人：**我們注意到，您們剛才提到把「商業元素」融入到慈善事業當中。那麼，您們覺得「商業元素」對慈善事業帶來了甚麼？

**羅女士：**慈善事業是需要長時間的人力和物力來支援及幫助才可以完成的，而它是極之**需要一個生生不息的動力來灌注、支援及幫忙**的。而慈善事業和商業活動同樣地是需要一些生生不息的動力來灌注的，這些動力就是來自資金和人力、物力等各方面的投入。

當一個商業機構失去了這些資源的投入，它就會慢慢地不斷枯萎，甚至終於消失了。而慈善事業都是一樣，當它失去了這些動力的灌注及支援之後，很多的慈善事業都是因為這樣子而沒有辦法繼續進行下去，這是**非常可惜**的事情！

而在我們現今之社會，當某個商業機構枯萎後，就會有其他的機構取而代之。主要的原因是因為商業的運作如果不能夠生存，它們就會不斷地**更新**它們的產品、服務和事業，令到它們的**資源之流轉和動力不斷地生生不息**，從



大型的生死教育講座活動



而使到這些商業機構能夠繼續存在，甚至不斷擴大。所以「商業元素」在營造這種動力方面，是有很卓越的優勢、和靈活之應變方法的。

所以如果慈善事業能夠注入一些商業的元素，將「商業元素」中「**創新的精神**」理念，以及能夠維持生生不息的能力，都加入在慈善事業之中，就可以令到慈善事業都能夠生生不息地運作下去，不用再擔心資源總有一天會枯竭，而令到慈善事業有終結的可能性。因此，我們覺得如果能夠將這個商業的元素灌注在慈善的專案裏面是最好的方法。

其實這個以「商業元素」注入慈善事業的理念，在香港已經有些團體及機構正在推行著，例如「社會企業」就是其中的一種。而我們這個「生命提昇醫院」項目的概念就是，我們希望能夠邀請到一些具有**前瞻性的企業家們來一齊共同參與發展**，因為我們相信這個項目**具有極大的商機以及賺錢的潛力**。原因是這個項目是全人類都需要的一種服務，而全球現時尚未有能夠提供這樣全面的服務之機構。

所以，如果有一些**具有前瞻性、及遠大目光的企業家們**，能加入他們的動力，灌注他們的能量，讓他們**正式啟動**這個項目；而對於我們這些以慈善作為使命、和終生目標的人仕而言，這個項目是可以幫助整體人類不斷地提昇其精神力量的進化，令到人類可以從痛苦中得以遠離，**重燃對生命的希望和積極性，進而得到「生命的提昇」**。那麼，從長遠的角度來說，這是可以造福全人類、以至千秋萬代的！

**陳博士**：我們所提出的「生命提昇醫院」項目，是發展一個私營醫院作為我們的目標。這個私營醫院是與其他團體、企業和法人等合資經營，並將以股份制的模式來運作的，而利潤的分配完全是根據全國《公司法》、以及股份制度來實施、推行和分配的。這樣子，可以說投資者和我們的「基金會」可以各得其所、各取所需。

能提拱嶄新而全面的「生前死後」綜合服務之完善醫院



生死教育展覽活動

在這個賺錢項目中所得到的資源，投資者固然可以分到他們所得的豐厚利潤之外，而我們作為慈善企業所得的資源，亦可以將其全部投放回慈善事業裏面，以推行我們的各類慈善項目，從而可以直接及充分地幫助那些需要幫助的人，並且可以做到生生不息、永不枯竭的情況。因此這樣的做法是一個最理想的「三贏局面」。

所以，慈善事業注入「商業元素」這個理念是一個非常之創新和極之圓滿的一個方案，如果能將這個方案放在一個具有極大潛力和需求的項目之中，這樣就更加相得益彰了。我們從這個



角度來說，是一個**三贏的局面**：商家及投資者可以獲得他們豐厚的利潤；受助者可以得到全面而充足的幫忙，令獲得我們服務的人士可以真正地滿足到他們的需要；而我們作為慈善事業的機構，亦可以從中得到永不枯竭的充足資源，從而繼續幫助我們推行及執行其他不同的慈善項目。這就是我們所說的「三贏局面」！

**主持人：**據我瞭解，你們「生命提昇慈善基金會」特別重視教育的作用，那麼「基金會」主要能夠向大眾提供哪些方面的教育，這些教育又有哪些特點？



「死亡」時刻可能出現之靈異現像

**羅女士：**教育是提昇人類智慧的一個很重要的方法，所以我們很重視教育。我們「基金會」主要推行的是「**生死教育**」，是一個很特別的教育。在現今社會中，「**生命教育**」這方面是並不缺乏的。但是，在**死亡**方面的教育，却實在是很薄弱和殘缺不全的。因為大多數人都很怕「死亡」，都**不願意去面對「死亡」**，所以他們會選擇去逃避，甚至很討厭去面對這件事實。但是這個逃避，只會形成他們對「死亡」的認識更加貧乏。但很無奈地，我們每一個人一生中，都必須面對「死亡」起碼一次或以上。我們都必須要面對殘酷的現實，就是「**死亡**」必然會來臨的。而當「死亡」真正來臨的時候，假若我們不懂得處理這方面的問題時，就會**因為缺乏這方面的知識而引至很大的創傷**。例如：有很多的家屬因為不懂得去幫助一些瀕臨死亡的親人，甚至因為對「死亡」一知半解，令到瀕臨死亡的人更加無助，由「**愛**」變成「**害**」。

舉一個例子，有一位四十多歲的女士，她患有一個末期的癌症，而她的病是無藥可救的。當她要死亡的時候，她的丈夫因為太過愛她了，所以他強烈的要求醫生一定要為他太太進行急救。結果是他的太太除了要承受癌病為她所帶來的極大痛苦和折磨之外，還要承受因為這個急救而對她的胸部所產生的極大壓力，以致她面部很多的孔道都噴出鮮血而死亡。當她的丈夫在病房目睹其妻子死亡時的慘狀，他才明白到，**原來自己因為對死亡這方面的認知貧乏，而作出了錯誤的決定，會對他最愛的人帶來了最大的傷害**，他很後悔，但是一切都已經太遲了。這一類的慘劇往往都在我們的社會裡經常發生著！所以這個「**生死教育**」，對於我們來說，**是非常重要的**。

**陳博士：**在台灣這方面推行「生死教育」的經驗已經有十多年的努力，所以我們現在在香港也希望慢慢地將「生死教育」推廣出來。剛才羅女士所提到的，如果我們沒有正確的認識到「死亡」是怎麼樣的時候，如果我們對臨終親人的關懷沒有瞭解到，可能會帶來沉痛的經驗，會形成「**愛你反而是害了你**」的問題，這個問題是一個非常嚴肅的問題，需要我們去正視及處理的。但這一種情況，亦只不過是在我們人間的現實層面所見到的慘況而已。





台灣之「蓮花基金會」董事長陳榮基教授向  
本基金會成員詳細介紹有關安寧療護等服務

更深層次的情況，不單只是死亡的時候是很嚴重，而是**死亡以後**，不是說這個人就不再存在於這個宇宙之中。而是他死亡了，他的**肉身雖然不再存在**，然而他的精神還在繼續存在下去。這個「**意識**」**仍然存在**，也是會繼續存在下去的。所以如果我們不懂得如何去**導航這些離世者的精神發展**，這也是一個很慘痛的情況，可能會導致這些人**將來在投生的時候會有不好的境況**。所以，在死亡之後，由於生命還是在延續的，而這些死亡之

後的生命所面對的困難，其實是**比我們所想像中更加巨大**。但是在這種精神層面，一般人就更加不了解，所以我們在表面上所見到死亡時的痛苦，只不過是冰山的一角，死後還有更大的痛苦層面存在著，這是**需要我們人類去反思與及進行救助的**。

因此「生死教育」當中「死」的部份，不單是極之重要，亦都是極之急切需要的！我們所有人類都需要去面對它，以及更深入地去研究，以尋求解決的方法，這個就是我們所**推行的「生死教育」當中最大的特點**，就是補充現時「**生命教育**」當中最缺乏的部份，以及加強這部份的內容，這是我們「基金會」希望能夠向普羅大眾提供這方面**最缺乏的教育服務**。

由於**教育是一種能夠提昇人類智慧最重要的方法**，所以我們十分注重「生死教育」的推廣。所以，在這個大前提下，我們覺得「生死教育」，特別是「**死亡教育**」這個部分是殘缺不全的。那就需要我們更大及更多的努力與工作去補其不足的地方，這是我們「生命提升慈善基金會」目前一個很重要的工作目標，就是**要做好「生死教育」**。

**主持人**：就在前不久，陳先生您率領「基金會」一行人員特別到台灣南華大學進行交流考察，請您給大家介紹一下這次活動。

**陳博士**：台灣在「**生死教育**」與「**安寧療護**」等多方面的發展已有十多年之歷史，其豐富的經驗是非常的寶貴，很值得我們去學習的。所以在2010年六月中旬，我們前往台灣進行一系列的參觀訪問，其中除了南華大學這些學術團體以外，還有醫療、安寧以及其他的志願團體及機構等等，與他們作出深入的交流，從中瞭解到當地在「生死教育」與「安寧療護」等各種服務的發展狀況。並與它們探討在未來建立互相合作的可行性及相關機制，從而使到我們「基金會」在**兩岸四地推動「生死教育」的目標**下，可以慢慢地提昇在這方面的活動情況。

**主持人**：陳先生有一個詞語，大陸叫做志願者，台灣叫做志工，我知道台灣醫院裏面的志工非常多，而且所做的貢獻也非常大，請您介紹一下他們的工作？





2011年3月全國人大會議在北京人民大會堂  
正式通過「十二、五」規劃綱要

**陳博士：**您說的很正確，台灣的經驗給我們一個很豐富的借鑒，就是他們志工團隊很強，志工資源無論是在醫療界、社工界等都是非常的充足。這方面我們還是要不斷的努力，慢慢地組成這些志工團隊，幫助我們進行慈善活動。

**主持人：**我聽說那裏的志工不僅對於臨終的病人進行生理的服務，而且對於心理的安慰和輔導工作也做得非常棒。

**陳博士：**對、絕對是的！我們去參觀訪問了一間在台北的名叫「蓮花基金會」，他們特別在這方面訓練一些叫作「宗教師」的人物，他們會在醫院裏面幫助一些臨終的病人，幫助他們在心靈上，不只是安慰，而且幫助他們怎麼樣渡過難關。我覺得這是很重要的方向。

**主持人：**就是通過交流來學習相互的經驗，也為彼此的發展提供一個很好的方向和動力。大陸地區的慈善事業也正在蓬勃發展，作為慈善事業的先行者，二位對大陸慈善事業是否瞭解？又有哪些經驗可供學習和借鑒？

**陳博士：**其實我們都知道慈善事業在內地正在蓬勃發展，而且是方興未艾。但相對於擁有十三億人口的中國而言，還有很龐大的發展潛力和空間，所以我們亦希望盡一分能力參與其中，為祖國偉大的慈善事業“出一分綿力、盡一分心意”，所以我們亦正尋求國內的有心人士，與我們同心協力，將慈善事業推廣至祖國的每一寸土地上。

**主持人：**相信通過各方力量的努力，我國的慈善事業會越來越壯大，發展得越來越好。對於「生命提升慈善基金會」的發展規劃，二位有沒有相關的戰略規劃？二位對「基金會」未來的發展還有哪些期待？

**陳博士：**首先，根據國家最近“十二五”規劃綱要當中，有幾個專案是非常重要的：第一是發展現代產業體系，提高產業核心競爭力。第二，促進區域協調及和諧發展。第三，深入實施科教興國戰略和人才強國戰略，加快建設創新型國家。第四，加強社會建設，建立健全基本公共服務體系。第五，推動文化發展繁榮，提昇國家文化軟實力。

這五個都是很重要的大方向，因為我們國家希望能夠在2020年的時候，全面實現小康社會，而且要打造和諧發展、穩定發展和公平發展這些理想的目標。從這個大前提下，我們覺得我們可以配合“十二五”規劃大前提來進行我們「基金會」未來的發展策略。特別是在社會建設與及發展當中，民生的重要議題是包括在內，其中有文化教育，醫療衛生、養老及安老服務、社會保障等，這些都是重要的專案。



大型的生死教育講座活動





年長者能休閒地安享晚年及接受合適的「生死教育」

通過這些來幫助我們國家建設一個「和諧、公平和穩定發展」的國家之重要方向。所以，在配合國家整體發展的大前提下，香港擁有優越的地理環境，我們「背靠祖國、面向世界」，我們可以為兩岸四地在經貿文化溝通合作方面做一個重要的平台，而且可以作為一個橋樑。

在中西文化的孕育下，以及和國際更加密切的聯繫，香港在這方面可以起到積極帶動和創新的一些作用。在2009年香港特區政府提出的《施政報告》裏面，建議發展六大產業，其中醫療項目是當中重要的發展項目，是要推動香港成為「醫療區域樞紐」，好像東南亞地區之新加坡和泰國曼谷一樣，成為那裏的醫療區域樞紐。因此我們在這方面覺得香港有很大的條件去發展。因為香港的醫療設施及技術已經達到國際先進水準，在這方面的定位和發展將會帶來無限商機。

舉一個例子，最近一則新聞報導，提到有一間印度財團注資收購了香港一間醫療集團之九成股份，成為它的大股東。這一則新聞只是冰山一角，說明外來很多的財團都看中香港未來在醫療方面的發展潛力和商機，所以他們前來發展了。我們也覺得，香港在這樣一個機遇下，如果我們能與國內的一些資金和投資者互相合作，是一個很好的機會。

還有很多醫療方面的商機也是可以進一步來開發的。我們「基金會」現正集資籌建「生命提昇醫院」項目，提供一系列嶄新而全面的「生前死後」的綜合療養服務，其中包括三個主要組成部分：

第一是：死亡教育、與及死後世界的運作知識。這是很重要的，去幫助離世者減少他們對「死後世界」的無知和恐懼，這對他們在靈性上是很重要的幫助。

第二是：死前舒緩關顧服務，提供給離世者的親屬他們在「臨終關顧」上的支援服務，令他們可以為離世者的離去保持寧靜、安慰的身心狀態。

第三是：死後的善終服務。我們需要提供「49天死後世界的導航服務」，與及死後數小時內的關鍵時期的關顧服務。



年長者能休閒地安享晚年及接受合適的「生死教育」



深圳之「前海發展區」位置圖

回境內，而且銀行也可以向境內機構在境外投資的企業、或者專案發放人民幣的貸款。內地的企業可以通過香港離岸人民幣業務中心進行有關投資的項目，同時也可以利用香港金融平台進行相關的融資和資金管理。以上就是從全局的方向來看國家的發展跟香港是很密切，而且是息息相關的。

最後我想提到，香港與深圳深入合作的情況。我們覺得在這幾年，香港與深圳特區的合作是越來越緊密及全面的，包括發展河套區以及前海發展區等地方，大大加強合作領域，提供多方面的資源以及投資的管道。比如土地開發，國內資金來港投資合作經營，進而有利於內地企業“走出去”，面向世界。所以香港作為一個仲介的角色是很重要的。重要的一環。

以本「基金會」所提出的「生命提昇醫院」為例，我們先以港深合作作為試點，試辦成功以後，我們將以「特許經營的方式」來推廣到全國、以至全球，讓全國十三億同胞、和全世界人民，能夠享受到這種嶄新而且是創新的「生命提昇服務」。我們並以此作為我們未來發展的一個「標準模式」，希望可以達成以上的一些目標。

