



"The Life Beyond : Existence After Death?"

Information on Modern Scientific Studies of Life & Death

「生命的延续 – 死后存在吗？」

现代生死科学資訊集



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主席献词

生死教育的重要性

罗美玲

「科学、生死、轮回」讲座系列筹备委员会主席



罗美玲女士乃「敦珠佛学会」之行政总裁及指定导师，同时亦是「生命提升慈善基金会」之行政总裁，并分别担任《莲花海》及《生命提升》双月刊的总编辑。其著作、演讲、出版之多媒体影音光碟、书刊及杂志等，现今已超过130多款，著重于净化人心与提升精神力量、创建和谐社会。其领导才能及创新能力分别得到社会各方面广泛的认同与肯定。

「死亡教育」的深度与广度

「生命提升」双月刊连续数期的轮回真实个案介绍，以及现时坊间广泛被讨论及涌现千万个个案的「濒死体验」例证，都很清楚地向人类启示了一个重点，就是「生命会在死后继续存在」，以至「死后世界」与「重获生命的投胎」，都确实是存在的，而且曾经有人类经历过。

而最重要的讯息是，人类的「意识」，并未因死亡而消失，而是不断的继续存在著。这种「意识」的继续存在，也代表「生命」的仍然存在，只是存在的方式及形态不同了，存在的环境不同了，感受也不同了。

由于「死亡」已经不再是以往人类的认知那样，死后就甚么也没有，而是超越想象的充满变数及危险。以往的「死亡」，死者及其亲友只需要应付「离别的伤痛、失去一切、病的痛苦、怕被人遗忘」等等问题，随著大量涌现的「濒死体验」例证、科学及医学界的精英参与研究、符合科学鉴证条件的证据出现等等，都令「死亡」的广度及深度增大了很多。

跟据连续三期的轮回真实个案的内容显示，死后起码出现四种特征：

1. 个案中的主角都不约而同地指出，在人死后至投生前阶段，会身处一种幽暗的环境。
2. 能够记忆前生往事的个案，主角大都是前生因意外或被谋杀而伤重死亡的人，由于死时太过辛苦，至投生后，身体上仍然保留前生死亡时的痕迹，称为「胎记」，而且在精神上持续受到上一生死时的痛苦所影响。
3. 在个案中的主角，发现自己死后是浮在半空中的，而且周围有很多和他一样的人，在死后都浮在半空中。显示人类失去肉体后的存在模式，全部都变得一样的无重量，很飘忽。不知道下一站会怎样。
4. 死亡至投生，普遍大约要经历1-3年左右。特殊的个案会经历4-10年左右，甚至更长的年期。一切都充满变化及「不确定性」。

由上述的四种特征而知，现在的「死亡」，死者及其亲友需要忧虑「死后的生命要面对什么样的环境呢？那种环境会否对生命的存在方式及形态构成危险及痛苦呢？死后的生命要面对怎么样的变化呢？这些变化会否对生命的存在方式及形态造成难以估计的创伤呢？作为死者及其亲友，可以作出怎样的协助及事前准备呢？这些死后的环境有何特征呢？可以改变吗？若果会随时转换生命的存在方式及形态，这种转换式的轮回投生，会不会有机会令生命长陷痛苦呢？可以改变吗？」

这些问题，已经不再是「宗教或哲学」的问题，而是人类为了「生命」的保护和延续而很实际地要面对的问题。为了解决这些问题，而又要不困在宗教的范畴，并且要具有理性及科学精神的面对这些问题，就是当今真正要做的、也是现今社会最缺乏的「死亡教育」。



如何方可理性的解开「生死之谜」？

现今社会所提供的「生死教育」，在「生」方面的「生命教育」，并不缺乏；但在「死」方面的「死亡教育」，只局限于「临终关怀的安宁疗护」服务，要达到的目标是设法令亡者无惧于「死亡」，到死亡的一刻都是安详的、无惧的。著重点放在身体的痛苦舒缓、鼓励放下执著。对亡者的亲友则提供哀伤辅导，希望减低对失去亡者的思痛。这便是现今「死亡教育」所能提供有关「生死两相安」的服务。

但对于上述的问题，如何掌握及解决，却一点实用或实际的知识及技巧都没有提供，有的只是宗教上的「信就得了」。死亡一刻的安详，可能不敌死后半刻的剧烈痛苦。

因此，光靠一个「信」字，并不能立即解决眼前的死后问题，情况一如光靠一个「信」字，不能立即解决眼前的社会、人类的种种困难一样，「信心」虽然很重要，但仍然需要实用及实际的知识与技巧，方能协助亡者及其在生的亲友理性及科学地解决上述的种种困难及问题。

毕竟「轮回」这种危险旅程的挑战，并非你我一般想象的如此简单。因此实用及实际的「死亡教育」，就显得极之重要了。究竟在生前，应该接受一些怎么样的教育与训练，才足以应付「死亡」与「投生」的挑战呢？应该在生前做好什么准备，方才有机会令「下一期的生命」进入提升的轨道，向上不断进化，而并非退化至更差的状况呢？

我们今生的人生目标，不应该只放眼在金钱或者物质的追求之上，而是应该切切实实地提升在生时的精神状态，为死亡之后的下一场危险旅程作好适当及充份的准备。

香港开埠以来最具权威性的「濒死体验」大型公开讲座

要做好准备，必须先吸收一些理性、具科学性的有关知识。「敦珠佛学会」与「生命提升慈善基金会」，由于得到「李嘉诚基金会」之「香港仁爱香港」公益慈善活动的赞助，特别邀请三位誉满全球、世界顶尖级研究「濒死体验」之权威专家及学者来港，主讲香港开埠以来首次以「科学验证濒死体验、广论生死」为题的大型公开讲座。这是前所未有的高阶知识传播，可以说是香港人之福，大开「生与死的眼界」。

由于因缘具备，并且得到三位讲者的应允，可以同期举办两场不同的讲座，以利益普罗大众，分别为：

第一场讲座

讲座日期：2011年10月9日（星期日）

讲座时间：2:00 PM -- 6:00 PM

主讲嘉宾及题目：

1. **彼得·芬域医生（Dr. Peter Fenwick）** -- 意识与人脑是否一体？濒死体验有助解答此问题吗？
2. **云诺武医生（Dr. Pim van Lommel）** -- 非区限的意识：基于濒死体验的科学研究得出的概念
3. **喀噜臣教授（Professor Erlendur Haraldsson）** — 死后生命的信仰与轮回、及死后生命的正反论证

讲座地点：香港湾仔博览道一号「香港会议展览中心」会议室N101(博览道入口)

第二场讲座

讲座日期：2011年10月15日（星期六）

讲座时间：7:00 PM -- 10:30 PM

主讲嘉宾及题目：

1. **彼得·芬域医生(Dr. Peter Fenwick)** — 临终经验 - 灵性的观点
2. **云诺武医生（Dr. Pim van Lommel）** — 心脏病幸存者「非区限意识」的含意：近代对延续意识的研究，将会如何影响对曾有濒死体验病者的治疗？
3. **喀噜臣教授（Professor Erlendur Haraldsson）** — 临终显象：临终时的幻觉经验

讲座地点：香港九龙湾展贸径一号「国际展贸中心」三楼演讲厅

两场讲座，均以英语主讲，并附有**粤语及普通话之即时传译**，以方便出席的听众们。今次是一次稀有难得的机缘，希望各位出席的嘉宾，**均能因此而有所裨益**。并希望各位出席的嘉宾对今次的讲座，给予你们宝贵的意见，以便我们可以吸收更多宝贵的经验。对各位多方面的合作，我们表示极度之感激与谢意！

为了令更多的普罗大众，能对现今西方有关生死科学之研究，有进一步的了解，因而编辑了这一本资讯集，希望值此抛砖引玉，邀请社会各界之先进贤达们，多所赐教，非常感谢！

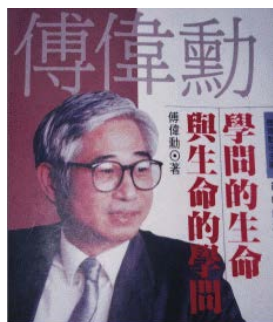
前言 生死教育

中国在传统上，对于死亡是尽量避讳不谈的，认为谈论死亡是不吉利的。对于死亡、临终和哀恸的有关教育，几乎是没有的。引致一些即使身处高等教育阶段的学生，即将以成人的身份面对这个世界时，仍然对「死亡的认识、如何安慰临终的亲属、如何面对哀恸」等等人生中极重要的问题上，显得一筹莫展，能力有限，其根源都始于他们还没有接受任何相关的「生死教育」。

近年世界各地分别发生了不同的天灾，例如：9·21台湾大地震、5·12汶川大地震、4·14玉树大地震、以致最近3·11日本福岛县的大地震、海啸及核灾难等等，一再地向我们展示了人类生命的脆弱。因此，如何帮助现代人直观与经验「生与死」的重要人生问题，便成为我们必须要去面对的一个重要课题。

生死教育的提出与发展

1. 生死教育的提出



傅偉勳博士遺照。

「生死教育」源自「生死学」，1993年台湾之傅伟勋教授，在其著作《死亡的尊严与生命的尊严》中，提倡以中国的“生死智慧”来融汇西方的“死亡学”(Thanatology)，从而形成从死向生的“生死学”学科。

因此，广义的「生死教育」，即从死向生的教育，如台湾学者张淑美所述是“通过探讨死亡的本质以及各种临终、哀恸之现象，促使我们深切反思自己与他人、社会、自然以及宇宙的关系，从而能够省察生命的终极意义与价值的教育”。



而狭义的「生死教育」等同于西方的“死亡教育”(Death Education)。一般在香港及内地，都采用狭义的「生死教育」，也因此使到“死亡教育”成为了禁区，难以推行，这正好反映出中国传统文化的传统禁忌。有关生死的教育，在外国一般被称为“死亡教育”，然而在两岸三地（包括香港、台湾及内地）里，为了避开禁区的限制，因而称为「生死教育」。