最後，我們貫徹「基金會」的口號，就是“生命燃點生命”，我們希望可以提昇生命素質，領略生命的真諦，薪火相傳，造福萬代。對此難得的歷史機遇，我們「基金會」對此充滿著無比的信心，可以完成此一壯舉！

主持人：社會的和諧需要生命的提昇，在此我們祝願香港「生命提昇慈善基金會」能夠發展的越來越好，也希望越來越多的機構和「基金會」合作，我們也希望越來越多的機構參與到中國乃至全球的慈善事業當中，使全球的慈善事業得到進一步的發展。最後，請二位給我們的線民在新年到來之際說幾句話。

羅女士：我恭祝你們都得到生命的提升，你們無論在生命的質素和精神上都能提升得很好，我希望你們越來越幸福！

陳博士：值此新春的機會，向各位拜個早年，祝各位身體健康，萬事如意，如意吉祥！謝謝大家！

這三個層面都是我們這嶄新的醫療服務之整體組成部分。到目前為止，全球並沒有任何一所醫院能夠提供這樣全面及完整性的相關服務，所以我們相信這個計劃是一個極具賺錢潛力的「服務創新」，而且也是提供很多條件幫助無論是在生者，還是他們離世的親人，都可以對他們有很大的幫助。因此這嶄新的項目將會有龐大的社會需求。

最近中央政府推出了一系列的政策和措施，這將有利於香港在市場上進行融資以及投資的環境。例如：「央行」公佈了境外直接投資人民幣結算試點，可以讓境內的機構可以將其所得的境外直接投資利潤以人民幣的方式匯



深圳「前海發展區」之開展



能夠從小開始便接受合適的「生死教育」，並確立積極及正確的人生觀



# 有用連結

## 1) 亞洲

### 寧舍 (香港)

<http://www.hospicehome.hk/aboutHospice.php>

### 李嘉誠基金會覆蓋全國的「人間有情」寧養服務計劃 (香港)

<http://www.lksf.org/zh-hk/HeartofGold>

### 香港醫院管理局 (香港)

<http://www21.ha.org.hk/sub/lks/tc/aim.html>

### 善寧會 (香港)

<http://www.hospicecare.org.hk/big5/about.html>

### 美善生命計劃 (香港)

[http://www.enable.hk/tch/project\\_enable/aboutproject/about\\_mission.aspx](http://www.enable.hk/tch/project_enable/aboutproject/about_mission.aspx)

### 生死教育學會 (香港)

<http://www.life-death.org/Pages/home.htm>

### 香港紓緩醫學學會 (香港)

<http://www.hkspm.com.hk/>

### 香港善終服務護士會 (香港)

<http://www.fmshk.com.hk/hkhna/index.htm>

### 凱瑟克基金 (香港)

<http://www.keswickfoundation.org.hk/zh/aboutus.html>

### 敦珠佛學會國際有限公司 (香港)

<http://www.dudjomba.org.hk>

### 生命提昇慈善基金會有限公司 (香港)

<http://www.lifeenlightenment.org>

### 對中國瀕死體驗研究的報導 - 人民網 (中國)

<http://scitech.people.com.cn/BIG5/4789085.html>

### 佛教蓮花基金會 (台灣)

[http://www.lotus.org.tw/ShowContent.asp?subtype=%BDt%B0\\_&top=Y](http://www.lotus.org.tw/ShowContent.asp?subtype=%BDt%B0_&top=Y)

### 南華大學生死學系暨研究所全球資訊網 (台灣)

<http://www.lifeanddeath.net/index.php>

### 安寧照顧基金會 (台灣)

<http://www.hospice.org.tw/2009/chinese/about.php>

### 連氏基金會 (新加坡)

<http://www.lienfoundation.org/>

### 「有生之年」- 死亡諮詢 (新加坡)

<http://www.lifebeforedeath.com/index.shtml>

### 「有生之年」- 死亡品質 (新加坡)

<http://www.lifebeforedeath.com/qualityofdeath/index.shtml>

### 亞太區臨終關懷及紓緩照顧網絡 (新加坡)

<http://aphn.wordpress.com/>

### 馬來西亞臨終關懷理事會 (馬來西亞)

<http://www.malaysianhospicecouncil.org/>

### 日本紓緩醫學會 (日本)

[http://www.jspm.ne.jp/jspm\\_eng/index.html](http://www.jspm.ne.jp/jspm_eng/index.html)

### 日本安寧及和紓緩照顧基金會 (日本)

<http://www.hospat.org/english/objectives.html>

### 班加羅爾安寧信託 (印度)

<http://www.karunashraya.org/NewSite/Aboutus.html>



## 2) 美洲

全美安寧及紓緩關顧協會（美國）

<http://www.nhpco.org/templates/1/homepage.cfm>

全美安寧服務年度報告 - 全美安寧及紓緩關顧協會（美國）

[http://www.nhpco.org/files/public/Statistics\\_Research/Hospice\\_Facts\\_Figures\\_Oct-2010.pdf](http://www.nhpco.org/files/public/Statistics_Research/Hospice_Facts_Figures_Oct-2010.pdf)

美國安寧及紓緩醫療學院（美國）

<http://www.aahpm.org/>

HospiceDirectory.org（美國）

<http://www.hospicedirectory.org/>

死亡教育與輔導協會（美國）

<http://www.adec.org/>

臨終關懷及紓緩關顧相關研究刊物 - 羅伯特伍德約翰遜基金會（美國）

<http://www.rwjf.org/pr/topic.jsp?topicid=1194>

臨終關懷及死亡和離世相關研究刊物 - 赫思廷斯中心（美國）

<http://www.thehastingscenter.org/Publications/SpecialReports/Detail.aspx?id=1344>

臨終關懷網上資源 - 國立生研究院（美國）

<http://bioethics.od.nih.gov/endoflife.html>

知覺研究小組 - 美國佛吉尼亞大學（美國）

[http://www.healthsystem.virginia.edu/internet/personalitystudies/recommended\\_books.cfm#OBEs](http://www.healthsystem.virginia.edu/internet/personalitystudies/recommended_books.cfm#OBEs)

意識研究中心 - 美國亞利桑那大學（美國）

<http://www.consciousness.arizona.edu/>

瀕死體驗及生存理論（美國）

[http://paranormal.suite101.com/article.cfm/near\\_death\\_experience\\_and\\_survival\\_theory](http://paranormal.suite101.com/article.cfm/near_death_experience_and_survival_theory)

死後世界？ - 美國心理研究協會（美國）

<http://www.aspr.com/osis.html>

瀕死體驗及死後世界（美國）

<http://www.near-death.com/>

努爾基金會（美國）

<http://www.nourfoundation.com/>

過渡到另一世界：西藏生死書（美國）

<http://www2.lib.virginia.edu/exhibits/dead/otherworld.html>

## 3) 澳洲

澳洲紓緩關顧協會（澳洲）

<http://www.palliativecare.org.au/>

## 4 ) 歐洲

歐洲紓緩關顧協會（歐洲）

<http://www.eapcnet.eu/>

全英紓緩關顧協會（英國）

<http://www.ncpc.org.uk/page/about>

全英臨終關懷計劃 - 英國衛生部的臨終關懷策略  
（英國）

<http://www.endoflifecareforadults.nhs.uk/about-us>

臨終關懷指引 - 英國國民健康服務（英國）

<http://www.nhs.uk/Planners/end-of-life-care/Pages/End-of-life-care.aspx>

2008-09臨終關懷法規 - 英國議會（英國）

<http://services.parliament.uk/bills/2008-09/palliativecare.html>

英國卡迪夫大學紓緩醫療及紓緩關顧的在線課程（英國）

<http://www.pallium.cardiff.ac.uk>

“我離世那天” - 英國廣播公司的教育節目視頻（英國）

<http://www.bbcactivevideoforlearning.com/2/TitleDetails.aspx?TitleID=140>

離世後的協助指南 - 全英市民諮詢協會（英國）

[http://www.adviceguide.org.uk/index/your\\_family/family\\_index\\_ew/what\\_to\\_do\\_after\\_a\\_death.htm](http://www.adviceguide.org.uk/index/your_family/family_index_ew/what_to_do_after_a_death.htm)

領域研究基金會（英國）

<http://www.horizonresearch.org/>

## 5 ) 其他

人類意識計劃（美國及歐洲）

<http://www.nourfoundation.com/events/Beyond-the-Mind-Body-Problem/The-Human-Consciousness-Project.html>

國際安寧及紓緩關顧協會 - （環球）

<http://www.hospicecare.com/>

紓緩關顧 - 世界衛生組織（環球）

<http://www.who.int/cancer/palliative/en/>

國際瀕死研究協會（環球）

<http://www.iands.org/>

瀕死體驗研究基金（環球）

<http://www.nderf.org/>

接近死亡研究基金 - 中文（環球）

<http://www.nderf.org/ChineseSimple/index.htm>



# **"The Life Beyond : Existence After Death?"**

## **Information on Modern Scientific Studies of Life & Death**

### **Chairperson's Message**

**48**

### **Preface**

**52**

### **Programme Rundown**

**60**

- (1) First Seminar on 9th October, 2011 (Sunday)
- (2) Second Seminar on 15th October, 2011 (Saturday)

### **Keynote Speakers**

**62**

- (1) Dr. Peter Fenwick
- (2) Dr. Pim van Lommel
- (3) Dr. Erlendur Haraldsson

### **Synopsis of Talks**

**64**

#### **(A) First Seminar on 9th October, 2011**

- (1) Are Mind and Brain the Same? Can the Near-Death Experiences Help Us to Resolve this Question?....

Dr. Peter Fenwick

- (2) Nonlocal Consciousness: A Concept Based on Scientific Studies on Near-Death Experiences....

Dr. Pim van Lommel

- (3) Belief in "Life after Death" and Reincarnation, with Arguments For and Against Such an Afterlife....

Dr. Erlendur Haraldsson

#### **(B) Second Seminar on 15th October, 2011**

- (1) End of Life Experiences – A Spiritual Perspective....

Dr. Peter Fenwick

- (2) Implications of Nonlocal Consciousness for Survivors of Cardiac Arrest: How Recent Research on the Continuity of Consciousness Could Affect the Treatment of Patients Reporting Near-Death Experiences?....

Dr. Pim van Lommel

- (3) Deathbed Visions: Visionary/ Hallucinatory Experiences Close to the Time of Death....

Dr. Erlendur Haraldsson

### **Scientific Evidence on "Life After Death"**

**69**

- (1) Near-Death Experiences
- (2) Deathbed Visions
- (3) Apparitions
- (4) Reincarnation

### **International Organizations**

**75**

### **Useful Links**

**85**



# Chairperson's Message: The Significance of Life and Death Education

**Law Mei Ling**

**Chairperson, Organizing Committee for  
Series of Talks on "Science, Life and Death,  
Reincarnation"**



(Ms. Law Mei Ling have founded both the Dudjom Buddhist Association (International) and the Life Enlightenment Charity Foundation, and is the present CEOs of both charity organization. She also edits the two bimonthly magazines of "Lake of Lotus" and the "Life Enlightenment", and has contributed more than 130 types of multimedia teaching materials on "life and death education" for the past ten years.)

## The Breadth and Depth of "Death Education"

There are certain articles about real cases of reincarnation in consecutive issues in the bimonthly magazine "Life Enlightenment"; as well as thousands of cases of near-death experiences (NDE) that have swarmed up and became a hot topic of discussion recently. All of these have clearly revealed a significant message to human beings: "life continues to exist after death", and that the "world of after-death" and "reincarnation in the re-gaining of a new life" are **really existing, and that there are human beings who have truly experienced them.**

The most significant message is that a human "consciousness" does not simply vanish after death, but then it will continue to exist ceaselessly thereafter. **This kind of continued existence of "consciousness" has implication for the continuation of "life" after death.** It is only a matter of differences in the way and mode of existence, the environment of existence, and the kind of sensation.

Since "death" is no longer the same as what people used to think of: that it would be all null after one passes away. Instead, it is **a great change that is so full of variables and risks, which is way beyond our imagination.** In the past, the deceased person and the relatives would merely have to deal with issues such as "the grief of departing, loss of belonging, suffering of sickness, anxiety of being abandoned", etc. With a great deal of NDE cases as evidence, more experts from the scientific and medical fields have taken part in researches, and thus resulting in more evidences with scientific verification. All

of these have increased the **breadth and depth** of “death”.

According to revelation on the real cases of reincarnation in three consecutive issues, there are at least four posthumous features that have been identified:

1. The subjects of the cases concurred in coincidences that a deceased person **would be in a gloomy environment** during the period after one's death but before rebirth.
2. Subjects who have memories of previous lives mostly died in accidents or murders that were due to serious injuries. Owing to their great sufferings at death, their bodies might still retain scars of the wounds made in previous lives even after their reincarnations. These traces are known as “birthmarks”. **Mentally speaking, the person might still be continuously affected by the pains suffered at the moment of death in the previous life.**
3. The subjects in the cases found themselves floating in the air after death. Surrounding the subject were many other people who had died and were levitating in the air in a similar fashion. This shows that when people have lost their physical bodies, they would continue to exist in a form **without weight and thus float in the air** hither and thither. They have no idea as to what will be the next stage for them.
4. In general, it would take approximately one to three years from one's death to one's reincarnation. In some special cases, it may take even longer periods of time, say from four to ten years, or even longer. Hence, **everything is so full of changes and of uncertainties.**



From the aforesaid four features, the deceased and relevant kin and kith should start to worry about **facing what sort of environment** their postmortem life would have. **Would** such an environment be **hazardous and painful** to the mode and fashion of the continual existing life? **What sort of changes** that a postmortem life has to deal with? **Would** those changes be **immeasurably traumatic** to the mode and fashion of the existence of the afterlife? How would the deceased person and the kin and kith be able to **render assistance and preparation beforehand**? What are the features of the posthumous environment? Can they be changed? If the mode and fashion of existence could be transformed arbitrarily, would this sort of transformed reincarnation result in certain chances of being trapped in a life situation of eternal suffering? Can this be altered?

All these questions are no longer simply religious or philosophical ones. Instead, these are basic and fundamental issues that **human beings have to deal with practically for the sake of protection and continuation on the existence of an “afterlife”**. In resolving these issues **on a base of rationality and the scientific spirit**, and without being confined to the religious arena, the most needed thing for us today is on “death education”, which is most lacking at the present moment.

## **How to Rationally Unfold the “Mystery of Life and Death”?**

For the kind of “life and death education” that are currently provided in society, the “life” aspect of “life education” is not deficient at all. However, for the “death” aspect of “death education”, it is only limited to the services of “palliative or hospice care” at the end of one's life. Their objective is to help in such a way that the individuals are fearless of “death”, and they would be peaceful

at the moment of death. Currently, the focus of their service is on symptom control so as to kill the physical pains, as well as to counsel for letting go. Service to kin and kith of the deceased persons is on bereavement for lessening their grief and sorrow. These are the kinds of services that are provided by the current “life and death education” for having “ease and comfort to both the living and the dead”.

However, as far as how to master and resolve the aforesaid problems is concerned, there are no such pragmatic or practical knowledge, know-how and technical skills available within the present structure of the current “life and death education”. Some people believe that this will only leave it for those with religious “faith”. A moment of peacefulness at the moment of death probably could not counteract a split second of severe suffering after death.

Therefore, the mere reliance on religious “faith” could not resolve immediate posthumous problems. This is the same kind of situation as of merely relying upon religious “faith” cannot help one to resolve all sorts of impending social and human difficulties. Although “faith” is very important, it still requires pragmatic and practical knowledge, know-how and technical skills for assistance to both the deceased and the survived kin and kith for their resolutions on the aforesaid difficulties, problems and issues in a rational and scientific manner.

After all, the challenge of the hazardous journey of one’s “reincarnation” is not as simple as what we thought it to be. Hence, a pragmatic and practical “death education” becomes extremely important. What sort of an education and training is needed for a person in order to deal with the challenges of both “death” and “reincarnation” while one is still alive? What kind of preparations should be made, while one is still alive, in order to earn one’s opportunity to enter into the track of elevation for “the next phase of life” in a way of progressing upwards forever, and not retrogressing downwards to a worse situation?

Our human objective for the present life should not be merely upon money or materialistic chase, but should be on the elevation of one’s spiritual condition while one is still alive. In this way, we should be properly and adequately prepared for an upcoming hazardous journey after one’s death.

## **The Most Authoritative Keynote Speeches on “Near-death Experiences” Ever to be Given in Hong Kong History Are Now Opened to the General Public**

In order for our better preparation, we should have some relevant rational and scientific knowledge on the subject that we are addressing. Both the Duddjom Buddhist Association (International) and the Life Enlightenment Charity Foundation are greatly indebted to the generous sponsorship by the “Love Ideas ♥ HK” Campaign of the Li Ka Shing Foundation for support, and were thus able to invite three world-renowned top-notch medical specialists and professors to present their rich research findings on near-death experiences for the general audience in Hong Kong. It will be most probably the first time in Hong Kong history that such public seminars on the topic of “Scientific evidence of near-death experience -- a general discussion on life and death” will be presented in Hong Kong. Such kind of high-level knowledge dissemination is indeed a rarity, and so it can be said that it is a good fortune of Hong Kong people for being able to have this great opportunity in broadening their “vision and horizon on life and death”.

Owing to the coming together of adequate and fortunate causes and conditions, we are fortunate enough to have the consents from the three keynote speakers to hold two seminars for the benefits of our Hong Kong general audience, to be scheduled as follows:



## The First Seminar

**Date:** 9<sup>th</sup> October, 2011 (Sunday)

**Time:** 2:00 PM to 6:00 PM

### Keynote Speakers and Topics:

1. **Dr. Peter Fenwick** – Are Mind and Brain the Same? Can the Near-Death Experiences Help us to Resolve this Question?
2. **Dr. Pim van Lommel** – Nonlocal Consciousness: A Concept Based on Scientific Studies on Near-Death Experiences.
3. **Professor Erlendur Haraldsson** – Belief in “Life after Death” and Reincarnation, with Arguments for and against such a Afterlife.

**Venue:** Meeting Room N101 (Expo Drive Entrance), Hong Kong Convention and Exhibition Centre, 1 Expo Drive, Wanchai, Hong Kong.

## The Second Seminar

**Date:** 15<sup>th</sup> October, 2011 (Saturday)

**Time:** 7:00 PM to 10:30 PM

### Keynote Speakers and Topics:

1. **Dr. Peter Fenwick** - End of Life Experiences—A Spiritual Perspective
2. **Dr. Pim van Lommel** - Implications of Nonlocal Consciousness for Survivors of Cardiac Arrest: How Recent Research on the Continuity of Consciousness Could Affect the Treatment of Patients Reporting Near-Death Experiences?
3. **Professor Erlendur Haraldsson** - Deathbed Visions: Visionary/ Hallucinatory Experiences Close to the Time of Death.

**Venue:** Auditorium, 3/F, Kowloonbay International Trade and Exhibition Centre, 1 Trademart Drive, Kowloon Bay, Hong Kong.

The two seminars will be conducted in English, and **simultaneous interpretation services of both Cantonese and Puntonghua** will be provided for the convenience of the general audience. This is a rare opportunity and we sincerely hope that **each and every guest will benefit from these seminars**. We most sincerely welcome the most precious and valuable comments and opinions on the seminars from our guests of honor, so that we may be able to learn from them in order that we can make further improvements on our works in the future.

In order to help the general population to have a better knowledge and understanding on the modern scientific studies of “life and death”, we have now compiled this small collection of information, hoping that other knowledge experts and social elites in the different fields and professions can give us their further valuable feedbacks, comments and suggestions for our future improvements. For your cooperation in the various different ways, we hereby would like to express our utmost, sincere and deepest gratitude and thankfulness!



# Preface

## Life and Death Education

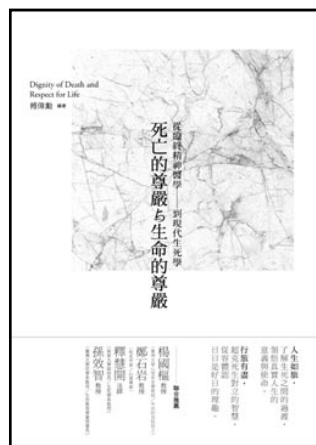
The word "Death" has been avoided in the Chinese tradition. Even the mere talking of it represents misfortune. Hence, we have not been trained with education that is related to death, dying and grief while we were young. By the time when we have finished our higher education and have become a full grown adult, yet sadly enough, we are still not yet prepared for things that are related to important issues of our life, such as the knowledge about death, how to comfort our dying relatives, and how to face grief and sorrow, etc. **The key point is the fact that we have never received any kinds of "Life and Death Education".**

The 9-21 Taiwan earthquake, the 5-12 Sichuan earthquake, the 4-14 Qinghai earthquake, and the most lately 3-11 Japan Fukushima's earthquake, Tsunami and nuclear leakage crisis, and so on, have all unveiled the simple fact on the fragility of human lives. Clearly, **the way to assist modern people** in the understanding of and in directly perceiving and experiencing the important issues of "life and death" has now become a most basic and fundamental issue for us all **to face squarely**.

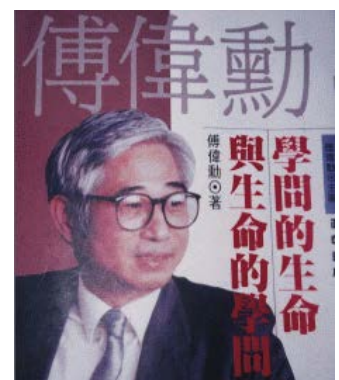
## Introduction of "Life and Death Education" and Its Development

### 1. The Introduction of "Life and Death Education"

"Life and Death Education" originally comes from "Life and Death Studies". In 1993, Professor Charles Wei-Hsun Fu has revealed the idea of using the kind of Chinese "Life and Death Wisdom" to combine with the Western study on "Thanatology" in his book **"Dignity in Death and Dignity in Life"** so as to establish a subject on "Life and Death Studies" which **takes death as the starting point to look back towards life itself**.



Conceived in this **broad sense** of the term, then "Life and Death Education" can be considered as **an education that walks us back from death towards life**. The Taiwanese scholar, Shu-Mei Wang, stated that: "By approaching the nature of Death and through different phenomena that are related to dying and grief, it will allow us to reflect and rethink in a profound manner the kinds of relationships among ourselves and others, society, nature and the whole universe, such that it becomes an education that enables us to examine **the ultimate meanings and values of life**."



Prof Charles Wei-Hsun Fu of Taiwan

To be understood in a more **narrow sense** of the term, “**Life and Death Education**” is equivalent to the Western study on “**Thanatology**” (that is, **Death Education**). In the West, “Life and Death Education” is simply known as “Death Education”. As a result of the taboo in Chinese cultural tradition, in which “Death Education” becomes a forbidden zone, and so it is all the more difficult for its promotion. In order to escape from this forbidden zone, Chinese people, especially in the Mainland and Hong Kong, have been using the name of “Life and Death Education”. Hence, it is in this narrow sense of the term that both people in the Mainland and Hong Kong have adopted.

## 2. “Life and Death Education” Versus “Life Education”

In recent years, the cry for “Life Education” is getting louder and louder, yet it is, indeed, a rarity for people to have a better understanding on the study of “Life and Death Education”. Even so, we could still see a very strong relationship between the two:

Firstly, there is this intersection between “Life and Death Education” with “Life Education”. Some scholars believe that a **broader sense for “Life Education”** should include human relationship, ethics, Life and Death Education, religion, funeral etiquette, and so on. Hence, “Life and Death Education” should already be included within “Life Education”. However, some other “Life and Death Education” experts refute this kind of argument because they believe “Life and Death Education” should include all kinds of education in different stages from life to death, and thus “Life Education” should be incorporated into the holistic “Life and Death Education”. It may be rather meaningless to have such kinds of debates, but at the same time, we can see a very close relationship between them.

Secondly, the interdependence between “Life and Death Education” and “Life Education”. The beginning of “Life and Death Education” will have to depend upon the support of “Life Education”. Yet, at the same time, the deepening of “Life Education” will have to rely upon the beginning and continuation of “Life and Death Education”, simply because **not discussing the issue of Death will only make “Life Education” to be rather superficial**. Taiwanese scholars, such as Lin Su-Shia and others, have divided up “Life Education” into two orientations, namely: ethical orientation and Life & Death orientation. At the present moment in the Mainland, “Life Education” only emphasizes on the issue of ethical orientation. In this regard, we may conclude that “Life and Death Education” is the important partner to drive on the development of “Life Education” to become more profound and well-balanced in actuality.

## 3. The Recent Development of “Life and Death Education”



Prof Herman Feifel of USA

After World War II, it was during an international psychological conference in 1956 that Professor Herman Feifel of the Medical School of the University of Southern California has presented some of his findings on death studies. Later in 1959, he has published an important book “**The Meaning of Death**”, which was to become one of the major works on the subject area of death studies. Since then, “Death Education” slowly developed in America, and some US universities and colleges gradually began to advocate “Death Education” in the curriculum.

Elisabeth Kubler-Ross, M.D., Thanatology’s expert, has published another important book “**On Death and Dying**” in 1969.



Dr. Kubler-Ross of USA



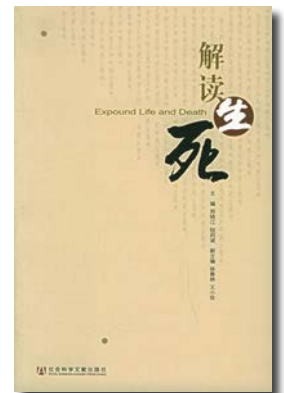
This and other works slowly became the classic teaching materials for “Death Education”. By 1974, 41 medical schools have already offered formal training programs on “Death Education”. With those great efforts made by the experts in “Thanatology”, “Death education” has now been flourishing in various campuses across the USA. Relatively speaking, most of the students who took these programs and courses are still mainly medical doctors or nurses, but there are also a few students who are coming from other faculties like religion, philosophy, psychology, sociology, education, etc.



Prof Zheng Xiaojiang of China

Professor Charles Wei-Hsun Fu (more commonly known as the Father of "Life and Death Education" in Taiwan) in Taiwan has made great efforts to establish the Institute and Department of Life-and-Death Studies at the Nanhua University in the 90s of the last century aiming at the elevation on the human quality of life, as well as on the human dignity and respect for death. The Department has already translated many publications into Chinese that are related to “Life and Death Education”.

Relatively speaking, both the Mainland and Hong Kong have lagged behind in this respect. The Mainland started to publish books on “Life and Death Education” only in the late 1990s, such as books by Professor Zheng Xiaojiang: “Good Death and Dying: Chinese View on Life and Death” (1999), and “In Search of the Truth in Life: Exploring the Issues of Life and Death” (2002), etc. While in



Hong Kong, the Chinese University of Hong Kong has established a general education program on “Death and Immortality” only recently, and Lingnan University has offered a similar program as well. At the same time, there are those in the Mainland and Hong Kong who have conducted research studies on “hospice” or “palliative care”. However, the real meanings of “Life and Death Education” and its relevant curriculum still seem to be something that are unheard of, whether it is for medical students, university students, or for the general public.

## 4. The Future Development of “Palliative Care” and “Life and Death Education” in Asia

Among the various Chinese communities in Asia: “palliative care”, “hospice” and related services are offered in Hong Kong as a direction towards a “good death” for the people; in Mainland China, this is known as “end-of-life care” services; whereas in the cases of Taiwan and Singapore, these are known as “palliative care” services.

### (A) Taiwan

It began in the 90s of the last century. By then, it already had different voluntary agencies to work in various ways to promote “Hospice or Palliative Care” and related services. These include: (i) Christian Church’s Mackay Memorial Hospital, in which its Zhuwei Hospital has formally established the “Hospice Ward” back in 1990; (ii) Catholic Church’s Cardinal Tien Hospital has established the “St Joseph’s Family Ward” in 1994; (iii) National Taiwan University Hospital has established the “Palliative Care Ward” in 1995.

With the official adoption of the new law on “Hospice Palliative Care Act” in 2000, gradually many more organizations have established the “Hospice Wards”, such that these services are promoted



Prof. Chen Jung-chi of Taiwan

in different hospitals across the whole of Taiwan. Currently, there are 46 hospitals that have “Hospice Palliative Care Ward”, totally 683 beds; 66 hospitals have offered “Hospice Home Care Service”; 73 hospitals have offered “Hospice Shared Care Service” in their general wards and tumor wards. Prof. Chen Jung-chi, the Chairman of the Board of Directors for the “Buddhist Lotus Hospice Care Foundation” and who has been highly acclaimed to be Taiwan’s “Hospice Helmsman”, is one of the leading figures in promoting the whole “Hospice Palliative Care” movement in Taiwan.



## (B) Hong Kong

Under the support of the Keswick Foundation, the Society for the Promotion of Hospice Care was established back in June of 1986, with their motto on “When Days cannot be added to Life, add Life to Days”. Since then, they have been helping a lot of patients with “hospice” and related services.

As the years passed by, more and more hospitals started to provide “hospice” and related services as the societal needs increased in leaps and bounds. In the early 1990s, with the establishment of the Hospital Authority, which is more in tune with the concepts and philosophy of the “hospice care”, more government hospitals also joined in to provide such kind of services across the board. Holistically speaking, this helped to further improve both the “quantity” and “quality” of “hospice care” in Hong Kong.

The Hospital Authority of the Hong Kong Special Administrative Region Government has employed a “holistic care” approach as their principle, and endeavor to materialize a “humanistic” service to meet the various needs on the “physical, mental, social and spiritual” aspects of individuals.

It began to provide “hospice” services more than 10 years ago, from merely a hospitalized model to today’s comprehensive integrated service. Currently, there are 10 palliative care centers and 6 tumor centers, which are dedicated to provide “palliative” services for cancer patients. These palliative care centers are composed of 100 medical professionals, 1500 volunteers, and have already provided for more than 130,000 times of services to more than 8000 patients.

As a whole team, their shared belief is: “these terminal-cancer patients had made contributions to our society before, and now the utmost torture to them is the suffering of pains. If we could release them of their pains, and let them remember the best of things in their lives, and allow them to walk peacefully through the last stage of their lives in a dignified manner, which will be the best reward to them from those of us who are still living.”

In order to develop the local “palliative care” service so as to benefit more patients, the Hospital Authority has received generous supports from the “Li Ka Shing Foundation” (with the “Heart of Gold” program under the “Li Ka Shing Foundation”), together they promote the “Hong Kong Palliative Care Scheme”, which started its first phase in October 2007. The service has been fully launched in April 2008 for those terminal-cancer patients (including children and adults) to let more patients to receive a comprehensive and humanistic care service before and after death.