2. 生死教育与生命教育

近些年，社会对「生命教育」的呼声越来越高，但对「生死教育」的了解及研究却非常少见。从二者的关系来看：第一，「生命教育」与「生死教育」是相互交叉著的。有学者认为，广义的「生命教育」：包括人际关系、伦理、生死学、宗教、殡葬礼仪等不同范畴，因此「生命教育」便已经包含了「生死教育」在内。然而，一些「生死学」专家却反驳认为：「生死教育」实包括了从生到死、各个不同阶段的多样性教育，因此「生死教育」才是最完整地涵盖了整体的「生命教育」。虽然在名相上之争，没有多大的意义，但由此却可见到二者之间的密切关系。

第二，「生死教育」与「生命教育」是互相依赖、互相依存的。「生死教育」的开始，是有赖于「生命教育」的支持。而同时，「生命教育」的深入，亦有赖于「生死教育」的开始与延续，因为不论死亡的「生命教育」总是肤浅的。台

湾学者林素霞等人也把「生命教育」分为伦理与生死两个取向；而内地现有的「生命教育」，只偏重于伦理学取向的「生命教育」。这样来看，「生死教育」实在是推动了「生命教育」的深入、以及平衡发展的重要伙伴。

3. 生死教育的近代发展



海漫·菲费尔

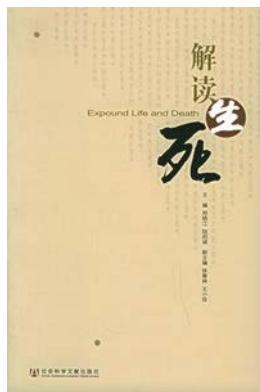
随著第二次世界大战结束之后，于1956年的一个心理学会议中，美国南加州大学医学院之海漫·菲费尔（Herman Feifel）谈到有关对死亡的研究，并于1959年出版了《死亡的意义》一书。自此之后，美国死亡学研究的发展便逐渐发展起来，而美国大学之不同学院亦开始陆逐地提倡有关死亡的教育。其他不同的学者、与及死亡学专家们的著作，包括库布勒·罗斯（Kubler Ross）于1969年出版的《死亡与临终》，亦慢慢成为了“死亡教育”中的经典教材。至1974年，全美已有41家医学院，分别开设了有关“死亡教育”的正式训练课程。21世纪的今天更不用说了，经过“死亡教育”专家们的多番努力，“死亡教育”现已在美国各大学学院完全落实。但相对来说，仍然是医学院的医生或护士选修这门课程的人士为较多；但是也有来自宗教系、哲学系、心理学系、社会学系、教育学院等各个院系的学生。



库布勒·罗斯医生

台湾20世纪90年代，在「台湾生死学之父」傅伟勋教授对「生死学」研究的大力推动下，在南华大学成立了「生死学研究所」及「生死学系」，基于人性关怀与人文的精神，以提升人民生命品质与死亡尊严为目标，进而培育生死关怀及生死服务事业的专业人才，并且翻译了许多有关「生死教育」的相关著作。

相对而言，香港及内地在这方面则较迟起步。内地出现了「生死学」方面的专著是在90年代末期开始，如郑晓江教授的《善死与善终——中国人的生死观》（1999）、《寻求人生的真谛——生死问题的探索》（2002）、以及郑晓江、钮则诚合编之《解读生死》（2005）等等；而香港的中文大学亦于数年前才有开办过「死亡与不朽」的通识课程，而岭南大学亦曾推出过相关的「生死学」课程。另外，内地及香港也开始出现有关于对「临终关怀」等方面的研究；但是在真正意义上的「生死教育」及有关课程，无论是对医学院的学生、还是对普通一般大学生、以致对一般现代人来说，都仍然是相当之陌生的。



郑晓江教授

亚洲之「安宁护理」与「生死教育」的未来展望

在亚洲之华人社区当中：在香港，纾缓照顾（palliative care）服务、宁养（hospice）服务、安养服务等等，均是指向「善终」的服务范畴；在中国内地，这类服务一般被称为临终关怀服务；而在台湾及新加坡，此等服务则被称为安宁疗护或安宁护理。

(A) 台湾

台湾早于20世纪之90年代，已有不同的志愿机构，分别著力于推动「安宁护理」（palliative Care，当地称为「安宁缓和医疗护理」）的相关服务，其中包括有：(i) 基督教的马偕纪念医院，于1990年在其竹围分院，首次正式成立了「安宁病房」；(ii) 天主教的耕莘医院，于1994年成立了「圣若瑟之家病房」；(iii) 台大医学院附属医院，于1995年成立了「缓和医疗病房」。

由于「**安宁缓和医疗条例**」在2000年的正式立法通过，慢慢地有更多的机构，相继地有了「安宁病房」的建立，从而推展至全台湾不同的医院。如今，台湾已有46家医院设有「安宁缓和病房」，总共有683张病床；66家医院设有「安宁居家服务」；73家医院在一般病房或肿瘤病房中办理「安宁共照服务」。被称为**台湾之「安宁舵手」**的**陈荣基教授**，乃是「莲花基金会」的董事长，亦是推动整体「安宁缓和医疗护理」运动之表表者之一。



陈荣基教授

在台湾之「生死教育」发展方面，分别于1990年成立了「**安宁照顾基金会**」、于1994年成立了「**佛教莲花临终关怀基金会**」（后改名为「佛教莲花基金会」）、以及于1995年成立「**台湾安宁照顾基金会**」等等团体，分别为推展善终照顾、哀伤辅导、及死亡教育等多方面而努力。南华大学于1997年率先成立台湾第一所「生死学研究所」、以及于1998年亦分别在台大医学院及阳明大学等学术机构，开设相关的「生死学」课程，从而使到「生死教育」在台湾社会里被广泛地推展。



(B) 香港

在凯瑟克基金（Keswick Foundation）的支持下，香港之「**善宁会**」（前身乃「善终服务会」）是于1986年6月正式成立的，该所非牟利团体是以「**天为生命定寿元，人为生命赋意义**」为其宗旨，并致力于推广宁养照顾，提供善别辅导服务，希望透过社群教育，倡议珍惜生命，平和面对死亡，活出积极人生。并于1992年，建成了一所独立的善终院舍，名为**白普理宁养中心**。

其后，随社会需求日渐增加，分别有**律敦治医院**、**南朗医院**、**灵实医院**、**联合医院**等不同的医院，相继地开设了有关之善终服务。于九十年代初，「医院管理局」之成立，因认同善终服务的概念和哲理，便开始在公立医院提供及发展善终服务。而愈来愈多的医院亦陆续地增设了这项服务，包括有：**明爱医院**、**佛教医院**、**黄大仙医院**、**屯门医院**、**博爱医院**及**沙田医院**等等。从而在整体上，壮大了香港之善终服务的「质」与「量」。

「医院管理局」是以「全人治疗」为其宗旨，并致力于实现人性化的服务，**全面照顾「身、心、社、灵」各方面的需要**。十多年前已开始为病人提供「宁养」（hospice）服务，由原先的单一住院模式，发展至今天的全面综合服务。

迄今，「医院管理局」辖下共有十间纾缓护理中心及六间肿瘤中心，专门为癌症病人提供「宁养」服务。宁养中心集结了逾一百名医护人员、逾一千五百个义工，为八千个病人提供超过十三万次的服务。大家整个团队本著有一个共同的信念，便是：「癌症晚期病人曾对社会做出过贡献，现在他们最大的折磨莫过于疼痛，如果我们能够解除他们的痛苦，使他们将人生最美好的事留在记忆中，**安宁而有尊严地走完人生旅途**，那就是我们活著的人对他们最好的回报了。」

为进一步拓展本地的「宁养」服务，让更多病人受惠，「医院管理局」得到「李嘉诚基金会」的支持，携手推广『**李嘉诚基金会「人间有情」：香港宁养服务计划**』，于2007年10月开始分阶段开展。2008年4月全面推行服务有需要的末期癌症患者（包括孩童及成年人），让更多病人于临终之前后，分别获得全面的人性化照顾。

该「计划」在政府医院现有「宁养」服务的基础上，以每个政府医院联网的肿瘤中心为据点，发展「一条龙」式的「宁养」服务。计划将扩大全港七个医院联网「宁养」服务的涵盖范围，扩展社区的参与层面，由医管局跨专科的专业医护团队提供支援，缓解末期癌症病人身体承受的痛苦，给予临终关怀，让病人可以有尊严地活到最后一刻。该「计划」是以三年为期作为试点，希望能为香港的「宁养」服务揭开新的一页（详情请参考『李嘉诚基金会「人间有情」：香港宁养服务计划』之有关网址：<http://www.21.ha.org.hk/sub/lks/tc/center.html>）。

2011年，该『「人间有情」：香港宁养服务计划』于第二期推出之同时，得到医院管理局、十间宁养中心、以及香港大学行为健康教研中心的支持，因而启动了「**宁舍**」网站 www.hospicehome.hk，集结科技、公益和社区触觉的力量，让大家的关怀祝福突破地点或时间限制，让有心的香港人不论身在何方，都可以通过「宁舍」网站，为病人和抗癌队伍送上支持、鼓励及祝福。



「李嘉诚基金会」主席李嘉诚先生，在说出其资助计划背后的信念时，实在是用心良苦的：『我们很乐意资助扩展这计划。世界不属于麻木不仁的人，《经济人》杂志二〇一〇年「死亡质素」调查香港的排名提醒大家，我们需要做得更多。我特别感激宁养服务的同仁，你们让不幸的患者依傍著关怀的臂弯走完人生的旅程，也让他们疲惫的家人得到慰藉，你们的爱心为患者映亮出一道美丽的最后风景。』

而在香港之「生死教育」方面，于2006年12月正式成立了「生死教育学会」，其创会会长为谢建泉医生，现今会长则是谢俊仁医生。学会由一班医护界、专业人士、以及社会贤达所组成，其对推动香港的「生死教育」不遗余力，实在贡献良多。