This “scheme” is operating under the basis of the existing “palliative care” service of the government hospitals. It relies on the tumor center of each government hospital’s cluster to develop a comprehensive and integrated “palliative care” service. And the scheme will expand its “palliative care” service to all the seven hospital clusters in Hong Kong, and extend to the community’s full participation.

The Hospital Authority's multi-disciplinary professional medical teams aim to provide supports to those terminal-cancer patients so as to release their physical pains, to provide the necessary end-of-life care, and to enable these patients to **live up till the last moment of their lives in a dignified manner**. The trial period for this "scheme" is of three years and is hoped to open a brand new chapter for the palliative care service in Hong Kong. (Please refer to the website of the 'Heart of Gold: Hong Kong Hospice Service Scheme' under the "Li Ka Shing Foundation": <http://www21.ha.org.hk/sub/lks/tc/center.html>).

In 2011, when the "Heart of Gold: Hong Kong Hospice Service Scheme" under the "Li Ka Shing Foundation" has developed towards its second phase, with the further supports from the Hospital Authority, 10 hospice centers, and the Centre on Behavioral Health of the University of Hong Kong, it has kicked start the **"Hospice Home" website** - [www.hospicehome.hk](http://www.hospicehome.hk), which encompasses the power of science and technology, charity and community sense to engage everyone by overcoming the limitations of place and/or time in providing care and blessings, such that no matter where they are, those people of Hong Kong with a kind heart could rely on the website of "Hospice Home" to offer their kind supports, encouragements and blessings to those patients and to the Anti-Cancer Teams.

When Mr. Li Ka Shing, the chairman of the "Li Ka Shing Foundation", spoke of his own belief in sponsoring the scheme, he is, indeed, really showing his care, love and concern for the patients and the scheme: "We are grateful to be the sponsor of this scheme and to expand it further, as the world should not belong to those who are benumbed and unresponsive. As was revealed in the **"Economist Intelligence Unit"** on the 2010 **"Quality of Death"** Index survey, the Hong Kong ranking **has reminded us that we need to do more**. I particularly appreciate and would like to thank all those colleagues of the hospice care services, you have enabled those unfortunate patients to rely on your caregivers' arms to walk through their life journeys, and to allow their tired family members to have consolations. Your kind hearts are shining forth a beautiful last scenery to all those patients."

## (C) China

Indeed, the "Li Ka Shing Foundation" has built up the first hospice hospital in the Mainland when the medical school of Shantou University was established in China back in 1998. At the same time, the "Li Ka Shing Foundation" has also begun the "Heart of Gold: National Hospice Service Scheme", by going directly to their homes in providing free pain relieving treatments and psychological counseling services for the poor terminal-cancer patients, the first of its kind in China. The scheme has already benefited more than 100,000 cancer patients by now. In fact, the "Foundation" has already made donations of more than 400 million Hong Kong dollars to 31 hospice centers across the Mainland, and another 10 centers in Hong Kong. Approximately more than 20,000 pa-



Various Issues of "The Economist"





tients have received the services each year, while more than 12,000 volunteer workers have participated in the scheme. (Please refer to the report in the "Hospice Home" website - [www.hospicehome.hk](http://www.hospicehome.hk))

In 19<sup>th</sup> May 2010, the CCTV has reported that the Beijing Geriatric Hospital has officially established the "Palliative Ward" in Beijing, the capital city of China. This is the first Grade 3 Geriatric Hospital in Beijing to establish the first "Life Care Ward". Beijing Geriatric Hospital is the basic medical insurance and occupational injury designated hospital in Beijing. From this, we can understand that China has started to take emphasis on "end-of-life care" services, and so this development trend is likely to flourish in the future.

## (D) Singapore

The "Palliative Care Association of Johor Bahru" was established in 1995 in Johor Bahru, the place adjacent to both Malaysia and Singapore. At that time, it was an organization under the "Rotary Club", and was providing a limited degree of "Palliative Care" service. In fact, it was merely a supporting service. By March 2007, the organization has officially become an independent social organization and continues to carry out its mission in providing free palliative care service for the patients. Its president Dr Angamuthu Rajoo said that: "Palliative care is a kind of merciful and kind heart care and concern for the dying patients and their relatives. In addition, the association will also provide physical, emotional, mental and welfare supports.... All these services are free of charge. We are a non-governmental organization, and our expenditure to support these services is all relying on donations from the general public and the private organizations. Hence, there is no need for the patients to worry about the expenses for these services."

At the same time, there is another charity organization known as the "Lien Foundation" in Singapore has begun to actively promote and provide the "Palliative Care" services since 2006. It has also established the "Palliative Care Research and Education Institute" (known as the "Lien Center of Palliative Care" with its website - <http://www.duke-nus.edu.sg/web/research/centers/lien-center-palliative-care>), the first of its kind in Asia.

The "Lien Foundation" has also set up the "Life Before Death" program (Website: <http://www.life-beforedeath.com>) so as to promote a better "End-of-life Care". This program has employed social media, art, movie and photography to influence people's minds. This program also aims at letting people to think about and talk about death and the dying process, and to emphasize on an urgent need for a better care and service for the group of dying persons.



Dr. Lien Ying Chow of Singapore

(Remark: The "Lien Foundation" was founded by Singapore business leader and Diplomat, Dr. Lien Ying Chow, and is aiming to be a philanthropic foundation. Its model of radical philanthropy pioneers new ground by investing in innovative solutions. The Foundation aims at strengthening the social vulnerable groups to have chances to receive education, the elderly to have quality nursing service, and a sustainable water and hygiene environment. )

Singapore's "Lien Foundation" has also aroused the attention of the general public and the government not only on the quality of life, but also take "End-of-life Care" (or Palliative Care) seriously. Thus, they specially commissioned the "Economist Intelligence Unit" to provide a detailed full report on the global "Quality of Death" Index. This report was released globally on 14<sup>th</sup> July 2010, and is considered the first of its kind in the whole world. It has surveyed and interviewed doctors, experts and medi-

cal professionals from 40 countries, asking them about the “Quality of Death” of people in their own countries. The survey items included many different aspects, such as “end-of-life care, whether patients could receive pain relief service immediately, and the transparency of doctors, etc.”

This research report reveals that globally over a hundred million dying patients and their family members would need the “end-of-life care” service each year, but only **less than 8% of the total number could have enjoyed these services**. This gives us a very strong signal that even though the standard of living has increased in Asia in recent years, but the standard of “palliative care” has not been elevated simultaneously. Even for those countries with strong economic growth like the “BRIC” countries, they are still lagging far behind. The report states that: “Even though the ‘Quality of Life’ is a daily vocabulary, but **the ‘Quality of Death’ is still another matter altogether.**”

According to this study, the majority of those related organizations that specialized on “palliative care” are “not included under the National Health Insurance system.... Few countries, and even for those wealthy countries that have advanced health insurance system, have brought in palliative care under their holistic health insurance policy.” **Even for the supply of pain relief drugs have been “negligible for the majority of the countries”,** and the reason is simply because it is fearful that these drugs would be used and traded illegally. And their para-medical professionals have also lacked the related medical training on injections. Another challenge is to overcome people’s view on “Death” and the cultural taboo, in order that the “palliative care” and related services could be uplifted. **The report further states that as the aging population is increasing in the global scene, the demands for “palliative care” across the world will continue to grow.** Hence, governments, voluntary organizations and service providers of different fields **will have to race against time** so as to cater for and fulfill this trend of ever-increasing social needs.

Finally, this report also provides a league table of ranking for the service quality of “palliative care” in different countries. Among the 40 countries under consideration: the UK ranked No. 1, Australia No. 2, New Zealand No. 3, Ireland No. 4, Belgium No. 5, Austria No. 6, The Netherlands No. 7, Germany No. 8, Canada No. 9, the USA No. 10... (Asia) Taiwan No. 14, Singapore No. 18, **Hong Kong No. 20**, Japan No. 23, South Korea No. 32, Malaysia No. 33, China No. 37, and India No. 40 (which is the last one).

## **(E) Holistic Picture in Asia**

**Taiwan** has the **highest quality** accreditation of “Palliative Care” service **in Asia**. According to the detailed evaluations and comparisons in the report, Taiwan ranked (within this global ranking) for the four key dimensions respectively: end-of-life care medical infrastructure: No. 15; whether providing end-of-life care: No. 19; fees for the end-of-life care: No. 10; and quality of the end-of-life care: No. 10.

According to the report, **the UK, Australia and New Zealand have incorporated “palliative care” into their National Medical Policies,** and so these governments have ensured that their people could be able to receive “palliative care” service when needed; and also the UK is the first country in promoting “palliative care” service in the world.

The report also states that the reason why Taiwan could be No. 1 in Asia is because it has already ensured the need for “palliative care” much earlier than most other Asian countries. In addition, **“palliative care” has already been included in their National Health Insurance policy;** in this respect, there are still many countries in the world, even for those wealthy advanced countries, that could not act on this.

The report also mentions that why Taiwan's performance is much better than that of Singapore is because Singapore's medical insurance expenditure only accounts for 3.3% of its GDP, which is much lower than the world average of 8.8%; on top of that, when comparing with those advanced countries like Japan, Singapore's aging population is not that high.

Even though Hong Kong ranks No. 3 in Asia, only next to Taiwan and Singapore, yet its palliative care service providers affirms that the “Life and Death Education” in Hong Kong has only started up very late. Hence, the general mindset of the Hong Kong people is still trying to avoid the speaking of “Death” matters. In this way, as people still cannot face up with this issue of confronting “Death” as a natural process, it seems likely that this so-called modern city of Hong Kong will fall short of its name as an “International Metropolis”, but will only be lagging behind still in the feudal age. Obviously, cursing someone “not to have good death” is an evil act, but it could easily become the portrayal of our Hong Kong society.

Frankly speaking, will the last journey of life to be taken care at in an all-rounded fashion, so that people could pass away peacefully and with dignity? This is, indeed, the real meaning for “good death”. Thus, the revelation of this report is that, with regards to the promotion and provision of the service and quality of “palliative care” within Asian countries, there is still a great need for greater efforts in order to solve a series of social problems that will be associated with the aging population. Among which, we think that “Life and Death Education” is one of the crucial elements that should not be neglected. It is hoped that those caring people from all walks of life could use education as the guiding principle, and as the key to solve those problems. The Dudjom Buddhist Association (International) embraces with sincere wishes in bringing our utmost efforts to promote “Life and Death Education” to various Chinese communities, and also wishing that peoples from all walks of life could join forces together, in aid of charity so as to benefit all human beings, which is indeed our biggest sincere wish!



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# Series of Talks on 'Science, Life and Death, Reincarnation' (2)

## Near-Death Experiences

**Date:** 9<sup>th</sup> October 2011 (Sunday)

**Time:** 2:00 PM – 6:00 PM

**Venue:** Meeting Room N101, Hong Kong Convention and  
Exhibition Centre, 1 Expo Drive, Wanchai, Hong Kong

### ----- Programme -----

- 1:25 PM      Performance Before Programme Starts
- Guzheng performance
  - Short Video Show on the “Profound Abstruseness of Life and Death”
- 2:00 PM      Start of Programme
- Introduction by the Masters of Ceremony
  - Keynote Speech (1) on Are Mind and Brain the Same? Can the Near-Death Experiences Help Us to Resolve this Question? by Dr. Peter Fenwick
  - Keynote Speech (2) on Nonlocal Consciousness: A Concept Based on Scientific Studies, by Dr. Pim van Lommel
- 4:00 PM      Break (10 minutes)
- Keynote Speech (3) on Belief in “Life after Death” and Reincarnation, with Arguments For and Against an Afterlife, by Dr. Erlendur Haraldsson
  - Interviewing and Question & Answer Session
- 6:00 PM      Book Signing Ceremony
- Guzheng performance
  - Short Video Show on the “Meaning of Life”



# Series of Talks on 'Science, Life and Death, Reincarnation' (3) :

## Scientific Research in Spirituality

**Date:** 15<sup>th</sup> October 2011 (Saturday)

**Time:** 7:00 PM – 10:30 PM

**Venue:** Auditorium, 3/F, Kowloonbay International Trade and Exhibition Centre, 1 Trademart Drive, Kowloon Bay, Hong Kong

### ----- Programme -----

- 6:25 PM      Performance Before Programme Starts
- Guzheng performance
  - Short Video Show on the "Profound Abstruseness of Life and Death"
- 7:00 PM      Start of Programme
- Introduction by the Masters of Ceremony
  - Keynote Speech (1) on End of Life Experiences – A Spiritual Perspective, by Dr. Peter Fenwick
  - Keynote Speech (2) on Implications of Nonlocal Consciousness for Survivors of Cardiac Arrest: How Recent Research on the Continuity of Consciousness Could Affect the Treatment of Patients Reporting Near-Death Experiences? by Dr. Pim van Lommel
- 9:00 PM      Break (10 minutes)
- Keynote Speech (3) on Deathbed Visions: Visionary/Hallucinatory Experiences Close to the Time of Death, by Dr. Erlendur Haraldsson
  - Interviewing and Question & Answer Session
- 10:30 PM      End of Talk
- Short Video Show on the "Meaning of Life"

# Keynote Speakers

## Dr. Peter B C Fenwick

BA (Cantab), MBBChir (Cantab), FRCPsych



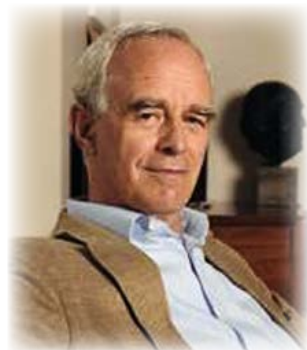
Dr. Fenwick has a wide area of professional expertise which covers psychiatry, neuropsychiatry, neurology and neurosurgery, head, brain and spinal cord disease and injury, sleep disorder and especially epilepsy. He has had a special interest in the relationship between brain function and the mind, and with longstanding and intensive research in this area.

Dr. Fenwick had held many key positions in several medical and academic institutions. He had been Consultant Neuropsychiatrist at the Maudsley Hospital which he ran for 20 years, Senior Lecturer at the Institute of Psychiatry, Consultant Neuropsychiatrist at the Radcliffe Infirmary, Oxford and Senior Lecturer at the Institute of Psychiatry, Kings College, London.

Currently, he is the Honorary Clinical Consultant neurophysiologist at Broadmoor Hospital, UK and Honorary Senior Lecturer at the Institute of Psychiatry, University of Southampton, UK. In the past ten years, he has spent several months per year in a research laboratory for the study of Magnetoencephalography in Japan. He also involves in large hospice projects in UK, Holland and Japan. He is the Chairman of the Scientific and Medical Network, as well as the Chairman of the Research Committee, Integral Medical Foundation.

Dr. Fenwick has longstanding research in the areas of “near-death experiences and the dying process”. He has studied over 300 cases and has strong expertise knowledge in this special area. He has published over 240 academic papers and 6 books of special topics. He is considered as the major authority in clinical research on “Near-Death Experiences” (NDEs) in the United Kingdom.

## Dr. Pim van Lommel



Dr. van Lommel graduated from the Medical School of Utrecht University, Netherlands. In 1976, he became a cardiologist and worked in the Rijnstate Hospital for 26 years. He has extensively published many professional papers on cardiology.

Due to his work, he has come across many patients who survived a cardiac arrest informing him about their “near-death experiences”. This had taken his attention and so he became interested in the subject. In 1986, he started studying “near-death experiences” in patients who survived a cardiac arrest. He has studied over 500 cases.