作为一间慈善的宗教团体，「敦珠佛学会(国际)」乃成立于1998年1月，旨在香港及华人社区推广显密两宗之佛法，出版不同种类的书籍、期刊、影音光碟等多媒体出品，藉此希望能够净化人心、改良社会风气、使到社会更能和谐发展。并于2000年，「敦珠佛学会(国际)」开始致力于推广「生死教育」，是从佛教的角度去应对人生中的「生死」问题。

为了进一步把「生死教育」普及化，而不需要局限于宗教的领域，「敦珠佛学会(国际)」近期更与另一间慈善团体「生命提升慈善基金会」(成立于2008年)共同合作，推出一系列的「科学、生死、轮回」之大型公开讲座，并邀请世界各国、以及国际知名之科学家、专家学者等，前来香港阐述他们多年来之科学研究报告，并分享他们在近代医学与科学界顶尖的研究成果，以使广大的香港市民，更能较科学化地去进一步了解及分析「科学、生死、轮回」之间的相互关系。同时，亦希望值此难得的机会，来扩宽香港市民对「生死」的视野，激发起他们对「生死」的思考，进而深入探究、及领悟生命的意义与价值。

(C) 中国

事实上，「李嘉诚基金会」早于一九九八年，在汕头大学医学院第一附属医院，已成立了全国首家之宁养院，并开展了『李嘉诚基金会「人间有情」：全国宁养医疗服务计划』，是迄今全国唯一上门免费为贫困末期癌症病人提供镇痛治疗、心理辅导等各方面照顾服务的临终关怀机构，使晚期癌症患者能有尊严地离世，实为开全国之先河。

至今，已逾十万名癌症病人受惠，而「基金会」捐助内地三十一所宁养院，并伸延至香港，覆盖全港医院联网辖下十间医院，捐资总额已超过港币四亿元，每年服务病人达二万名，并有一万二千多名义工参与项目。(请参看「李嘉诚基金会」出版之《万变社会、不变承诺》小册子第18-21页，与及「宁舍」网站www.hospicehome.hk 内之有关报导。)

最近于2010年5月19日，中央电视台新闻台的报导，谓首都北京市的北京老年医院正式成立了「关怀病房」，这是北京市第一家三级老年医院中的首家「生命关怀病房」。北京老年医院是北京市基本医疗保险及工伤定点医院，从而了知到内地亦开始重视这方面的发展，并且方兴未艾。



《经济人》杂志



谢建泉医生



谢俊仁医生

(D) 新加坡

位于接壤新加坡与马来西亚边境的新山（Johor Bahru），早于1995年便成立了「新山安宁护理协会」（Palliative Care Association of Johor Bahru），为当时「扶轮社」属下的其中一间机构，而所提供的是有限度的「安宁护理」，是属于一种支援性的服务而已。直至2007年3月，协会才正式成为一个独立的社会组织，继续实践协会的宗旨，为患者提供免费的安宁护理服务。

「新山安宁护理协会」会长R.安佳姆都（Dr. Angamuthu Rajoo）医生说：“安宁护理是给予病患和家属一种慈悲爱心关怀的临终护理。另外，协会也会提供生理、情绪、心灵和福利的支援。....这些服务一律是免费的。我们是一个非政府机构，支费完全依赖大众和私人团体的善款来维持这项服务，因此病患不必担心需要负担任何的开支。”

与此同时，另一所名为「连氏基金会」*（Lien Foundation）的慈善组织，由2006年开始，已著力于推动及提供有关之「安宁护理」服务，并成立了当时为亚洲首间有关安宁护理的研究及教育之「连氏安宁护理中心」（Lien Center of Palliative Care，<http://www.duke-nus.edu.sg/web/research/centers/lien-center-palliative-care>）。

「连氏基金会」属下更设有「有生之年」（Life Before Death，其网址为<http://www.lifebeforedeath.com>）的活动，为倡导更好的「临终关怀」这一使命的组成部分。该活动通过社会媒体、艺术、电影和摄影深入人心。这项活动旨在让人们思考并谈论死亡和死亡过程，同时强调了为垂死人群提供更好护理的迫切需要。



连瀛洲博士

（注：「连氏基金会」*乃是由新加坡商界领袖及外交家连瀛洲博士所创立的一所以慈善为目的之基金会，以其激进的慈善模式著称。该基金会旨在加强弱势群体的受教育机会、老年人群的优质护理、以及食水和卫生方面的环境可持续性为其工作之重点目标。）

新加坡的「连氏基金会」为提醒世人及政府，不仅要重视生活品质，更要重视「临终照护」（或称安宁疗护），因而特别委托了「经济人资讯社」（Economist Intelligence Unit）为基金会作出了一份有关全球「死亡品质」指数的详尽调查研究，名为《死亡品质》（Quality of Death）的研究报告，并于2010年7月14日向全球正式公布，实为全球首份有关的研究报告。调查访问了40个国家的医生、专家及医疗人员，对自己所在国家人民的「死亡品质」进行统计，包括「临终医疗、病人能否及时得到减轻痛苦的服务、以及医生的透明度」等多项指数。

此份研究报告显示出，全球每年有一亿多临终病人及其家属需要「临终关怀」服务，但能够享受到「临终关怀」的病人不到总数的8%。这倒给人们一个重要的讯息，就是：尽管亚洲地区的生活水准日益提高，但是「安宁护理」的水准却没有同步提升。就算是目前经济蓬勃的“金砖四国”也远远地落在后头。报告认为：「尽管『生活品质』（Quality of Life）是一个日常常见的词汇，但是『死亡品质』（Quality of Death）却又是另一回事了。」

根据这项研究显示，专精于「安宁照护」的有关机构，大多数都「不包含在国家的健康保险系统里.....很少有国家，甚至是那些有先进健康保险制度的富裕国家，会将安宁照护纳入整体的健保政策」。甚至于连止痛药的供应，「在大多数的国家来说都是少得可怜」，其主要原因是担心这些药品遭到非法使用和交易，以及医护人员缺乏有关注射等医学训练。



另一项挑战，则是要克服人们对「死亡」的看法，以及在文化上的禁忌，才能藉此来提升「安宁照护」的有关服务。报告亦进一步指出，随著全球人口的不老化，「安宁护理」的需求亦正在不断地增长。因此，各地之政府、志愿机构、和其他多方面的服务供应商（service providers），必须与时间作出竞赛，以期满足这种不断上升的社会需求。

最后这份研究报告，又列出了不同国家在提供有关「安宁护理」服务素质的排行榜。在40个被研究的国家当中：英国排名第1，澳洲排名第2，纽西兰排名第3，爱尔兰排名第4，比利时排名第5，奥地利排名第6，荷兰排名第7，德国排名第8，加拿大排名第9，美国排名第10，....（亚洲）台湾排名第14，新加坡排名第18，香港排名第20，日本排名第23，南韩排名第32，马来西亚排名第33，中国排名第37，而印度排名第40，居于最尾。

(E) 总体而言

台湾在「临终照护」之品质评鉴，被列为亚洲之冠。根据报告内之细节部份的评估与比较，台湾在「临终医疗基础环境、是否提供临终照护、临终照护费用、和临终照护品质」等4项范畴的排名，分别为全球之第15名、第19名、第10名及第10名。

根据评比调查报告，在英国、澳洲及纽西兰，「临终照护」都是全国医疗政策中的一部分，政府确保国民都能得到「临终照护」服务；其中英国是全球最先推出「临终照护」服务的国家。

报告更加表示，台湾能够成为亚洲第1，主要是归功于其能较早便肯定了「临终照护」的需要。报告并特别表示，台湾已经做到由全民健康保险承担「临终照护」；而在这方面，则甚至很多富裕之先进国家还未能做到。

报告认为台湾之表现能够超越新加坡，主要是因为新加坡之医疗保健支出，只占国内生产总值（GDP）的3.3%，较全球之平均价的8.8%为低；再加上新加坡目前的老年人口数目，与日本等先进国家相比之下，并不算多。

虽然香港在亚洲的位置是排行第3，仅次于台湾及新加坡。然而，在香港所提供善终服务的机构却不讳言，香港对「生死教育」起步较迟，一般人对「死亡」总抱著「避而不谈」的忌讳心态，使香港这个号称为「国际大都会」的现代化城市，在人生必经之「死亡」面前，却变得既落后又封建，令明明是恶毒诅咒的「不得善终」，随时成了今天香港社会的写照。

说实在一点，在人生最后的路程上，是否会被照顾周到，最后是否可以走得安详、而又有尊严呢？这便是「善终」的真正意义所在了。由此份研究报告所得出的启示，可以看出亚洲各国在推动及提供有关「安宁护理」的服务与素质方面，仍须要多加更大的力度，才能解决随著社会人口老化所带来一系列的问题，而其中之「生死教育」，更是不可或缺的重要一环。还望社会各界之有心人仕，能以此教育方针，作为解决问题的关键之一。





「科学、生死、轮迴」讲座系列之二

濒死体验

讲座日期：2011年10月9日(星期日)

讲座时间：2:00 PM -- 6:00 PM

讲座地点：「香港会议展览中心」会议室N101

香港湾仔博览道一号(博览道入口)

—— 节 目 表 ——

1:25PM **开场前表演**

- 古筝现场演奏
- 播放「生与死的奥秘」片段

2:00PM **节目正式开始**

- 司仪作简介

- **讲题一**

意识与人脑是否一体？濒死体验有助解答此问题吗？

由彼得·芬域医生(Dr. Peter Fenwick) 主讲

- **讲题二**

非区限的意识：基于濒死体验的科学研究得出的概念

由云诺武医生 (Dr. Pim van Lommel) 主讲

4:00PM **中场休息10分钟**

- **讲题三**

死后生命的信仰与轮回、及死后生命的正反论证

由喀噜臣教授 (Professor Erlendur Haraldsson) 主讲

- 访谈及答问时间

6:00PM **书本签名会**

- 古筝现场演奏
- 播放「生命的意义」片段





「科学、生死、轮迴」讲座系列之三

精神领域之科学研究

讲座日期: 2011年10月15日 (星期六)

讲座时间: 7:00 PM -- 10:30 PM

讲座地点: 香港九龙湾展贸径一号「国际展贸中心」三楼演讲厅

----- 节 目 表 -----

6:25PM **开场前表演**

- 古筝现场演奏
- 播放「生与死的奥秘」片段

7:00PM **节目正式开始**

- 司仪作简介

— 讲题一

临终经验 - 灵性的观点

由彼得·芬域医生 (Dr. Peter Fenwick) 主讲

— 讲题二

心脏病幸存者「非区限意识」的含意：近代对延续意识的研究，
将会如何影响对曾有濒死体验病者的治疗？

由云诺武医生 (Dr. Pim van Lommel) 主讲

9:00PM **中场休息10分钟**

— 讲题三

临终显象：临终时的幻觉经验

由喀噜臣教授 (Professor Erlendur Haraldsson) 主讲

- 访谈及答问时间

10:30PM **讲座结束**

- 播放「生命的意义」片段

讲者简介

彼得·芬域医生 (Dr. Peter Fenwick)

-----剑桥大学文学士、剑桥大学内外全科医学士、英国皇家精神科学院荣授院士



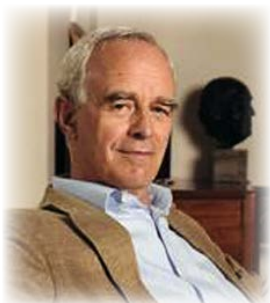
芬域医生之专业领域非常广泛，包括精神病学、神经精神病学、脑内、外科、头、脑及脊髓疾病及创伤，睡眠紊乱，尤精于脑瘤症。他对脑功能与意识间的关系具有长期及广泛的研究。

芬域医生曾任多家医疗及学术机构要职，长期任英国摩斯里医院神经精神科顾问医生、并曾为英国牛津威杰夫医院精神科高级讲师及神经精神科顾问医生、伦敦英皇学院精神科高级讲师。

目前他是英国布洛姆医院神经生理学荣誉临床顾问医生、及英国修威顿大学精神科荣誉高级讲师。近十年来，他每年都有数月时间在日本一神经科学实验室从事脑磁图的研究。他并在英国、荷兰及日本等地进行庞大的善终服务计划。他并为「科学与医学网络」的主席及「综合医学基金」研究委员会主席。

芬域医生对「濒死体验及死亡过程」有长期的研究，分析个案超过三百宗，别具独到的心得。他著作等身，已发表于学术刊物的论文逾240篇及另有六本专门著作，在专业界内公认为英国主要的「濒死体验临床研究」权威。

云诺武医生 (Dr. Pim van Lommel)



云诺武医生为心脏专科医生，服务于荷兰Rijnstate医院。在26年的行医期间发表了多篇心脏病学论文的论文。自1986年起开始研究因心脏病发而经历「濒死体验」的病例，数达五百多宗。

在1988年，云诺武医生成立了麦卡华基金会，为国际濒死研究学会在荷兰的分支。自2001年，云诺武医生与一些同工在著名的医学期刊「刺针」上发表了他们在荷兰的研究，并论著了一些有关「濒死体验」的论文及专著的部份章节。在2007年，他发表了她的荷兰新作《无尽的意识 - 从科学角度探讨濒死体验》，一年内售出十二万册，成为荷兰当年的畅销书，之后该书被翻译成英文及法文。

在过去数年，云诺武医生不断地在全球各地作学术演讲有关「濒死体验」及意识和脑功能的关系。在2005年，他获得国际濒死研究学会颁发「布鲁士·桂臣研究」。在2006年，印度总统鸭都·主林博士在新德里举行的「世界临床及预防心脏病学」会议上颁授云诺武医生「终身成就奖」，以表扬他的贡献。

喀噜臣教授 (Professor Erlendur Haraldsson)



喀噜臣教授任教于冰岛大学心理学系逾四分之一世纪，并曾担任维珍尼亚大学客座教授，美国加州超个人心理学院兼任研究员、及德国弗莱堡心理学院研究教授。

喀噜臣教授研究范畴广泛，包括：通灵经验及民俗信仰、超自然能力、临终显象、亡灵鬼物等，他在轮回方面的研究尤其举世著名，是西方学者在这方面的先驱。他曾在斯里兰卡、印度、黎巴嫩等地，对一些宣称能「回忆前生事迹」的小孩作研究，广泛地调查近一百宗个案，并发表逾百多篇论文及五部专著，他是近世研究轮回的殿堂级权威。喀噜臣教授长期与美国维珍尼亚大学医学院之史提芬逊教授，及心理学巨擘加里士·奥西斯博士合作研究。并与奥西斯博士合著的《死亡时刻》，是一部有关「临终显象」的罕有著作，已在12个国家出版。喀噜臣教授历年来受邀在世界各地作学术演讲，总达逾百场，广受学术界重视及一般社会大众欢迎。

讲题简介

意识与人脑是否一体？ 濒死体验有助解答此问题吗？

彼得·芬域医生



彼得·芬域医生

到目前已清楚知道曾经心脏病发的病人约有10%经历濒死体验，其中约有三份之一有脱体的经验。

传闻濒死体验出现时，濒死者诉说他们离开了自己的身体，对周遭发生的事，清楚了然，或遊走到医院其他病房，并覆述那里发生的事情。于是，开展了一组的研究，调查这些现象。他们将一些咭片或数字放在某些地点，而当事人离开其身体，应可看见。这些研究将会在今次举办的演讲中详述。

为了作进一步的研究，山攀尼亚医生（Dr. Sam Parnia）及其团队自2008年开始，在联合国主导下进行了AWARE（在复苏时觉知）计划。该项计划之目的是试图了解：「当死亡开始时，发生了甚么事情」、是否有证据显示脑和意识是可以分离的？



山攀尼亚医生

当心脏病发而出现脱体时，病人的脑部是没有功能的。因此如证实病人当时有感受到这些经验是重要的。假如这是真的，那么便意味我们的意识是独立于脑部，而这些对神经科学将有广泛的含义。AWARE（在复苏时觉知）计划是要测试这些报导，到底是否真实。



在英国、法国、奥地利和美国，好些医院的急救区内都有一些上载资料的咭片放近天花板处。每家医院放置超过六十张咭，期望当有病人心脏病发而出现脱体时，刚好在这些有咭片的区域内。其后会访问心脏病发的当事人，是否有脱体的出现。

假若有的话，描述当中发生了什么。每位当事人会收到一份问卷调查，以决定他们濒死体验的性质，有否发生脱体？特别是他们期间看到了什么？从中分析所收集的资料。由于此项目的重要性，在研究完成之前，不会透露结果。此研究项目已经引致要重新规划心脏病发时量度脑部活动的方法，及心脏病发时当急性脑缺氧要检验脑部的活动。

这项研究提出了意识的本质的问题，并介绍更广阔状态的意识的例子。探索涉及的脑部活动机制，因而带出不同的意识模式，这些都是超越了单纯机械式的脑部功能。

不少人士汇报在濒死体验后，他们的角色或变为治疗者、或成为治愈者。并会回顾相关之证据。



非区限的意识：基于濒死体验的科学研究得出的概念

云诺武医生

研究异常是了解正常的最好方法

威廉·占士

根据我们目前的医学概念，心脏病发时，循环和呼吸因而停止，意识不可能有感知作用。但心脏病发时，正当命悬一线而脑部没有功能活动的期间，却被事后发现在病人的报告中有「拓展意识」(enhanced consciousness) 的存在，而这种情况的出现正正是与目前的医学知识产生矛盾的。

近世已有数个理论尝试去解释一般之所谓「濒死体验」。要建立一个能普及解释「濒死体验」的成因和内容，其难处在于它的复杂性，因为在不同的情况下，皆能感知「濒死体验」的产生。例如：在脑部因心脏病发而受重创之情况下，以至在脑部似乎仍然有正常功能的状态。在四项具有前瞻性的研究里，被发现在562名心脏病幸存者当中，分别有11%至18%病人报告曾经历过「濒死体验」。在这些研究中，从生理、心理、药理、或地域等范畴及因素，皆无法解释这些经验的成因和内容。

自从发表了数宗心脏病发幸存者「濒死体验」的研究，其结果和结论都有极度惊人而相似的结果及结论。因而这种「濒死体验」的现象，已再不可能将之摒出科学门外，而置之不理。这是真确的经验，而不能简单地委之于幻想、恐惧死亡、幻觉、精神病、药物影响、或缺氧等等因素。而当事人显然在心脏病发的数分钟内，因经历了「濒死体验」，从而永久性地改变了其对死亡的态度。

现时大多数的医生、哲学家和心理学家们，对「大脑与意识」的关系所持「唯物」的观点，局限了他们对这现象的正确了解。因此要讨论建立新的假设，实在是一个科学的挑战，以便可以尝试解说有清晰及「拓展意识」的存在，并附有如下功能之可能性：带有记忆、自我身份的认同、认知能力、情绪，可从外及上方透视那无生命的身体，并能与其他人士或逝去亲朋的意识作出互相之联系，能立刻和同时(非区限性)回顾某人的过去之生命、与及预示其将来，而不需通过我们传统与身体相连的「时、空」概念与范畴，所有「过去、现在、未来」之事件均可同时存在，甚或能够解说「意识」返回身体的经验。这些假设，确实是科学的挑战，但却是众多「濒死体验者」们的亲身体会！

基于近世具有前瞻性的「濒死体验」研究所得出的展望，与及近世「神经生理学」在心脏病发之际、与及于脑部功能正常活动之时所得出的新发现与洞察力，加上来自于「量子力学」的概念，我们自然而然地会得出如下的结论：「意识」不会只是局限于某些特定的时间和空间，这被称为「非区限性」。我们有很好的理由去假设「意识」不会经常与我们脑部的活动功能同步进行：「拓展意识」有时能够离开身体而能够感知不同事物的。因而我会得出如下的结论：脑部极可能有引发、而非产生体验「意识」的功能。在这种见解下，我们的「意识」是无始亦无终的。