In 1988, he co-founded the Merkawah Foundation, IANDS (the International Association of Near-Death Studies) in the Netherlands. In 2001, Dr. van Lommel and others published their Dutch study in the reputable medical journal “*The Lancet*”. In addition, he has authored chapters in several books about “near-death experiences” and also published articles about the



subject. In 2007, he published his book in Dutch *'Eindeloos Bewustzijn' (Endless Consciousness)* in the Netherlands. This book was a bestseller, and within one year over 120,000 copies were sold. Thereafter, the book has been translated into English and French.

In the past several years, Dr. van Lommel has been invited to give talks on the topics of "near-death experiences" and the relationship between brain function and the mind all over the world. In 2005, he was granted the 'Bruce Greyson Research Award' on behalf of the International Association for Near-Death Studies. And in September 2006, the President of India, Dr. A.P.J. Abdul Kalam, awarded him the 'Life Time Achievement Award' at the World Congress on Clinical and Preventive Cardiology in New Delhi, for the recognition of his great contributions.

## Dr. Erlendur Haraldsson



Dr. Haraldsson studied philosophy at the University of Edinburgh, Scotland and the University of Freiburg, Germany. He furthered his study in psychology and obtained a Diploma in Psychology from the University of Munich, Germany, and a Ph.D. in psychology from the University of Freiburg respectively. During the interim period, he held an internship in Clinical Psychology at the Department of Psychiatry, University of Virginia, USA.

As a full professor in psychology, Dr. Haraldsson had been teaching at the Department of Psychology at the University of Iceland for over a quarter of a century. He has been a visiting professor at the University of Virginia, Adjunct Research Faculty Member at the Institute of Transpersonal Psychology, California, USA, and Research Professor at the Institut für Grenzgebiete der Psychologie und Psychohygiene, Freiburg, Germany.

Professor Haraldsson has a wide range of research interests, including psychic experiences and folk-beliefs, miracle makers, death-bed visions, apparitions, contacts with the dead, and so on. His study on reincarnation is especially famous worldwide, and is considered one of the pioneers of western scholars in this special field. He has been researching in places like Sri Lanka, India and Lebanon for studies of children who claimed that they could recall memories of their previous lives. The cases studied are over 100 and more than 100 academic papers and five books of special topics have been published. He is a world-class authority in contemporary research study on the cases of reincarnation.

Professor Haraldsson had been in longstanding research collaborations with Professor Ian Stevenson of the Medical School, University of Virginia, USA, and with Dr. Karlis Osis, a world-class leading parapsychologist. The book *"At the Hour of Death"* (co-authored by Drs. Haraldsson and Osis) is a rare book on death-bed visions, which has been published in 12 countries. Over the years, Professor Haraldsson has been invited across the world to give over one hundred academic talks and lectures which are highly appreciated by his fellow colleagues, as well as by the general public.

# Synopsis of Talks

## (A) First Seminar on 9th October, 2011

### (1) Are Mind and Brain the Same? Can the Near-Death Experiences Help Us to Resolve this Question?

.... Dr. Peter Fenwick



Dr. Peter Fenwick

Anecdotal accounts suggest that during **Near-Death Experiences (NDEs)**, many experiencers say they leave their body and become aware of what is going on around them, or even 'travel' to other rooms in the hospital, and report other events there. A number of studies have set out to investigate this using cards or numbers placed in such a position that they could be seen by someone leaving their body. These studies will be described. In order to take this further, the **AWARE project** was launched at the UN in 2008 by Dr. Sam Parnia and his team. The aim of the project is to understand what happens at the onset of death and to see if there is evidence for mind and brain being separate. It is now well known that 10% of people with cardiac arrest have NDE experiences, and a third of these may have **Out-of-Body Experiences (OBEs)**.

During cardiac arrest OBEs, the brain is non-functional, so it is important to verify that these experiences do occur at that time. If this is true, then it suggests that our mind is independent of the brain and this would have widespread implications for neuroscience. The AWARE project sets out to test whether these reported experiences are indeed veridical.

Cards containing information have been put up near the ceiling in resuscitation areas in hospitals in the UK, France, Austria and in the USA. Over 60 cards are put up in each hospital, so it is hoped that a cardiac arrest out of body experience will occur in one of the areas where there are cards. Each subject with a cardiac arrest will be interviewed to find out whether they had an OBE and if they did, to describe what happened. Each subject will be given a questionnaire to decide on the nature of their NDE and they will be asked about their OBE, particularly in relation to anything they may have seen. Data from this will be analyzed. Because of the importance of the program, information about the results will not be given until the study is complete. However, the study has necessitated a reformulation of the way that we measure cerebral activity during cardiac arrest, and an examination



Dr. Sam Parnia



of cerebral processes during the acute cerebral anoxia of the arrest. This study raises questions about the nature of consciousness and examples of wider states of consciousness will be given. Brain mechanisms which may be involved, and how these lead to different models of consciousness which go beyond those of purely mechanistic brain function will be explored.

Many individuals report that after having an NDE they either become healers or are themselves healed. The evidence for this will also be reviewed.

## (2) Nonlocal Consciousness: A Concept Based on Scientific Studies on Near-Death Experiences

.... Dr. Pim van Lommel

'To study the abnormal is the best way of understanding the normal'

.... by William James



According to our current medical concepts, it is not possible to experience consciousness during a cardiac arrest, when circulation and breathing have ceased. But during the period of unconsciousness due to a life-threatening crisis like cardiac arrest patients may report the paradoxical occurrence of enhanced consciousness during the period of a non-functioning brain.

Recently several theories have been proposed to explain such a so-called Near-Death Experience (NDE). The challenge to find a common explanation for the cause and content of an NDE is complicated by the fact that an NDE can be experienced during various circumstances, such as during severe injury of the brain as in cardiac arrest to continuum when the brain seems to function normally. In

four prospective studies with a total of 562 survivors of cardiac arrest between 11% and 18% of the patients reported an NDE, and in these studies it could not be shown that physiological, psychological, pharmacological or demographic factors could explain the cause and content of these experiences.

Since the publication of several prospective studies on NDE in survivors of cardiac arrest, with strikingly similar results and conclusions, the phenomenon of the NDE can no longer be scientifically ignored. It is an authentic experience which cannot be simply reduced to imagination, fear of death, hallucination, psychosis, the use of drugs, or oxygen deficiency, and people appear to be permanently changed by an NDE during a cardiac arrest of only some minutes duration.

The current materialistic view of the relationship between the brain and consciousness held by most physicians, philosophers and psychologists seems to be too restricted for a proper understanding of this phenomenon. So it is indeed a scientific challenge to discuss new hypotheses that could explain the possibility to have clear and enhanced consciousness with memories, with self-identity, with cognition, with emotion, with the possibility of perception out and above the lifeless body, to explain the reported





interconnectedness with the consciousness of other persons and of deceased relatives, to explain the possibility to experience instantaneously and simultaneously (non-locality) a review and a preview of someone's life in a dimension without our conventional body-linked concept of time and space, where all past, present and future events exist, and even to explain the experience of the conscious return into the body.

Based on these recent prospective NDE studies, as well as on recent new insights in the neurophysiology during cardiac arrest and in a normal functioning brain, and in combination with concepts from quantum mechanics, one has to come to the inevitable conclusion that consciousness can not be localized in a special time nor place. This is called nonlocality. There are good reasons to assume that our consciousness does not always coincide with the functioning of our brain: enhanced consciousness can sometimes be experienced separately from the body. I have come to the conclusion that most likely the brain must have a facilitating, and not a producing, function to experience consciousness. In this view, there is no beginning nor will there ever be an end to our consciousness.

It looks as if a single unusual finding that cannot be explained through widely accepted concepts and ideas is capable of bringing about a fundamental change in science. By making a scientific case for consciousness as a nonlocal and thus ubiquitous phenomenon, this view can contribute to new ideas about the relationship between consciousness and the brain, because it questions the purely materialistic paradigm in science. Moreover, a near-death experience appears also to be an intimately personal rediscovery of age-old, cross-cultural knowledge, seemingly forgotten by modern society. In other times and places such experiences were often known under different names, such as visions or mystical, religious or enlightenment experiences. Among the diverse understandings of death, one constant across all times and cultures, except our own, has been a sense that the personal essence, commonly called the soul, has an existence independent of the physical body. Recent research on NDE seems to be a source of new insights into the possibility of a continuity of our consciousness after physical death.

### (3) Belief in "Life after Death" and Reincarnation, with Arguments For and Against an Afterlife

....Dr. Erlendur Haraldsson

Views about life after death and reincarnation vary widely; "extinctionists" believe that death is the end of human existence; "agnostics" believe that it is impossible to know if life continues after death; "immortalists" believe that after death we live in an afterworld forever; "reincarnationists" believe that we are born again into a physical body. How widespread are these beliefs? Surveys show inter-national and inter-religious differences but not necessarily in line with the dogmas of the dominant religion of each country.

What are the main empirical arguments for and against survival? The dominant scientific perspective views consciousness as completely dependent upon the condition of the brain. Research in some areas indicate that this view needs revision:

- Death-bed visions are sometimes observed near the time when people die indicating contact with a post-death reality.
- Near-death experiences have been brought into focus with several studies conducted in university hospitals.
- Encounters with the dead are reported by every fourth person in Europe.
- Reincarnation memories. Many cases by young children have been verified. Some children have phobias and birthmarks which they relate to how they died in the previous life.
- Mediumistic communications, particularly in the 19th and early 20th century, revealed highly interesting findings.

Research in these areas, using scientific, empirical methods, have resulted in empirical arguments suggesting “life after death”.

In the latter part of the lecture, a newly researched and well documented case will be presented. It took place in Copenhagen and Reykjavik and has close resemblance to a famous older case from Sweden.

## (B) Second Seminar on 15th October, 2011

### (1) End of Life Experiences – A Spiritual Perspective.... Dr. Peter Fenwick

Spiritual awareness is an important part of care for the dying. Our research with a palliative care team, and with the carers in hospices and nursing homes, has confirmed that **end of life experiences, which occur in the last few days of life, have spiritual implications for the dying and their families**, and are not uncommon. Besides our formal research data we have numerous anecdotal accounts following a TV broadcast, a radio broadcast in the USA and articles in the UK press.

These experiences include powerful visions by the dying of dead relatives who they say have come to ‘take them on a journey’. **These deathbed visions occur in the last few days and hours before death, usually in the setting of clear consciousness.** The ‘visitor’ is usually a dead relative or close friend, and appears to be in real space as the dying **direct their gaze and comments at a particular place**. Sometimes the recipient is unable to speak but will often **show facial recognition. Their presence is felt as reassuring and comforting**. Occasionally spiritual beings or angels are seen, but in the UK culture this is rare. Very rarely these visions were seen by others in the room.

**Deathbed ‘coincidences’ are also reported**, in which someone close to a dying person reports being ‘visited’ by them at the time of their death. The form these coincidences take depends on the mental state of the recipient. If the recipient is awake, they report usually a sense of presence or an overwhelming emotional feeling that compels them to take action. Less commonly they hear a voice or a touch, very rarely a vision. If the recipient is asleep the coincidence takes the form of a dream, which is narrative and complex, with a vision of the dying person and a message conveying that they are alright and the recipient is not to worry.

**Carers of the dying also report that at the moment of death they may see the body surrounded by light, mists leaving the body, or an intense feeling of love in the room.** Other phenomena reported at the time of death are clocks stopping, mechanical devices malfunctioning, e.g. alarms going off and TVs stopping, and odd animal behaviours. Carers also report the desire which the dying often show for reconciliation with their life and, importantly, other family members.

In our prospective and retrospective studies of experiences related to carers, over 90% rated these as transpersonal experiences, Less than 10% thought they were due to imagination and less than 30% to medication. **Nearly all the reports (85%) suggested that they are profoundly comforting to the dying, and seem to help achieve a peaceful death for the dying and comfort for their families**, whose grieving process seems to be helped if they are fortunate enough to witness these phenomena.

The study has **clear implications for theories about the continuation of consciousness after death.**

(2) Implications of Nonlocal Consciousness for Survivors of Cardiac Arrest: How Recent Research on the Continuity of Consciousness Could Affect the Treatment of Patients Reporting Near-Death Experiences?.... Dr. Pim van Lommel

Dr. Pim van Lommel, a renowned European cardiologist, is **the first medical practitioner to have undertaken a full and systematic study of near-death experiences**. While practicing cardiology, he was struck by the number of heart attack survivors who reported having had near-death experiences during full cardiac arrest. His scientific training and his acceptance of the prevailing wisdom that consciousness is impossible once circulation and breathing have ceased made such reports difficult for him to accept. However, **he found it ethically untenable not to investigate the phenomenon** under the controlled conditions of a cluster of hospitals with medically trained staff. For more than twenty years, he has systematically studied near-death experiences in a wide variety of patients who had survived a cardiac arrest, encountering consistent reports of full cardiac arrest coincident with clear consciousness with full cognitive functions, emotions, self-identity, and sometimes memories from childhood and even (non-sensory) perception outside their lifeless bodies and beyond the dimensions of physical time and space.

In 2001, he and his fellow researchers published the results of the **first scientifically rigorous longitudinal study of near-death experiences** in **"The Lancet"**, **challenging the foundations of neurological theory and causing an international sensation in the medical community**. In four prospective studies with a total of 562 survivors of cardiac arrest, between 11% and 18% of the patients reported a near-death experience (NDE), and in these studies it could not be shown that physiological, psychological, pharmacological, or demographic factors could account for the cause and contents of these experiences. Based on such research, van Lommel asserts that the prevailing idea of most physicians and neuroscientists that the brain entirely encompasses consciousness does not account for the observed phenomena, because there are good reasons to assume that our consciousness does not always coincide with the functioning of our brain: **enhanced consciousness can sometimes be experienced separately from the body**.

The conclusions of these scientific studies on NDE may have practical implications for the care for comatose or dying patients, euthanasia, and the removal of organs for transplantation from a person in the dying process with a diagnosis of brain death, yet with a still-beating heart in a warm body. Health care practitioners of all kinds, along with terminal patients and their families, have been shown to benefit from an awareness of the extraordinary experiences that may occur during a period of clinical death, or coma, and even after death.

(3) Deathbed Visions: Visionary / Hallucinatory Experiences Close to the Time of Death....Dr. Erlendur Haraldsson

It is an old observation that terminally ill patients sometimes have visionary experiences shortly before they die. Dr. Karlis Osis and Dr. Erlendur Haraldsson conducted a major comparative study in USA and India which confirmed this observation across two countries with different religions and cultures. Over 400 physicians and nurses in each country reported observations of dying patients who told of **visions of deceased relatives or angelic beings shortly before they died**. They told the dying person that they had **come to take them away**. After that, the **dying patients were "ready to go" and they felt much better**. This occurred independent of the medical condition of the patient, and factors which may lead to hallucinations. Were the patients **observing glimpses of a life that was waiting ahead of them?**



# Scientific Evidence on "Life After Death"

## (i) Near-Death Experiences

A "near-death experience" (NDE) refers to a series of personal experiences when an individual has been declared clinically dead, or very close to death but is resuscitated later on. The person can report what he has experienced during that period. There are also reports on not life-threatening NDE cases.

Most people who have been close to death might not have memory about what had happened to them during the episode. However, **about one third of the experiencers can recall the details**. Although no two NDEs are exactly the same, their common features can be classified into certain patterns. They are being listed out in accordance with the frequency of occurrence as follows:

- 1) **Experiencing intensively strong emotions, from bliss to horror**. In most of the NDE cases, the survivors are usually calm and pleasant. Although there may be moments of sadness or anxiety, these tend to be transient. **The overall experience is mostly joyous**. Almost all NDE survivors reported this feeling during the studies. However, in some cases, near-death experiences are extremely horrifying. What they have described seems like hell, or having entered a meaningless void. This is diametrically different from those people who have experienced joyful near-death experiences. Nevertheless, this sort of NDE cases is rather uncommon, and there are **no detailed statistics or analysis available**.
- 2) **Separation from the body (out-of-body experience)**. Feeling that the "selfhood" has left the physical body and is hovering in the air. Sometimes, a silver cord is being seen connecting to the physical body. The **consciousness** of the mind of the NDE survivors **is clear, sharp and systematic**. Report findings have shown that **the thinking patterns** of the NDE survivors **were clearer and faster** than their previous experiences. Sometimes they may be able to describe what has happened during the processes, the places where they had visited and the persons whom they had encountered. Some of those people who were born blinded claimed that they could "see" things while they were out of their bodies.



Studies have also shown that the experiencers **have merely the audio and visual sensations, and their sensitivity are quite inconceivable**. In other cases, it was reported that the experiencers could see through the walls, or had the ability to read other people's minds. In terms of movements, they felt that they were weightless and could project themselves to anywhere that they wanted.

This "out-of-body experience" (OBE) is one the most important features of near-death experiences in that, besides the high frequency of occurrence, it can also be corroborated objectively. Furthermore, this **"out-of-body experience" provides a strong evidence that the "consciousness" can function independently from the brain**.

3) **Seeing light**. It is usually described as either golden or white, but the intensity of its brightness is not very blinding. The person situated in the light would feel a sense of love and a sense of home-coming. Sometimes, the light comes from the other end of a tunnel. After passing through a dark void, or a dark tunnel, it seems that **there is timelessness** inside it. From the dark void, NDE survivors might see that medical personnel are busy in the resuscitation of oneself. Sometimes, it seems being situated up in the outer space and looking back down onto the earth. After passing through the darkness, there comes an other-worldly domain.

4) **Before or after entering the light, NDE survivors might encounter the deceased relatives or the others**. They look younger or healthier than that of their memories. Sometimes, they appear in the form of light. Besides those relatives that the experiencers knew, sometimes there are those people that they do not know, as well as religious figures or symbols. In some rare cases, NDE survivors met with some deceased relatives that they have never met before; or with relatives for whom are known to be still alive, but then later on it was found that these relatives actually died at the time during the NDE takes place.

5) **Entering into "unearthly" realm**. NDE experiencers might enter into an "unearthly" realm which is as beautiful as the heaven, with celestial music seems to be coming from there.

6) **Life review**. The re-experiencing of major and trivial events of one's entire life. The past events showed up like slide projections of a movie. Sometimes, from the perspectives of the other relevant people, one would come to an evaluation of oneself for that particular period of life. Sometimes, suggestions on what changes are needed were also being given.

7) It seems like **one can understand and realize all kinds of things**, even how the universe is working.

After the experiencers underwent a few, if not all, of the above-mentioned phases, it seems that, through telepathy, they would then receive the following message from somewhere else: "It is not yet your time!", or they

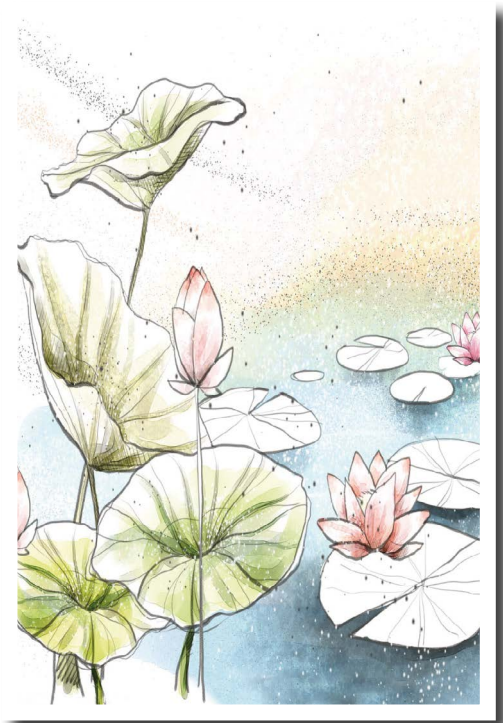


would voluntarily have the feeling that one still has the unfinished responsibility on earth. Then, after the thought has just arisen and within an instant, the individual would then return back to one's physical body. The person might find that he is surrounded by a group of medical personnel trying to resuscitate him from his death.

After NDEs, the survivors may find that their **characters and values** have greatly changed. For instance, increased tolerance for others, increased compassion and love, less interests in material possessions, reduced competitiveness, a thirst for knowledge, an intensive interest in spirituality, with a **greatly reduced fear of death**. And most strikingly, a greatly increased belief in the existence of a life after death. In fact, among the various features of the near-death experiences, some of them do strongly suggest that **there is the possibility of a life after death**.

When the brain processes are absent, there are still sensations in one's consciousness, and that normal or enhanced mental processes (with clarity and sensitivity) continue to function. This feature suggests that mental clarity does not entirely dependent upon a properly-functioning brain. One's consciousness, during the out-of-body experience, still continues with the cognition of its surrounding environment, which would further suggest that the consciousness could function independently from the physical body and the brain. Thus, **when the physical body slowly dies off and perishes, while the consciousness still continues to survive, this would then suggest the possibility of a life after death**.

Besides near-death experiences, **some other phenomena** which are viewed as mysterious and supernatural **have shown their reality upon scientific investigations**. They also **become supporting evidences on the afterlife**, among which are such phenomena as "deathbed visions" and "apparitions".



## **(ii) Deathbed Visions**

"Near-death experiences" occur at the situation of death when the heart and the brain stop functioning. However, deathbed visions do not happen at such urgent moment of danger. It is an old observation that sometimes terminally-ill patients have visionary or hallucinatory experiences shortly before they die. It is reported that those dying patients **told of visions of deceased relatives or angelic beings** shortly before they died. Usually these other-worldly unanticipated visitors would tell the dying persons that they have come to fetch them away. Upon this vision, their moods became elevated, and they appeared to be joyous.

In some cases, it showed that the patient's progress of recovery was well underway, and did not anticipate any signs of death and dying. The prognosis was good. However, after the patient claimed that an apparition wanted to take him away, within a short period of time, say less than one hour in some cases, the patient simply passed away. This is a consternation to a lot of the medical staff.



In the 50's of last century, Dr. Osis, a parapsychologist, had conducted a pilot systemic study on "deathbed visions". Thereafter, Dr. Osis joined hand with Dr. Haraldsson, another psychologist, to conduct large-scale studies in America and India respectively. They had interviewed about 400 physicians and nurses in the two countries respectively. The medical personnel has observed patients who told of "deathbed visions". The objective of the study is to compare the results in these two places, due to different cultures and traditions, and to find out if the experiences on "deathbed visions" for its people will be different or not.

The study indicated that the percentages of visions of deceased relatives in the two countries were almost the same. The messages from the deceased relatives to fetch the patients away also have close resemblance in the percentages, namely: 69% in America and 79% in India. There were a few cases that the relatives should still be alive, but none of these cases had the take-away message.

### (iii) Apparitions

Apart from encountering the deads at the moment close to one's own death, there are also considerable amount of reports about encountering with apparitions under ordinary circumstances.

The first systemic study of apparition was done by the Society for Psychical Research (SPR) over a century ago. In their investigation, they concluded that: "people who reported their experiences of encountering apparitions are normal and sane. Some of those "hallucinations" seemed to have factual basis, as they were objectively related to external events that were meaningful to the participants. Furthermore, a fair number of verifiable hallucinations are 'collective' in nature, that is, experienced by more than one person at the same time. Some of these cases had been verified by other witnesses as well."

Further studies about personal encounters with the dead have been taken place thereafter. Some studies had been conducted in countries of Western Europe and North America. In a representative national survey conducted in the United States in 1976, it showed that 27% of the respondents showed affirmative responses that they had been in touch with someone who had died. Eleven years later, another study showed that the figure went up to 41%. While in Europe, the figures varied from 41% in Iceland to 26% in West Germany. The countries with the lowest percentage were Holland 11%, and Norway and Denmark with 9% respectively. The alleged encounters with the dead came in variety of forms, 90% of which were sensory: visual, auditory, tactile, olfactory, or multiple modalities. Visual apparitions were the dominating 69% of the cases. About 10% of the experiences reported cases that have consisted solely of a vivid sense of the presence.

It is commonly believed that apparitional experiences mostly occurred in darkness or twilight zones. However, in a study in Iceland, it showed that significant proportion of the cases occurred in daylight, or full electric light, and only a minor portion of the cases occurred in darkness. It has also been theorized that apparitional experiences likely occur when a person is not in a clearly awakened state. In the study, close to half of the cases showed that the individuals had been physically active, working or awakening. In only a few case,s the individuals were falling asleep. In the same study, it also showed that medical or physiological factors cannot be attributed to the cause

of hallucinations. The subjects were in normal healthy condition, none were feverish, and only one was under the influence of medication.

A prominent feature of apparitions is the relatively large number of people who **died of violence: accident, suicide, murder**, etc. which takes about 30%. The finding of the Icelandic study approximates the result of the study of SPR (28%) more than a century ago. Encounters with persons suffering a violent death seem to be more independent of the relationship to the participants, than do apparitions of those who died naturally. It means that the appearances of apparitions who suffered a violent death are significantly more likely to be of strangers to the participants. Not only violent death but also unexpected death is more likely to lead to appearances of deceased persons than the more common gradual dying process.

#### **(iv) Reincarnation**

Reincarnation is considered as some kind of a folk legend to the common people in general. Starting in the 1960's to 1970's of the last century, western scholars of different disciplines had taken on news reports in the mass media concerning children claiming their memories of past-life to **become topics of serious research for scientific investigations in the academia**.

**Professor Erlendur Haraldsson** is a psychologist at the University of Iceland. Professor Haraldsson had started joint projects with **Professor Ian Stevenson**, a famous scholar and researcher on reincarnation at the University of Virginia, USA for intensive studies of cases covering a wide scope of territories. The project covered the different areas of India, Sri Lanka, Thailand, Burma, Lebanon, Turkey, Brazil, the regions of the North American Indian aborigines, and Nigeria in Africa. These cases included peoples of different cultural and religious backgrounds. Professor Haraldsson was responsible for the cases in Sri Lanka, where it is an area with plenty of cases on reincarnation. There are about 20 new cases in every 3 to 4 years. (Professor Haraldsson had also independently conducted research in reincarnation cases in other parts of the world as well as Sri Lanka).



**Prof. Erlendur Haraldsson**

Children are sometimes found in many countries who claimed to have memories of a past life. These children usually start to speak about these memories at an age of two or three and do so repeatedly until around the time they go to school. They often express a wish to find and to return to their previous family. Analysis of the contents of their memories reveals some interesting features and trends. They frequently speak of memories of how they died in the previous life, most commonly through accidents or by other violent means. Usually they have died at a young age and mostly quite recently. Attempts to verify their account about the past life have had a degree of success. **A deceased person has been found whose life events correspond to a large extent to the child's statements**. Psychological studies of these children have revealed remarkable differences between them and their peers. Many of them are found to be **highly gifted children**.

From the case analysis, it was found that there was a common feature that those children started talking about memories of their past-life around the age of three, and would cease to talk on the subject after schooling at the age of around five to seven. Another feature is that the causes of death on the alleged past-life personalities were mostly violent or accidental.

Besides the verification from the statements of the cases of children, it has been observed and noticed that the behaviors of these children were rather different from that of the other children of their same ages. For instance, some children of the cases had unspeakable phobias or special favors over certain things, which could not be properly understood by their own parents. However, similar kinds of experiences could be found from the corresponding alleged past-life personalities. In some instances, those children could clearly identify the kin of and substances possessed by the corresponding alleged past-life personalities.



Prof. Ian Stevenson

In the one-to-one comparison of the different items on the special features of the statements, not every item would be proven to be valid. From these data analyses, basing upon the statements and behaviors of the children in comparison to the data collected from the corresponding alleged past-life personalities, the readers can then make their own judgments and to come up with their own conclusions as to whether reincarnation is a folk legend, or whether it is a phenomenon of objective factual existence. Yet, from the objective scientific studies of the scholars, it seems that **this is beyond mere coincidence**, or to be explained off as simply an artificial disguise by someone who has gathered the data from corresponding alleged past-life personalities.

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# International Organizations

## 1) Asia

### **Hospicehome.hk (Hong Kong)**

<http://www.hospicehome.hk/aboutHospice.php>

In 2011, by the time the “Heart of Gold: Hong Kong Hospice Service Scheme” under the “Li Ka Shing Foundation” has launched the second phase, the Hospital Authority, 10 hospice centers together with the support from the Centre on Behavioral Health of the University of Hong Kong has kicked start the “Hospice Home” website - [www.hospicehome.hk](http://www.hospicehome.hk), which encompasses the power of science and technology, charity and community sense to let everyone to overcome the limits of place or time to care and offer blessings such that no matter where they are, those people of Hong Kong with a kind heart could rely on the website of “Hospice Home” to offer supports, encouragements and blessings to patients and the Anti-Cancer Teams.

### **The Li Ka Shing Foundation's “Heart of Gold” Hospice Programme (Hong Kong)**

<http://www.lksf.org/en/HeartofGold>

The Li Ka Shing Foundation's “Heart of Gold” Hospice Programme has recently been extended from Mainland China to Hong Kong. The programme that reaches nationwide to help terminal cancer patients in their last leg of life will now also help make the final steps of terminal cancer patients in Hong Kong as comfortable and dignified as possible. Around 10,000 people die of cancer every year in Hong Kong, a figure that represents about a third of all deaths in the city. It is a disease that is almost always associated with extreme physical and mental pain, suffering and anguish. Not just for the patients, but for those around them – their children, siblings, parents and spouses. It is never a quick process; treatments are long, cures can be temporary and relapses are depressingly common, but the hospice programme looks to address both the physical and mental suffering involved. Mr Li pioneered the charitable hospice movement in China. Since 1998, 65,000 patients have been offered free hospice and palliative care through the “Heart of Gold” programme. During 2008, the service had been expanded to 28 hospices nationwide, offering care to more than 18,000 patients each year. To date, total funding for the “Heart of Gold” programme exceeds HKD240 million.

### **The Hospital Authority of the Hong Kong Special Administrative Region Government (Hong Kong)**

<http://www21.ha.org.hk/sub/lks/tc/aim.html>

The Hospital Authority of the Hong Kong Special Administrative Region Government has employed “Holistic Care” as their principle and endeavour to realize a humanistic service to meet the holistic care of various needs of the “physical, mental, social and spiritual”. It began to provide “hospice” service for more than 10 years. From merely a hospitalized model to today's comprehensive integrated service. Currently, there are 10 palliative care centers and 6 tumor centers, which dedicate to provide “palliative” service for the cancer patients. And the palliative care centers are composed of 100 medical professionals, and 1500 volunteers. And the centers had already provided for more than 130,000 services for about 8000 patients. As a whole team, their shared belief is: “these late stage cancer patients had made contribution to the society before, and now their utmost torture is no more than pain. If we could release their pain, and let them has the best thing to remember, palliatively and to allow one to work through one's life in a dignity way, which is the best reward for those living persons.”