看来发现单独一个不寻常的例证，因难以通过广被接受的概念和思想之所能解释，故未能够给科学带来有任何根本性的改变。若在科学上能成立「意识」的「非区限性」、而是普遍存在于一切处的现象，这样的观点将会有助于人类去重新认识「意识和大脑」之间的关系，因为它将会质疑在科学上采取纯「唯物性的范式」(materialistic paradigm)。再者，「濒死体验」亦是个人之亲身感受地去重新发现这个年代久远、已被现代社会所遗忘的跨文化知识。在不同的「时间与空间」当中，这种经验通常有不同的名称，例如：异象、或神秘的、宗教的、或开悟的经验。在对「死亡」纷纭多端的认识中，除了我们自己，一个恆常跨越时间和跨越文化的意义，便是一个个体的本质，它能独立地存在于肉体之外，通常被称作「灵魂」。近代「濒死体验」的研究，将会成为考察「意识」在肉体死后，仍然继续存在的可能性之新思维的来源。

死后生命的信仰与轮回、及死后生命之正反论证

喀噜臣教授

对死后生命和轮回的观点，在人类的认知中有颇大的歧异。「断灭论者」认为死后一了百了，「不可知论者」认为不可能知道死后生命会否延续，「永生论者」认为死后将永远存在于死后世界，「轮回论者」认为我们将投生在一新的身体。这些信仰有多普遍呢？调查显示跨国界与跨宗教间有差异，但并不一定与每个国族的主流宗教教义吻合。

现存主要的、经验上的论据是甚么呢？主流的科学观认为「意识」是完完全全依存于「大脑」的条件。下列范围的研究显示这种观念需要修改。

临终显象：有时可从临终的人士那里观察到他们与死后真实存在的事物接触。

濒死体验：从一些教学医院处进行数项「濒死体验」研究后，此课题便更为触目。

遇见亡者：在欧洲每四人中便有一人有此种经验。

轮回的记忆：很多发生在儿童身上的个案已被证实，有些儿童且有恐惧症及胎记，与他们所称述前生的死亡情景有关。

灵媒沟通：特别在十九与二十世纪，显示颇有趣的发现。

用科学和实际的方法在上述领域的研究，从而得出的结果，将于实验论据的基础上建议有「死后生命」的存在。

而在讲座的稍后部份，将讲述最近一则有凭据的研究个案。案例发生在哥本哈根和雷克雅未克，与发生在瑞典一著名的旧案例相类似。

临终经验 - 灵性的观点

彼得·芬域医生

体认灵性方面的需要是「临终关怀」重要的一环。我们从舒缓医疗团队、善终及护养院护理人员处的研究中，分别证实临终经验的具体内容，特别在生命最后的数天，不论对亡者或其家人，均有涉及蕴含灵性方面的元素，而且并非罕见。除了正式的研究材料外，还有不少来自美国方面的电视广播、电台广播，和英国方面的文字媒体得来的故事传闻。



这些经历包括亡者目睹已逝世的亲人的鲜明景象，并诉说前来带亡者上路。这些在亡者死前数天或数小时出现的「临终显象」，通常是在意识清晰状态下出现的。这些“访客”通常是已逝世的亲人或挚友，好象和亡者同处一真实空间，亡者并会定睛凝视某处及作出一些评述。有时当事人已口不能言，但经常面部表现出看见一些熟悉的事物，或能感知某些事物的出现，（这些对亡者）起了肯定和舒缓的作用。偶或可看见灵体或天使，但这些在英国是罕见的。在十分罕有的情形下，同在房间的其他人士亦能看见这些形象。

「临终显象」“一致性”的情况亦时有所闻。当亡者去世时，身旁的人有时亦会感觉到“访客”到临。此种“一致性”视乎当事人的精神状态。假若当事人是清醒的，汇报通常有“示现”的感觉、或逼人的冲动感，驱使他们要付诸行动。较少遇到是听到音声或有触觉，更稀有的是看到影象。假若当事人在睡觉，则梦境出现“一致性”，听到复杂的，出现亡者的影象，并感觉有讯息传来说他们都无恙，当事人不必担心。

照顾亡者的人士亦有报导，当逝世的一刻，他们或会看到遗体环绕光明，有雾状物离开遗体，或在室内有强烈爱的感觉。其他在逝世时出现的现象，例如：时钟停止、机械部份失灵、警钟误鸣、电视关闭、和动物反常行为。照顾亡者的人员亦透露，亡者经常祈望和解，最重要的是与家人的和解。

在我们回顾与前瞻研究有关照顾人员的经验中，超过90%认为这些现象是超个人经验，少于10%认为由于幻想，少于30%认为是药物引致，几乎所有的报告（85%）认为（濒死体验）可令亡者深度舒缓，及有助亡者安然而逝，假若家属有幸目睹这些现象，会有助抚慰家属的哀伤。

因此，这些研究对「死后意识继续存在」的学说有清楚的显示。



心脏病幸存者「非区限意识」的含意： 近代对延续意识的研究，将会如何影响 对曾有濒死体验病者的治疗？

云诺武医生



云诺武医生是欧洲著名的心脏专科医生，他是第一个采用全面及系统性地研究濒死体验的医疗专业人士。在执业期间，他因众多心脏病发而经历濒死的幸存病人向他诉说经验而感到震惊。他的科学训练和传统智慧告诉他，当循环和呼吸停止后，不可能再感知意识。因此，他很难接受这些病人的说法。然而，他觉得对此现象不作调查，道德上是站不住脚的。因此，他安排了一组具医学训练的人员，在医院内受控的情况下作出调查。在逾二十年间，他系统地对背景广泛的心脏病发幸存者，研究他们的濒死体验。他得到的报告是一致的，当心脏病发时同时「意识清晰、有完全认

知功能、情绪、自我身份及有时并有孩提时的记忆」，他们甚至（非触觉地）从已无生命的身体透视外边，并超越了物理的时空世界。

在2001年，他与研究的同工在“**针刺**”上发表了研究成果。这是首篇以严谨累积的科学方法研究濒死体验，挑战了神经学的根本，并在国际医学界中，引起了轰动。在四个研究中，共有562位心脏病发幸存者，其中有11%至18%的病人报称曾有濒死经历。而该等研究显示，这些经验的成因和内容不能归咎于生理、心理、药物或人口等因素的影响。基于这些研究，云诺武断言大多数医生或神经学家普遍的观点：「大脑」全部涵盖「意识」，并不能解释这观察得来的现象。因为有理由假设我们的意识并非经常与脑功能活动一致，「拓展意识」有时能离开身体而有感知。

这些「濒死体验」的科学研究结论，对昏迷或垂死病人的照顾，安乐死及从尚有心跳和体温，但已诊断脑部死亡的垂死病人身上摘除器官作移植等，在实践上会有牵连。而各类之医护工作者、与临终病人及其家属，对可能在已昏迷、或医学上之「临床死亡」时，甚至死后所出现的异常经验知所警觉，被显示出会有所裨益的。



临终显象：临终时的幻觉经验

喀噜臣教授

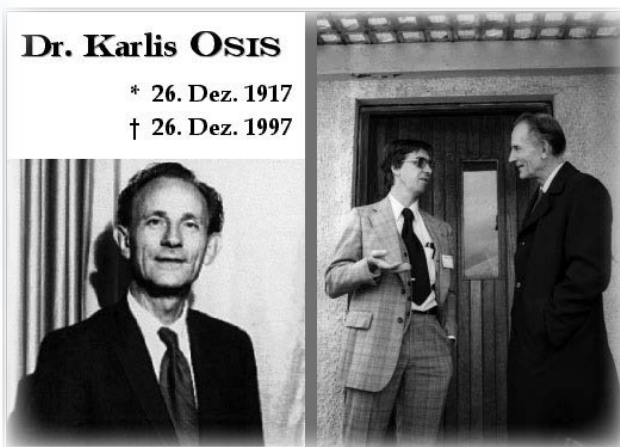


奥西斯博士

自古以来，皆有传言目睹重病者在临终前不久有幻觉经验。奥西斯及喀噜臣曾进行大型的研究，比较美国和印度两地的个案。两地虽然宗教和文化不同，但皆证明皆有此观察。在两地有超过400位医生和护士，报称病人临终前向他们诉说，**看见已逝去的亲人或似天使的人物**，这些人物告诉亡者，他们的目的为**要接走亡者**。自此之后，**临终病人**们便「准备好上路」（离去），**因而他们感觉得非常良好**。这些事情的发生，是与病人的医疗状况，又或与那些会引致幻觉的种种因素，均无任何关系。那么，这些病人**是否对等待他们的来生会有惊鸿一瞥呢？**



喀噜臣教授



奥西斯博士



「死后生命」的科学佐证

(i) 濒死体验

「濒死体验」是当个人临近死亡时，一系列的个人**感知体验**。该现象通常在个人被判定临床死亡，或非常接近死亡，其后却被救活过来，覆述濒死时个人的感知。当中亦有非命危而引至的濒死现象的个案。

经历濒死者不少对当时情景已无记忆，但报告中**约三分之一的经历者**却能细诉个中情节，虽则各各相异，但亦可归纳为数种模式，按出现的频率，可按次排列如下：

- 1) **感受强烈的情绪弥漫**: 报告中**从极喜到恐惧**均有发生。大部份的濒死个案中，濒死者的经验都是平静、愉快的。虽然有时亦有忧郁和焦虑，但普遍都是暂时过渡的。整体而言，感受几乎都是愉悦的。在大部份的个案里，濒死者都有如是体验。但在一些的案例中，濒死者的经验却是极度惊吓的。他们描述的境况，有些好象经历地狱，或进入了毫无意义的空洞里。这与大部份愉悦的「濒死体验」截然相反。但这类个案为数不多，**此类个案亦没有详细的统计和分析**。
- 2) **与肉体分离 (脱体)**: 感觉自己离开了身体，在空间漂浮。有时可看见一根银色的绳索连系著身体。濒死者的**意识是清晰、敏锐和有条理的**。报告中有指濒死者**思维比前更快捷和清晰**，能描述经历过程，所到过的地方和曾出现的人物。有些经历者本身是天生失明，但在离开肉身却能“看见”事物。

报告中显示经历者**只有视觉和听觉两种感知，而敏锐程度是不可思议的**。有些报告甚至指出经历者能看穿墙壁，或能感觉他人的思想。在活动上，似乎毫不感到重量，并能随意置身到任何地方。

脱体是「濒死体验」中最重要的特征，除了属于「普遍」外，且能被客观验证。脱体提供了有关意识能独立于大脑运作的有力的证据。

- 3) **遇见亮光**：通常为金色或白色，亮度并非十分眩目。于中感受到慈爱，有一种归家的感觉。有时亮光出现在另一端。在通过一段黑暗的空间，或可形容为黑暗的隧道后，感觉上，那里是**没有时间的**。濒死者有时可从这团黑暗中，看到医护人员在外面忙著为自己急救，有时象身处外太空俯视地球。穿过这段黑暗后，到达了一个似乎是他方世界的领域。
- 4) **进入亮光前后，濒死者会遇上已过世的亲友**。他们通常看起来比记忆中年轻些或健康些，有时他们的形体以亮光的形态呈现。濒死者除遇到认识的亲友外，有时亦有其他不认识的人士，宗教人物或符号。较罕见的案例，濒死者遇见从未谋面的已逝世亲人。或在他们认知中尚在世的亲友，但之后发现在濒死事件发生时，该亲友实已离世。
- 5) **非在地球的境界**：经历者身临一些境地不属于我们所处的世界，美好得如天界（堂），听到如天籁般的音律。
- 6) **生平回顾**：重现一生中重大的，或甚琐碎的事情。往事如影片幕幕重现。有时会从其他相关人士的观点，对该段生命作出评价。或有所建议，例如应如何的改过。
- 7) **感知对所有事物通达了解**，甚至宇宙如何运作。

当濒死者经历以上种种阶段后，通过心灵感应，似从某处收到讯息如：“你的时刻还未到！”，又或濒死者自主地感到世间的责任未了。当念头生起，瞬间便返回自己的身躯，旁边围绕著医护人员，将自己从死里抢救回来。

在经历「濒死体验」后，濒死者的**性格，价值观**都有重大改变。譬如，对他人更多包容，更有爱心，占有欲减轻，争强好胜之心减少，对知识渴求，对灵性事物充满兴趣，但对死亡的恐惧大大减低，最触目的是**坚决地相信死后生命的存在**。

伴随「濒死体验」的各种特征，其中有强烈指向死后生命的可能性。

当脑部没有活动时，意识仍然有所感知，甚或更加清晰、敏锐。可知清明的意识并不需要依附在活动的大脑。而意识如能脱离身体活动，对周遭事物有所认知，更进一步显示，**身体虽然坏死，而意识继续存在，这指出了死后生命的可能**。

除却「濒死体验」，一些目为神秘灵异的现象，**在考证后，不少有其真实的一面，成为死后生命的佐证**。其中包括有：临终显象、及亡灵鬼物等奇异现象。

(ii) 临终显象

「濒死体验」出现在心脏，大脑活动停顿的死亡状态，但临终显象则并非出现在此种危急关头。历来时有所闻，一些病危者在他们去世前，视觉上或幻觉上有这些经验。据报病人在临死前不久，曾目睹死去的亲人，或如天使之类的人物。通常这些不速之客会告诉病人，要来接他们离去的。他们对所目睹的反应，变得情绪高亢，或表现欢乐。

一些案例显示，病人正康复中，并不预期会逝世，或愈后良好。但在病人声称看见亡灵要带走他们后，有些在短时间内，例如少于一小时便去世。这都令医护人员错愕不解的。

上世纪50年代末，超常心理学家奥西斯进行了首次临终显象的系统调研。之后，奥西斯和另一心理学家喀噜臣在美国及印度分别做了大型调研。在两地分别**访问了400多位医生和护士**，他们均曾接触有临终显象经验的病人。目的在比较不同地域文化，临终显象的经验是否有所不同。

比较显示，临终显象中见到已逝世亲人，两地的比率几乎一样。而逝世亲人表示要带亡者往他方世界，两地比率亦颇相近。美国为69%而印度为79%。有少许案例却是见到尚在世的人，但当中没有一例是有传达带走亡者讯息的。

(iii) 亡灵鬼物

除了在临终显象时见到亡者外，亦有不少在日常情况遇上亡灵的报告。

百多年前，“灵魂研究学会”(SPR)进行了第一次系统的亡灵研究。在他们的调研里，得出如下结论：**声称目睹亡灵的人士都是正常和神志清醒的**。好些亡灵幻觉似都有事实基础，它们都与关连目击者的客观事件扯上关系。再者，有好些有验证的幻觉，为「集体经验」：即多于一人在同一时间经历著相同的经验，有些案例且在其他人士也可作证。

其后，有关亡灵的研究陆续展开，在西欧和北美国家进行研究。1976年，在美国进行了一项全国性的普查。结果显示，回覆者中，**有27%肯定表示他们相信曾与亡者有遇接触**。11年后，另一调查显示**百分率增至41%**。在欧洲，相关的百分率由最高的冰岛41%到西德之26%。有些国家的百分率较低，如荷兰11%及挪威、丹麦分别为9%。声称遇到亡者有不同的形式，**90%是感觉的，如视觉、听觉、触觉、嗅觉或多重性的**。视觉接触亡灵是最为普遍，占案例的69%。案例中约10%纯粹是活脱的感觉亡灵存在。

一般相信经验到亡灵多在黑暗或微光的环境中出现。可是在冰岛的研究报告中显示，大部份的案例发生在白天或灯火通明情况，只有小部份案件发生在黑暗环境。有理论指亡灵大多是当事人神志不清时所经验。在此等研究当中，**近半数的案例的当事人正在工作、身体在活动或清醒的**，只有少许当事人是在睡觉。同一研究中亦指出幻觉的成因，不能归咎于医学或生理的因素。当事人都是健康正常，没有发烧。只有一例是有药物影响。

亡灵经验的明显特性是相当大比数的亡者都是死于暴烈原因。如意外、自杀、谋杀等，约占30%。冰岛研究发现，与一世纪前SPR的结果相去不远(28%)。遇见死于暴烈亡灵的当事人多与亡灵无关系，数量较遇见死于自然而与亡灵无关系的当事人多，意思是死于暴烈的亡灵大多是目击者不认识的。不光是暴烈死亡，遇见不预期死亡的亡灵与遇见寻常久病去世的亡灵亦较多。

(iv) 轮回

世人一般认为轮回转世是一种民间传说。始于上世纪六、七十年代，西方一些不同范畴学者，把媒体上有关一些小孩宣称有前生记忆的报导，**纳入严肃的科学殿堂里作研究课题。**

喀噜臣教授是冰岛大学的心理学教授。喀噜臣教授早年便开始与研究轮回的著名学者美国维珍尼亚大学的史提芬逊教授合作，作广泛地区的轮回个案研究，地域包括印度、斯里兰卡、泰国、缅甸、黎巴嫩、土耳其、巴西、北美印第安土著及非洲尼日利亚等多个地区，个案包括不同文化，不同宗教背景。喀噜臣教授负责在斯里兰卡的个案，这是个个案多发的地区，在每三至四年，都能搜罗约20起新案例。(喀噜臣教授亦有在斯里兰卡和其他地区作轮回个案的独立研究)。

在不同的国家，均有小孩诉说他们有前生的记忆。这些小孩通常在两至三岁时便开始重覆他们前生的往事，直至入学。他们经常表示希望寻找或返回前生的家庭。述说的内容经分析后，显示某些特征和趋向。他们经常诉说死亡的情况，当中大多是死于意外，或暴力惨死。他们通常在年轻时便去世，且是近年间事。试图证实这些个案有颇大程度的成功。如**找到逝去的人而生平事迹与小孩的供词多所吻合**。对于这些孩童作出的心理分析，显示他们与同伴们有明显差异，而他们之中不少有很高的天份，甚至是**资优儿童**。

个案分析中，发现其中最大共通点是小孩在三岁前后，开始诉说前生的往事，而到入学时约五至七岁便停止。另一共同特征是前生人物的死因多是死于暴力或意外。

除了从个案小孩的供词作核证外，他们的行为表现，亦甚异于同龄其他小童。例如：个案小孩对某些事物有无以名状的恐惧或爱好，以至其父母亦不明所以，但从其对应的前生人物，可以找到相似的情况。一些个案小孩还可以清楚认出其相应前生人物的眷属朋友或曾用的物件。

个案中将特殊事项罗列对比，但并非每项都会符合。从分析资料，读者们可从该等小童的供词和表现与其相应的前生人物资料作比较，自行判断轮回转世是一种民间传说抑或是事实存在的现象。但从学者们客观的研究所显示，似乎**已超越了巧合**，或从相应亡者处取得资料后的人为造作所能解释。



喀噜臣教授



史提芬逊教授

世界知名组织与基金会

1) 亚洲

宁舍（香港）

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

于2011年，『李嘉诚基金会之『「人间有情」：香港宁养服务计划』于第二期推出之同时，得到医院管理局、十间宁养中心、以及香港大学行为健康教研中心的支持，因而启动了「宁舍」网站www.hospicehome.hk，集结科技、公益和社区触觉的力量，让大家的关怀祝福突破地点或时间限制，让有心的香港人不论身在何方，都可以通过「宁舍」网站，为病人和抗癌队伍送上支持、鼓励及祝福。

李嘉诚基金会覆盖全国的「人间有情」宁养服务计划(香港)