## **The Society for the Promotion of Hospice Care(Hong Kong)**

<http://www.hospicecare.org.hk/eng/about.html>

In 1984, an application to the Keswick Foundation by Sister Gabriel O'Mahoney resulted in sponsorship for Prof James Hanratty of St Joseph Hospice, UK to visit Hong Kong. The visit of Prof Hanratty stimulated and brought together professionals, volunteers, families and friends sharing an interest in caring of the dying. Together with Sister Gabriel, Dr Vincent Tse, Dr Yu Wing Kwong, Lucy Chung, Rev Ralph Lee and Rev John Russell formed a group to discuss the needs of dying cancer patients. From this core group the Society for the Promotion of Hospice Care(SPHC) was developed in 1986. SPHC provides specialised end-of-life care training and tools for health care professionals in Hong Kong to support dying patients and their families. Moreover, At the Jessie and Thomas Tam Centre, SPHC offers individuals and group counselling for the bereaved, volunteer support and hotline services. The bereavement counsellors also outreach to different communities to provide care and support. In addition, SPHC organises community-based activities, to promote open discussion on subjects relating to death and loss, and to encourage a positive attitude towards facing death.

## **Project ENABLE (Hong Kong)**

[http://www.enable.hk/eng/project\\_enable/aboutproject/about\\_mission.aspx](http://www.enable.hk/eng/project_enable/aboutproject/about_mission.aspx)

The Centre on Behavioral Health(CBH) of the University of Hong Kong is establishing an Empowerment Network for Adjustment to Bereavement and Loss in End-of-life(ENABLE), a project funded by the Hong Kong Jockey Club Charities Trust. Project ENABLE is a social awareness movement that promotes life and death education. We strongly believe that, through exploring death, we are actually reflecting on life at the same time. No one can escape the inevitable ending of life. Even though death numbers our days on earth, we learn to cherish life. Therefore, by recognizing death, we recognize the meaning of life. Through accepting death, we learn to be responsible for our own life. The following is the three core aspects of Project ENABLE: promote public awareness on death, dying and bereavement; facilitate elderly population, people with chronic and terminal illnesses, and their family members in preparing for death, dying and bereavement; and develop the overall competence of professionals in supporting dying patients and bereaved persons.

## **The Society for Life and Death Education (Hong Kong)**

<http://www.life-death.org/Pages/home.htm>

The Society for Life and Death Education is a non-profit education and service organization founded by healthcare professionals, lecturers, social workers and religious figures in 2006. The Society embraces a mission to promote life and death universal education in Hong Kong. This learning enhances community's understanding of the concept of living and dying, pondering life with a positive perspective on death, and exploring how the finite human bodies can bring into play boundless values of life. The knowledge also helps to develop a holistic life view and life-and-death wisdom, paving the way for coping with challenges in life.

## **Hong Kong Society for Palliative Medicine (Hong Kong)**

<http://www.hkspm.com.hk/>

Established in May 1997, the Society is an academic body of specialists in Palliative Medicine. Members consist of local medical practitioners and other health care professionals who are interested in Palliative Medicine. The Society has organized academic seminars, workshops and international conferences.

## **Hong Kong Hospice Nurse Association (Hong Kong)**

<http://www.fmshk.com.hk/hkhna/index.htm>

The Hong Kong Hospice Nurses' Association was established in 1997 by a group of hospice nursing course graduates and pioneers in hospice nursing, with the aim of uniting hospice nurses and promote hospice development. The association was active in training and research, and jointly organized scientific meetings with other academic organizations.

## **Keswick Foundation (Hong Kong)**

<http://www.keswickfoundation.org.hk/en/aboutus.html>

The Keswick Foundation is a charitable organisation established in 1979 by Sir John Keswick and his daughter, Maggie Keswick Jencks. Sir John, Chairman of Jardine Matheson Ltd from 1952 to 1956, spent much of his life in China. He developed strong feelings for China and for the Chinese people, and as part of his legacy he wanted to give something back to the country and their people. The Foundation also provided funding for the setting up of The Society for the Promotion of Hospice Care in Hong Kong.

## **Dudjom Buddhist Association International Limited (Hong Kong)**

<http://www.dudjomba.org.hk>

Dudjom Buddhist Association was established with the aims of spreading the Buddhist teachings in both its depth and breadth. The Association has actively promote and implement the following goals: (1) To reveal the true and genuine goals of Buddhism; (2) To reinterpret the essence of the Buddhist teachings by using the modern scientific terminologies as footnotes for better understanding; (3) To provide Buddhist practitioners with a solid foundation in help spreading the Buddhist teachings; and (4) To provide the dying persons with "up-to-the-point practical training" in order to help them to cope with the various adversities during and after the dying process.

## **Life Enlightenment Charity Foundation (Hong Kong)**

<http://www.lifeenlightenment.org>

Life Enlightenment Charity Foundation was established to promote and uplift the human embodiment and ability in dealing with issues of life and death in modern society through various cultural and educational activities and services.

## **Reporting on Near Death Experience Research in China (China)**

<http://scitech.people.com.cn/BIG5/4789085.html>

Chinese State Council Special Allowance winner, Professor of Medicine at Tianjin Anding Hospital Psychiatry, Feng Zhiying, and colleagues in 1987 randomly find 100 survivors of the Tangshan earthquake in order to study near-death experience that they experienced.

## **Buddhist Lotus Hospice Care Foundation (Taiwan)**

[http://www.lotus.org.tw/ShowContent.asp?subtype=%BDt%B0\\_&top=Y](http://www.lotus.org.tw/ShowContent.asp?subtype=%BDt%B0_&top=Y)

In order to raise community support for terminally ill patients with severe and care, the Buddhist Lotus Hospice Care Foundation" (or simply as 'Lotus Foundation') was set up in 1994. The Foundation is aiming at promoting a more humane health care, with love and respect to help terminally ill patients and their families, and calmly walked through their last journeys of their lives with no regrets. To enable the Foundation to develop in broader ways, the Foundation has changed its name to "Buddhist Lotus Foundation" in December 2007. The Foundation's goal has been further expanded, from developing the original target of "hospice", to "holistic care and integrated life education".


## **Institute and Department of Life and Death Network at Nanhua University (Taiwan)**

<http://www.lifeanddeath.net/index.php>

Institute and Department of Life and Death at Nanhua University is the only Taiwan-based Graduate School Department of Life and Death. The goals for the establishment of the Institute and Department is to uplift the necessary knowledge and ability and technology for the establishment and development of the local Life and Death related system and institutes,







and also to promote the gradual establishment of an complete Life and Death assisted system and industry so as to meet the needs of a modern society. The Institute and Department has published a variety of Life and Death study-related publications.

### **Hospice Foundation of Taiwan (Taiwan)**

[http://www.hospice.org.tw/2009/english/about.php#\\_2](http://www.hospice.org.tw/2009/english/about.php#_2)

In the winter of 1990, the Hospice Foundation of Taiwan was co-founded by the foundation of the Mackay Memorial Hospital and the Shuang-Lien Presbyterian Church. The Hospice Foundation of Taiwan is the first organization promoting the life education as well as the hospice and palliative care. The purposes of the foundation are to assist the dying patients receiving adequate medical care and to raise the public recognitions concerning the importance of caring the terminally ill patients. At present, the main affairs of the Hospice Foundation of Taiwan include the public promotion, the educational trainings, academic researches and medical subsidization. Under the board of directors, three committees supervise the progresses of project implementation. The three committees are: 1) Public Relations and Promotion, 2) Education and Research Development, and 3) Finance and Human Resources. Each committee has a secretary in charge of the implementation of affairs. In addition, there is an education and information center of the hospice and palliative care. The staffs of the education and information center focus on developing the standardized educational training courses. The executive secretary of the Hospice Foundation of Taiwan supervises the staffs.

### **Lien Foundation (Singapore)**

<http://www.lienfoundation.org/>

Lien Foundation was founded by Singapore business leader and Diplomat, Dr. Lien Ying Chow, and is aiming to be a philanthropic foundation. The Foundation has begun to actively promote and provide the “Palliative Care” service in 2006. It has also established the Asia first Palliative Care research and education institute - Lien Center of Palliative Care. Lien Foundation has also set up the “Life Before Death” programme (Website: <http://www.lifebeforedeath.com>) so as to promote a better End-of-life Care. This programme has employed social media, art, movie and photography to influence people’s mind. This programme aims at letting people to think about and talk about death and its process, and also emphasis on an urgent need for better care for the dying.

#### **Life Before Death - Consultation with Death (Singapore)**

<http://www.lifebeforedeath.com/index.shtml>

Lien Foundation has set up the “Life Before Death” programme (Website: <http://www.lifebeforedeath.com>) so as to promote a better End-of-life Care. This programme has employed social media, art, movie and photography to influence people’s mind. This programme aims at letting people to think about and talk about death and its process, and also emphasis on an urgent need for better care for the dying.

#### **Life Before Death -- Quality of Death (Singapore)**

<http://www.lifebeforedeath.com/qualityofdeath/index.shtml>

To promote awareness of issues surrounding end-of-life care, the Lien Foundation commissioned the Economist Intelligence Unit to devise a “Quality of Death” Index. The Index ranks 40 countries(of which 30 are OECD nations) on their provision of end-of-life care.

## **Asia Pacific Hospice Palliative Care Network (Singapore)**

<http://aphn.wordpress.com/>

The Asia Pacific Hospice Palliative Care Network (APHN) was established to empower and support organisations and individuals committed to alleviating suffering from life-threatening illness in the region. Established programs are encouraged to assist less experienced and more isolated colleagues. Since 2001 more than 1200 members from 31 countries have registered with the Asia Pacific Hospice Palliative Care Network.

## **Malaysian Hospice Council (Malaysia)**

<http://www.malaysianhospicecouncil.org/>

In 1998, Malaysian Hospice Council was set up by eleven Founder Members, as the umbrella body for hospice and palliative care organizations in Malaysia. Its membership has now grown to nineteen.

## **The Japanese Society for Palliative Medicine (Japan)**

[http://www.jspm.ne.jp/jspm\\_eng/index.html](http://www.jspm.ne.jp/jspm_eng/index.html)

The Japanese Society for Palliative Medicine will promote interdisciplinary and scientific study to develop Palliative Medicine, aiming at improving people's quality of life for the entire period of cancer and other intractable diseases, from diagnosis to terminal care. Moreover, through the practice and education of Palliative Medicine, the Society aims to contribute to the development of medicine and welfare.

## **Japan Hospice Palliative Care Foundation (Japan)**

<http://www.hospat.org/english/objectives.html>

In order to improve the quality of hospice/palliative care, and thus to enhance the quality of life (QOL) of patients and their families in Japan, the Japan Hospice/Palliative Care Foundation was established on December 28, 2000 by placing a major emphasis on the development of a more satisfactory hospice/palliative care system through the following objectives: (1) conducting investigation and research for the purpose of improving the quality of hospice/palliative care; (2) providing technical support to the staff involved, including doctors, nurses, pharmacists, para-medical staff and social workers; and (3) sponsoring PR activities and international exchange related to hospice/palliative care.

## **Bangalore Hospice Trust (India)**

<http://www.karunashraya.org/NewSite/Aboutus.html>

Bangalore Hospice Trust (BHT), a non-profit Public Charitable Trust, is a hospice rendering palliative care. It takes care of patients who are in the advanced stage of cancer. Until February 2009, they have cared for 6306 in-patients and 2146 home-care patients.

# **2) America**

## **National Hospice & Palliative Care Organization (USA)**

<http://www.nhpco.org/templates/1/homepage.cfm>

The National Hospice and Palliative Care Organization (NHPCO) is the largest non-profit membership organization representing hospice and palliative care programs and professionals in the United States. The organization is committed to improving end of life care and expanding access to hospice care with the goal of profoundly enhancing quality of life for people dying in America and their loved ones.



## NHPCO Facts and Figures: Hospice Care in America (USA)

[http://www.nhpc.org/files/public/Statistics\\_Research/Hospice\\_Facts\\_Figures\\_Oct-2010.pdf](http://www.nhpc.org/files/public/Statistics_Research/Hospice_Facts_Figures_Oct-2010.pdf)

NHPCO Facts and Figures: Hospice Care in America provides an annual overview of important trends in the growth, delivery and quality of hospice care across the country. This overview provides specific information on (1) Hospice patient characteristics (e.g., gender, age, ethnicity, race, primary diagnosis, and length of service); (2) Hospice provider characteristics (e.g., total patients served, organizational type, size, and tax status); (3) Location and level of care; and (4) Role of paid and volunteer staff.

## American Academy of Hospice and Palliative Medicine (USA)

<http://www.aahpm.org/>

The American Academy of Hospice and Palliative Medicine (AAHPM) is a professional organization for physicians specializing in Hospice and Palliative Medicine, headquartered in Glenview, IL. Membership is open to all health care providers committed to improving the care of patients with serious or life-threatening illnesses. AAHPM has more than 4,000 members; 75 percent are physicians, 15 percent are nurses or other health care providers and 10 percent are residents or students.



## HospiceDirectory.org (USA)

<http://www.hospicedirectory.org/>

HospiceDirectory.org is a subsidiary of its founding sponsor, the Hospice Foundation of America (HFA). HFA recognized that families and individuals needed a trusted source where they could connect with hospices 24 hours a day, seven days a week, quickly and easily.

## Association for Death Education and Counseling (USA)

<http://www.adec.org/>

In 1976, a group of interested educators and clinicians organized the Forum for Death Education and Counseling. Over the years, the organization grew to become the Association for Death Education and Counseling (ADEC). ADEC is the oldest interdisciplinary organization in the field of dying, death and bereavement. ADEC's primary goal is to enhance the ability of professionals and laypeople to be better able to meet the needs of those with whom they work in death education and grief counseling.

## End Of Life & Palliative Care - Robert Wood Johnson Foundation (USA)

<http://www.rwjf.org/pr/topic.jsp?topicid=1194>

Robert Wood Johnson Foundation actively promoted end of life & palliative care in the 1990s and early 2000, and still leave some useful references on its website.

## Improving End of Life Care: Why Has It Been So Difficult? Special Report by The Hastings Center (USA)

<http://www.thehastingscenter.org/Publications/SpecialReports/Detail.aspx?id=1344>

The Hastings Center is a well-known American bioethics research center. The research center have some in-depth research and reports on the issues of end of life care, and death and dying.



## End-of-Life Issues - National Institute of Health (USA)

<http://bioethics.od.nih.gov/endoflife.html>

National Institutes of Health of the United States has provided an online resource webpage for the End-of-Life Issue.

## The Division of Perceptual Studies at the University of Virginia (USA)

[http://www.healthsystem.virginia.edu/internet/personalitystudies/recommended\\_books.cfm#OBEs](http://www.healthsystem.virginia.edu/internet/personalitystudies/recommended_books.cfm#OBEs)

The Division of Perceptual Studies (DOPS) was founded as a research unit of the Department of Psychiatric Medicine at UVA by Dr. Ian Stevenson in 1967. Utilizing scientific methods, the researchers within The Division of Perceptual Studies investigate apparent paranormal phenomena, especially: (1) Children Who Claim to Remember Previous Lives(reincarnation); (2) Near-Death Experiences; and (3) Out of Body Experiences.

## Center for Consciousness Studies at the University of Arizona (USA)

<http://www.consciousness.arizona.edu/>

The Center for Consciousness Studies at the University of Arizona was formed in 1998 with a seed grant from the Fetzer Institute. The Center is a unique institution whose aim is to bring together the perspectives of philosophy, the cognitive sciences, neuroscience, the social sciences, medicine, and the physical sciences, the arts and humanities, to move toward an integrated understanding of human consciousness.