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

李嘉诚基金会覆盖全国的「人间有情」宁养服务计划最近由内地伸延至香港，为香港基层末期癌症病人提供优质的宁养服务，令病人在生命的最后旅程中得到舒适的照顾，活得更有尊严。香港每年约有10000人死于癌症，约占全港死亡人数的三分之一。癌症病人固然饱受肉体和精神折磨，痛苦不堪，他们的子女、兄弟姊妹、父母和配偶一样感同身受。这种痛苦的经历不会很快过去，病人需要接受长期治疗，效果可能只是暂时性，而且复发情况相当普遍。因此，李嘉诚基金会推出「人间有情」香港宁养服务计划，希望为末期癌症病人和其家属减轻身心痛苦及带来希望。李嘉诚先生是在中国内地推动免费宁养服务的先驱，基金会早于1998年开展「人间有情」宁养服务计划，至今内地已有89000名负担不起专业医疗照顾的癌症病人受惠。2010年，服务扩展至全国32所宁养院，每年内地及香港受惠病人约2万名。至目前为止，基金会捐助内地和香港宁养服务计划的总额近4亿港元。

香港医院管理局（香港）

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

「医院管理局」是以「全人治疗」为其宗旨，并致力于实现人性化的服务，全面照顾「身、心、社、灵」各方面的需要。十多年前已开始为病人提供「宁养」(hospice)服务，由原先的单一住院模式，发展至今天的全面综合服务。迄今，「医院管理局」辖下共有十间纾缓护理中心及六间肿瘤中心，专门为癌症病人提供「宁养」服务。宁养中心集结了逾一百名医护人员、逾一千五百个义工，为八千个病人提供超过十三万次的服务。大家整个团队本著有一个共同的信念，便是：「癌症晚期病人曾对社会做出过贡献，现在他们最大的折磨莫过于疼痛，如果我们能够解除他们的痛苦，使他们将人生最美好的事留在记忆中，安宁而有尊严地走完人生旅途，那就是我们活著的人对他们最好的回报了。」

善宁会（香港）

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

早于1984年，纪宝仪修女向凯撒克基金申请资助英国St Joseph Hospice的汉拉提教授来港访问。这趟访问令一班专业人士、义工和各界人士对宁养照顾服务产生兴趣，于是包括纪宝仪修女的一班热心人士：谢建泉医生、余荣光医生、钟淑子护士、李鼎新牧师和刘胜义神父因为意识到善终服务在港的需求，组成小组探讨末期癌症病人的需要，而香港善终服务会（善宁会前身）就是由这个核心小组逐渐发展而成，并于1986年成立，正式开展了本地宁养照顾服务。善宁会推动三项工作：（1）推广宁养照顾服务：纾缓照顾服务(又称宁养照顾服务或善终服务)，是为末期病患者及其家人提供身、心、社、灵的全人照顾服务，让病人在生命的最后阶段仍然可以活得安详、舒适和丰盛。要把宁养照顾的概念和知识推广至不同阶层，及提升有关之服务水平，让不论身在病房、院舍或家居的人士均可受惠。（2）提供善别辅导服务：善宁会辖下的『谭雅士杜佩珍安家舍』本著「去者能善终，留者能善别」的宗旨，为失去挚爱的丧亲人士提供善别辅导服务，协助他们面对因亲人离世所引起情绪上及生活上的困扰，重投新生活。（3）推广生死教育：生、老、病、死是人生必经阶段，但受传统文化影响，人们对「死亡」仍存有忌讳。我们致力推广生死教育活动之目的，是要让社群对认识生存、临终、死亡和哀伤等事实，令人明白生之有涯，从而思考生命，积极计划及面对人生。

美善生命计划（香港）

http://www.enable.hk/tch/project_enable/aboutproject/about_mission.aspx

承蒙香港赛马会慈善信托基金捐助，香港大学行为健康教研中心成立了「美善生命计划」。「去者善终，留者善别，能者善生」，藉著社区教育、专业培训及研究工作，期望推动公众人士对死亡和丧亲的认识，支援长者、病人及其家人为死亡作预备，并发展有关专业人士对支援临终病人及丧亲家属的全面培训。在美善生命计划中，将之定性为推动生死教育的社会意识运动（Social

awareness movement)。探索死亡其实就是思考生命的一部份。因为每个生命总不能逃避死亡，生命有始亦有终，死亡让生命变得有限；亦因为生命有限，所以我们更要珍惜当中的一切。再者，觉察死亡就是觉察生命的意义，而接受死亡会让我们更懂承担生命的责任。因此，美善生命计划会有以下三大方向：推动公众人士对死亡和丧亲的认识；支援长者、病人及其家人为死亡作预备；以及，发展有关专业人士对支援临终病人及丧亲家属的全面培训。

生死教育学会（香港）

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

生死教育学会成立自2006年，是一个非牟利的教育及服务团体。本会由医护人员，大学讲师、专业社工及宗教界人士组成。他们希望透过推动本港生死学普及教育，加强社群对生死概念的认识，从正视死亡的事实中反思生命，探索如何让有限的肉体生命、发挥无限的生命价值，从而建立整全的生命观与生死智慧，迎向人生的每一个挑战。

香港纾缓医学学会（香港）

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

香港纾缓医学学会成立于1997年5月，该学会是一个专注于纾缓医学的学术机构。成员包括来自对纾缓医学有兴趣的当地医生及其他医护专业人员，该学会定期举办学术讲座，研讨会和国际会议。

香港善终服务护士会（香港）

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

香港善终服务护士会是由一群临终关怀护理课程毕业生以及临终关怀护理的开拓者于1997年建立，目的是让临终关怀的护士联合起来，以及促进临终关怀的发展。该会积极推动相关的训练和研究工作，并共同与其他学术机构举办的科学会议。

凯瑟克基金（香港）

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

凯瑟克基金是约翰凯瑟克爵士及其女儿美琪凯瑟克于1979年成立的慈善机构。约翰凯瑟克爵士于1952年至1956年间出任怡和管理有限公司主席，长期在中国居住，对中国及中国人有著强烈的感情。因此，凯瑟克爵士的遗志是希望能回馈这个国家及人民。凯瑟克基金亦提供资金协助成立香港善宁会。

敦珠佛学会国际有限公司（香港）

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

敦珠佛学会成立的宗旨是为了传播佛教在其深度和广度的教义。学会并积极推广及落实以下工作目标：（1）揭示真正及如水晶般清晰的佛教的目的；（2）透过现代用语和科学术语作为注脚的协助，重新解释佛法的本质；（3）提供佛教修行人稳固的基础，藉以协助弘播佛法；以及（4）提供将要离世的人士对题的“实修训练”，以帮助他们可应对在死亡过程中所产生的种种不同的逆境。

生命提升慈善基金会有限公司（香港）

<http://www.lifeenlightenment.org>

生命提升慈善基金会有限公司的成立目的是透过各种文化和教育活动和服务，从而促进及提升现代人在现代社会中面对生死的能力。

对中国濒死体验研究的报导 - 人民网（中国）

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

中国国务院政府特殊津贴获得者、天津市安定医院精神病医学教授冯志颖，1987年和同事随机找了唐山大地震100位幸存者，进行濒死体验调查报告的报导。

佛教莲花基金会（台湾）

http://www.lotus.org.tw/ShowContent.asp?subtype=%BDt%B0_&top=Y

为唤起各界对重症末期病人的支持与关怀，乃于1994年成立了「财团法人佛教莲花临终关怀基金会」（简称：莲花基金会），期盼推动更人性化的医疗服务，用爱与尊重来帮助末期病人及家属，无憾且泰然走过生死大关。为使会务发展更为广阔多元化，本会于2007年12月更名为「财团法人佛教莲花基金会」，会务目标由原有的「临终关怀」领域继续深耕外，并将眼光放大扩展至「全人关怀照顾、整体生命教育」，立足于过去既有的基础上再接再厉，希冀更上层楼、再缔公益佳绩。

南华大学生死学系暨研究所全球资讯网（台湾）

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

南华大学生死学系为台湾唯一以研究生死学为主的系所，而该系的设立主要在于提升当地在生死系统建构与发展上所需的知能与技术，藉此推动当地逐步建立现代社会所需之完整生死助人系统及产业，该系并有出版多种生死学相关的刊物。

安宁照顾基金会(台湾)

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

自1990年12月成立以来，安宁照顾基金会以协助临终病人获得适当之医疗并促进各界对临终病人之关怀为宗旨，积极推动安宁疗护及生命教育的推广与发展，办理各式各样的教育训练与宣导活动，协助全国各地医院成立安宁病房；同时，也致力促使「安宁缓和医疗条例」于2000年正式立法通过，让台湾成为亚太地区第一个也是目前唯一立法保障尊重自然死亡的国家，帮助末期病患在临终时刻得已合法选择不急救，维护临走前最后的尊严。

连氏基金会（新加坡）

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

「连氏基金会」为新加坡商界领袖及外交家连瀛洲设立的一所以慈善为目的之基金会，基金会于2006年著力推动及提供有关之「安宁护疗」服务，并成立了当时为亚洲首间有关安宁护疗的研究及教育之「连氏安宁护疗中心」（Lien Center of Palliative Care）。「连氏基金会」属下更设有「有生之年」（Life Before Death，其网址为<http://www.lifebeforedeath.com>）的活动，为倡导更好的「临终关怀」这一使命的组成部分。该活动通过社会媒体、艺术、电影和摄影深入人心。这项活动旨在让人们思考并谈论死亡和死亡过程，同时强调了为垂死人群提供更好护理的迫切需要。

「有生之年」- 死亡咨询（新加坡）

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

「连氏基金会」属下设有「有生之年」（Life Before Death）的活动，为倡导更好的「临终关怀」这一使命的组成部分。该活动通过社会媒体、艺术、电影和摄影深入人心。这项活动旨在让人们思考并谈论死亡和死亡过程，同时强调了为垂死人群提供更好护理的迫切需要。

「有生之年」- 死亡品质（新加坡）

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

为了促进对临终关怀的相关问题的认识，连氏基金会委托英国「经济学人」智库制定了“死亡品质”指数。该指数排名40个国家（当中包括30个是经合组织国家）提供关于其临终关怀服务的质素等多项指标。