## Near Death Experience and Survival Theory (USA)

[http://paranormal.suite101.com/article.cfm/near\\_death\\_experience\\_and\\_survival\\_theory](http://paranormal.suite101.com/article.cfm/near_death_experience_and_survival_theory)

Brief introduction to the Near Death Experience and Some Parapsychological/Psychic Phenomena.

## Life After Death? - The American Society for Psychical Research (USA)

<http://www.aspr.com/osis.html>

The board and staff of the American Society for Psychical Research wish to express our sorrow over the tragic events of September 11, 2001. Our thoughts and condolences go out to all those whose lives have been touched by these events. At this time we felt this article written by Dr. Karlis Osis, Ph.D., may be of interest to some.

## Near-Death Experiences and the Afterlife (USA)

<http://www.near-death.com/>

The website is aiming to help connect people with information and resources concerning NDEs and NDE research for the purpose of understanding death and thereby understanding life in a way that brings tremendous joy and love.

## Nour Foundation (USA)

<http://www.nourfoundation.com/>

Founded in 1985, the Nour Foundation is a public charitable and nongovernmental organization in special consultative status to the United Nations Economic and Social Council. Through a multidisciplinary and integrative approach that blends the sciences and the humanities, the Foundation seeks to study and explore core principles and values that universally promote a greater spirit of mutual understanding, tolerance, and unity among human beings. ...The central goal of the Nour Foundation, therefore, is to stimulate an objective and intelligent discourse on existential questions from an unbiased and interdisciplinary perspective that is rooted not only in theories, but in shared commonality of personal experience as well.



## Transitions to the Otherworld: The Tibetan Books of the Dead (USA)

<http://www2.lib.virginia.edu/exhibits/dead/otherworld.html>

Online exhibition by University of Virginia Library to demystify the sacred Tibetan texts on death and dying and to create an opportunity to share the wisdom of these ancient beliefs and practices with the University community and beyond.

## 3) Australia

### Palliative Care Australia (Australia)

<http://www.palliativecare.org.au/>

Palliative Care Australia works in collaboration with the Australian Government Department of Health and Ageing to implement the National Palliative Care Strategy and to raise awareness of palliative and end of life care, improve the understanding and availability of services across Australia, and encourage discussion to support improved knowledge networks. Palliative Care Australia's membership comprises the eight state and territory palliative care organisations and the Australian and New Zealand Society of Palliative Medicine.

## 4) Europe

### European Association for Palliative Care (Europe)

<http://www.eapcnet.eu/>

The European Association for Palliative Care (EAPC) was established on 12 December 1988, with 42 founding members and following important initiatives by Professor Vittorio Ventafridda and the Floriani Foundation. The aim of the EAPC is to promote palliative care in Europe and to act as a focus for all of those who work, or have an interest, in the field of palliative care at the scientific, clinical and social levels.

### The National Council for Palliative Care (UK)

<http://www.ncpc.org.uk/page/about>

The National Council for Palliative Care (NCPC) is the umbrella charity for all those involved in palliative, end of life and hospice care in England, Wales and Northern Ireland. We believe that everyone approaching the end of life has the right to the highest quality care and support, wherever they live, and whatever their conditions are. They work with government, health and social care staff and people with personal experience to improve end of life care for all.

### The National End of Life Care Programme - Department of Health's End of Life Care Strategy (UK)

<http://www.endoflifecareforadults.nhs.uk/about-us>

The National End of Life Care Programme (NEoLCP) aims to promote high quality, person-centred care for all adults at the end of life and enable more people nearing end of life to choose where they live and die. The NEoLCP exists to support the Department of Health's End of Life Care Strategy, launched in July 2008, and is backed with £286 million of government money.

### End of Life Care Guide – NHS (UK)

<http://www.nhs.uk/Planners/end-of-life-care/Pages/End-of-life-care.aspx>

National Health Service of the UK has provided this end of life care guide for people who are approaching the end of their life.

Some parts of it may also be useful for people who are caring for someone who is dying, or people who want to plan in advance for their end of life care.

### **Palliative Care Bill 2008-09 – UK Parliament (UK)**

<http://services.parliament.uk/bills/2008-09/palliativecare.html>

The United Kingdom Parliament has passed the Palliative Care Bill 2008-09, reflecting the British government's care and support for the dying citizens.

### **Cardiff's Palliative Medicine and Palliative Care Online programmes (UK)**

<http://www.pallium.cardiff.ac.uk>

Cardiff University in the UK has provided the online programmes in palliative care education. The currently available programmes lead to postgraduate qualifications in Palliative Medicine and Palliative Care.

### **BBC – Video on “The Day I Die” (UK)**

<http://www.bbcactivevideoforlearning.com/2/TitleDetails.aspx?TitleID=140>

The Day I Died is a BBC education video looking at the science behind near death experiences. The Day I Died is a fascinating investigation into the latest research and the extraordinary conclusions reached. This BBC TV programme includes accounts of real NDE experiences and scientific explanations from both the sceptics and the scientists behind these astonishing new claims.

### **What to do after a death - National Association of Citizens Advice Bureaux (UK)**

[http://www.adviceguide.org.uk/index/your\\_family/family\\_index\\_ew/what\\_to\\_do\\_after\\_a\\_death.htm](http://www.adviceguide.org.uk/index/your_family/family_index_ew/what_to_do_after_a_death.htm)

The advice guide provides a necessary knowledge on various aspects of issues when a UK citizen die and the related counselling and support services available.

### **Horizon Research Foundation (UK)**

<http://www.horizonresearch.org/>

Horizon Research Foundation is an independent charitable organisation that aims to provide support for scientific research and understanding into the state of the human mind at the end of life. The Foundation aims to do this by raising funds for high quality scientific projects, and provide various educational tools such as lectures, conferences and information booklets for the public and health care professionals. In their web site the editorial board of the Horizon Research Foundation provides regular updates on current research and books about the nature of consciousness and the mind-body problem. Despite the current prevalence of non-dualistic (materialistic) theories, this editorial board will provide equal coverage to both since no theory has currently been proved through scientific research.

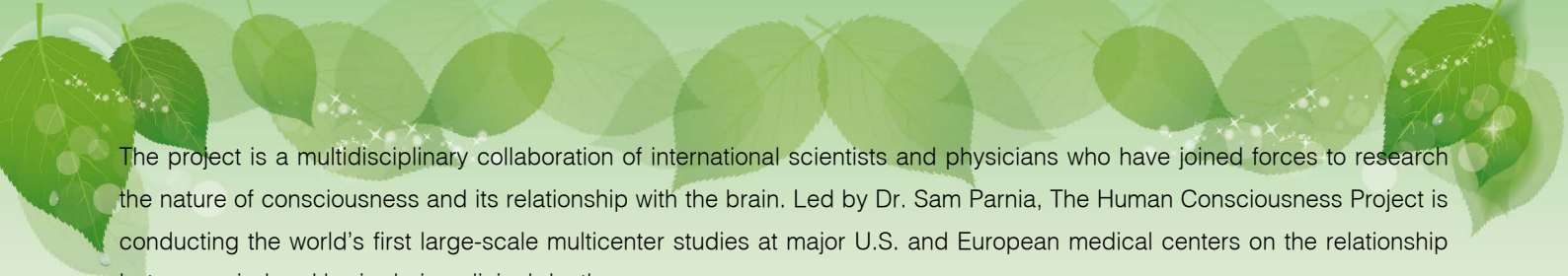
## **5) Other**

### **The Human Consciousness Project (US and Europe)**

<http://www.nourfoundation.com/events/Beyond-the-Mind-Body-Problem/The-Human-Consciousness-Project.html>







The project is a multidisciplinary collaboration of international scientists and physicians who have joined forces to research the nature of consciousness and its relationship with the brain. Led by Dr. Sam Parnia, The Human Consciousness Project is conducting the world's first large-scale multicenter studies at major U.S. and European medical centers on the relationship between mind and brain during clinical death.

### **International Association for Hospice & Palliative Care (Worldwide)**

<http://www.hospicecare.com/>

The IAHPC works from the philosophy that each country should develop a palliative care model based on its own resources and conditions, evaluating hospice experiences in other countries but adapting to their own needs.

### **Palliative care - World Health Organization (Worldwide)**

<http://www.who.int/cancer/palliative/en/>

World Health Organization's resource webpage on palliative care.

### **International Association for Near-Death Studies (Worldwide)**

<http://www.iands.org/>

The International Association for Near-Death Studies (IANDS) is an organization for studying and disseminating information on the phenomena of the near death experience (NDE). IANDS was founded in the USA in 1978 and incorporated in 1981. Today it has grown into an international organization, which includes a network of more than 50 local interest groups. IANDS is responsible for the publishing of the Journal of Near-Death Studies, the only scholarly journal in the field of Near-Death Studies. The Journal is cross-disciplinary, is committed to an unbiased exploration of the NDE and related phenomena, and welcomes different theoretical perspectives and interpretations that are based on scientific criteria, such as empirical observation and research.

### **Near Death Experience Research Foundation (Worldwide)**

<http://www.nderf.org/>

Near Death Experience Research Foundation (NDERF) has the largest collection of published accounts of near-death experiences in the world. Their website is read by a multitude of people all around the world in several languages.

### **Near Death Experience Research Foundation – Chinese portal (Worldwide)**

<http://www.nderf.org/ChineseSimple/index.htm>

The Chinese portal for the Near Death Experience Research Foundation.



# Useful Links

## 1) Asia

### **Hospicehome.hk (Hong Kong)**

<http://www.hospicehome.hk/aboutHospice.php>

This website, under the Li Ka Shing Foundation and the Centre on Behavioral Health of the University of Hong Kong, is launched in 2011 to provide a platform where people, regardless of place and time, can offer their supports, encouragements and blessings to the cancer patients and their Anti-Cancer Teams.

### **The Li Ka Shing Foundation's "Heart of Gold" Hospice Programme (Hong Kong)**

<http://www.lksf.org/en/HeartofGold>

### **The Hospital Authority of the Hong Kong Special Administrative Region Government (Hong Kong)**

<http://www21.ha.org.hk/sub/lks/tc/aim.html>

### **The Society for the Promotion of Hospice Care (Hong Kong)**

<http://www.hospicecare.org.hk/eng/about.html>

### **Project ENABLE (Hong Kong)**

[http://www.enable.hk/eng/project\\_enable/aboutproject/about\\_mission.aspx](http://www.enable.hk/eng/project_enable/aboutproject/about_mission.aspx)

### **The Society for Life and Death Education (Hong Kong)**

<http://www.life-death.org/Pages/home.htm>

### **Hong Kong Society for Palliative Medicine (Hong Kong)**

<http://www.hkspm.com.hk/>

### **Hong Kong Hospice Nurse Association (Hong Kong)**

<http://www.fmshk.com.hk/hkhna/index.htm>

### **Keswick Foundation (Hong Kong)**

<http://www.keswickfoundation.org.hk/en/aboutus.html>

### **Dudjom Buddhist Association International Limited (Hong Kong)**

<http://www.dudjomba.org.hk>

### **Life Enlightenment Charity Foundation (Hong Kong)**

<http://www.lifeenlightenment.org>

### **Reporting on Near-Death Experience Research in China (China)**

<http://scitech.people.com.cn/BIG5/4789085.html>

### **Buddhist Lotus Hospice Care Foundation (Taiwan)**

[http://www.lotus.org.tw/ShowContent.asp?subtype=%BDt%B0\\_&top=Y](http://www.lotus.org.tw/ShowContent.asp?subtype=%BDt%B0_&top=Y)

### **Institute and Department of Life and Death Network at Nanhua University (Taiwan)**

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<http://aphn.wordpress.com/>

**Malaysian Hospice Council (Malaysia)**  
<http://www.malaysianhospicecouncil.org/>

**The Japanese Society for Palliative Medicine (Japan)**  
[http://www.jspm.ne.jp/jspm\\_eng/index.html](http://www.jspm.ne.jp/jspm_eng/index.html)

**Japan Hospice Palliative Care Foundation (Japan)**  
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**Bangalore Hospice Trust (India)**  
<http://www.karunashraya.org/NewSite/Aboutus.html>

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<http://www.nhpco.org/templates/1/homepage.cfm>

**NHPCO Facts and Figures: Hospice Care in America (USA)**  
[http://www.nhpco.org/files/public/Statistics\\_Research/Hospice\\_Facts\\_Figures\\_Oct-2010.pdf](http://www.nhpco.org/files/public/Statistics_Research/Hospice_Facts_Figures_Oct-2010.pdf)

**American Academy of Hospice and Palliative Medicine (USA)**  
<http://www.aahpm.org/>

**HospiceDirectory.org (USA)**  
<http://www.hospicedirectory.org/>

**Association for Death Education and Counseling (USA)**  
<http://www.adec.org/>

**End Of Life & Palliative Care - Robert Wood Johnson Foundation (USA)**  
<http://www.rwjf.org/pr/topic.jsp?topicid=1194>

**Improving End of Life Care: Why Has It Been So Difficult? Special Report by The Hastings Center (USA)**  
<http://www.thehastingscenter.org/Publications/SpecialReports/Detail.aspx?id=1344>

**End-of-Life Issues - National Institute of Health (USA)**  
<http://bioethics.od.nih.gov/endoflife.html>

**The Division of Perceptual Studies at the University of Virginia (USA)**  
[http://www.healthsystem.virginia.edu/internet/personalitystudies/recommended\\_books.cfm#OBEs](http://www.healthsystem.virginia.edu/internet/personalitystudies/recommended_books.cfm#OBEs)

**Center for Consciousness Studies at the University of Arizona (USA)**  
<http://www.consciousness.arizona.edu/>

**Near Death Experience and Survival Theory (USA)**  
[http://paranormal.suite101.com/article.cfm/near\\_death\\_experience\\_and\\_survival\\_theory](http://paranormal.suite101.com/article.cfm/near_death_experience_and_survival_theory)

**Life After Death? - The American Society for Psychical Research (USA)**  
<http://www.aspr.com/osis.html>

**Near-Death Experiences and the Afterlife (USA)**  
<http://www.near-death.com/>

**Nour Foundation (USA)**  
<http://www.nourfoundation.com/>

**Transitions to the Otherworld: The Tibetan Books of the Dead (USA)**  
<http://www2.lib.virginia.edu/exhibits/dead/otherworld.html>



### 3) Australia

#### **Palliative Care Australia (Australia)**

<http://www.palliativecare.org.au/>

### 4) Europe

#### **European Association for Palliative Care (Europe)**

<http://www.eapcnet.eu/>

#### **The National Council for Palliative Care (UK)**

<http://www.ncpc.org.uk/page/about>

#### **The National End of Life Care Programme - Department of Health's End of Life Care Strategy (UK)**

<http://www.endoflifecareforadults.nhs.uk/about-us>

#### **End of life care guide – NHS (UK)**

<http://www.nhs.uk/Planners/end-of-life-care/Pages/End-of-life-care.aspx>

#### **Palliative Care Bill 2008-09 – UK Parliament (UK)**

<http://services.parliament.uk/bills/2008-09/palliativecare.html>

#### **Cardiff's Palliative Medicine and Palliative Care Online programmes (UK)**

<http://www.pallium.cardiff.ac.uk>

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#### **Horizon Research Foundation (UK)**

<http://www.horizonresearch.org/>

### 5) Other

#### **The Human Consciousness Project (US and Europe)**

<http://www.nourfoundation.com/events/Beyond-the-Mind-Body-Problem/The-Human-Consciousness-Project.html>

#### **International Association for Hospice & Palliative Care (Worldwide)**

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<http://www.who.int/cancer/palliative/en/>

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「生命的延續 -- 死後存在嗎？」

現代生死科學資訊集

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