亚太区临终关怀及纾缓照顾网络（新加坡）

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

亚太区临终关怀及纾缓照顾网络的成立是为了加强和支持组织和个人在该地区致力于减轻患有危及生命的疾病的伤痛，并制定方案，鼓励和协助经验不足及较孤立的同事。自2001年以来1200多成员来自31个国家注册并加入了亚太区临终关怀及纾缓照顾网络。

马来西亚临终关怀理事会（马来西亚）

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

马来西亚临终关怀理事会于1998年由十一位创立成员成立，主要在马来西亚组成提供临终关怀及纾缓照顾服务组织的网络支援，其成员现已发展到十九位。

日本纾缓医学会（日本）

http://www.jspm.ne.jp/jspm_eng/index.html

日本纾缓医学会是为了促进在纾缓医学上的跨学科和科学的研究，旨在整个期间的癌症和其他棘手的疾病上，以及在从诊断到临终照顾服务上，能改善人民的生活质量。此外，透过对的纾缓医学的实践和教育，医学会是希望对促进医学及福利的发展作出贡献。



日本安宁及舒缓关怀基金会（日本）

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

为了提高安宁及舒缓关怀的素质，从而提高在日本的病人及家属的生活素质(QOL)，日本安宁及舒缓关怀基金会成立于2000年12月28日，基金会的重点是建立出一个较为理想的安宁和舒缓关怀的系统，并通过以下目标来达到：（1）透过进行调查和研究，从而提高安宁及舒缓关怀的素质，（2）提供对员工的参与，包括医生、护士、药剂师、合作医疗工作人员和社会工作者的技术支援，以及（3）赞助对安宁及舒缓关怀的公关活动和国际相关的交流活动。

班加罗尔安宁信托（印度）

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

班加罗尔安宁信托是一个非牟利的公益慈善信托基金，旨在提供舒缓关怀的安宁机构，服务对象为末期癌症的病人。直到2009年2月，信托基金已照料6306住院病人和2146在家护理的病人。

2) 美洲

全美安宁及舒缓关怀协会（美国）

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

全美安宁及舒缓关怀协会是在美国最大的代表安宁和舒缓关怀项目和专业人士的非牟利性会员制组织。该组织致力于提高临终关怀服务，以及扩大民众接受安宁服务的机会，从而深刻地提高美国临终人民及其亲人的生活质量。

全美安宁服务年度报告 - 全美安宁及舒缓关怀协会（美国）

http://www.nhpco.org/files/public/Statistics_Research/Hospice_Facts_Figures_Oct-2010.pdf

全美安宁服务年度报告为美国安宁服务的年度回顾，包括服务成长、提供以及素质等重要趋势。报告亦提供（1）临终关怀病人的特点（如性别、年龄、民族、种族、主要诊断和服务时间）：（2）提供临终关怀的特点（例如，服务病人总数、服务组织的类型、大小和税务状态）：（3）服务地点和关怀的服务水平：以及（4）有偿和志愿人员角色。

美国安宁及舒缓医疗学院（美国）

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

美国安宁及舒缓医疗学院是一个为专门从事临终关怀和舒缓医疗服务的医生的专业组织，该会现时拥有超过4000会员，当中75%为医生，而15%则为护士或其他医疗服务提供者，另外，有10%为市民或学生。

HospiceDirectory.org（美国）

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

HospiceDirectory.org是美国临终关怀基金会（HFA）旗下的一个附属组织。基金会为美国人及其家庭提供了一个值得信赖的平台，可于每天24小时，每周七天，迅速和容易地让他/她们连接到当地或各地的临终关怀服务。

死亡教育与辅导协会（美国）

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

1976年，一群感兴趣的教育工作者和临床医生举办了死亡教育与辅导的论坛。多年来，该组织发展为现时的死亡教育与辅导协会（ADEC）。ADEC是在离世、死亡和丧亲的方面所成立最早之跨学科组织。ADEC的主要目标是提高专业人员和非专业人员的能力，用以能够更好地满足他/她们在死亡教育与悲伤辅导工作上需要。

临终关怀及舒缓关怀相关研究刊物 - 罗伯特伍德约翰逊基金会（美国）

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

美国罗伯特伍德约翰逊基金会（Robert Wood Johnson Foundation）曾于上世纪90年代及2000年初研究及推动临终关怀及舒缓关怀服务，现存有不少在这方面有用的参考资料。

临终关怀及死亡和离世相关研究刊物 - 赫思廷斯中心（美国）

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

美国赫思廷斯中心（The Hastings Center）是美国著名的生命伦理学研究中心，该研究中心亦有一些对临终关怀及死亡和离世等议题较深入探讨的研究及报告。

临终关怀网上资源 - 国立生研究院（美国）

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

美国国立生研究院（National Institute of Health）所提供有关临终关怀方面的网上资源连结。

知觉研究小组 - 美国佛吉尼亚大学（美国）

http://www.healthsystem.virginia.edu/internet/personalitystudies/recommended_books.cfm#OBEs

知觉研究所（DOPS）是由伊恩史蒂文森博士于一九六七年成立，该所是佛吉尼亚大学的精神医学系中的一个研究小组。该研究小组是透用科学方法研究超自然现象，尤其是：（1）儿童声称记起前生的回忆（轮回），（2）濒死体验，以及（3）脱体经验。

意识研究中心 - 美国亚利桑那大学（美国）

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

美国亚利桑那大学的意识研究中心于一九九八年由费策尔研究所（The Fetzer Institute）授予种子基金而成立的。意识研究中心是一个独特的机构，其宗旨是汇集哲学，认知科学，神经科学，社会科学，医学，物理科学，艺术和人文的观点，来走向综合理解人类的意识。

濒死体验及生存理论（美国）

http://paranormal.suite101.com/article.cfm/near_death_experience_and_survival_theory

简介濒死体验及一些超自然现象的关系。

死后世界？ - 美国心理研究协会（美国）

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

美国心理研究协会的董事会和员工希望表达他/她们对911悲惨事件表示深切悲痛，他/她们的思念和慰问给与所有因这事故而令其生活受影响的人士。而在这个时候，他/她们觉得这篇由奥西斯博士所写的文章，可能会对一些人士有一些帮助。

濒死体验及死后世界（美国）

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

该网站旨在帮助人们连接有关的濒死体验及对其研究的信息，其目的是为了理解死亡，同时，亦因而理解到生活正带来了巨大的喜悦和爱。

努尔基金会（美国）

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

努尔基金会成立于一九八五年是一家公益慈善基金会和非政府组织，基金会亦是联合国经济和社会理事会的特别谘商顾问。透过多个学科和综合的方法，并融合了科学与人文，该基金会旨在研究和探讨促进人类之间更大的精神相互理解，宽容和团结的核心原则及价值观。努尔基金会的主要目标，从一个公正的和跨学科的角度出发，激发出一个客观及智慧地解构出存在的问题，惟这不仅植根于理论，而同时是共享了共存的个人经验。

过渡到另一世界：西藏生死书（美国）

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

由美国弗吉尼亚大学图书馆所提供的网上展览，揭开稀有的西藏对死亡和离世的文稿，并创造机会好让与大学社区及以外的社会大众能分享到这些古老信仰和习俗的智慧。

3) 澳洲

澳洲纾缓关怀协会（澳洲）

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

澳洲纾缓关怀协会与澳大利亚联邦政府的卫生和老年部门合作，以实施国家纾缓关怀政策(National Palliative Care Strategy)，从而提高对纾缓关怀及临终关怀的关注，提高国民对在澳大利亚的服务的认识以及服务的提供的地方及种类等，鼓励对支持改善改善知识网络的讨论。澳洲纾缓关怀协会的成员包括在澳大利亚联邦政府内六个州政府和两个自治地区政府内的纾缓关怀组织，以及澳大利亚及新西兰纾缓医疗协会。

4) 欧洲

欧洲纾缓关怀协会（欧洲）

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

欧洲纾缓关怀协会成立于1988年12月12日，由42创始成员，以及维托里奥教授（Vitafridda）和 Floriani基金会的推动而成立。其目的是在欧洲推动纾缓关怀，以及希望成为正在纾缓关怀的科学，临床和社会层面各方面工作或有兴趣的人士的聚合点。

全英纾缓关怀协会（英国）

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

全英纾缓关怀协会是为所有在英格兰，威尔斯和北爱尔兰的纾缓关怀、临终关怀及安宁关怀相关的人士而成立的一个伞子慈善机构。该会相信，无论他们居住的地方，亦不管他们的条件，每个人当接近临终时，都应可接受最优质的关怀和支援服务。

全英临终关怀计划 - 英国卫生部的临终关怀策略（英国）

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

全英临终关怀计划的目标是推动对所有临终的成人提供高素质和以人为本的照顾服务，并让更多人在临终时可选择在那里生活，以及死去。该计划的存在，是为了支持英国卫生部的临终关怀策略，并于在2008年7月推出，并获得2.86亿英镑政府公帑支持。

临终关怀指引 - 英国国民健康服务（英国）

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

英国国民健康服务为了正接近临终的人士所提供的临终关怀指引。指引的一些地方也可能会对照顾临终人士的照顾者，以及正为自己提前计划临终时临终关怀的人士有用。

2008-09临终关怀法规 - 英国议会（英国）

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

英国议会通过的2008-09临终关怀法规，体现英国政府对其临终国民的关怀及支援。

英国卡迪夫大学纾缓医疗及纾缓关怀的在线课程（英国）

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

英国卡迪夫大学所提供的在线纾缓关怀的教育课程。现时提供的课程主要是学士后的纾缓医疗及纾缓关怀课程。

“我离世那天” - 英国广播公司的教育节目视频（英国）

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

“我离世那天”是英国广播公司所制作的教育节目视频，旨揭示濒死体验背后的科学。“我离世那天”包括真正的濒死体验个案，以及科学家透过科学来解释的正反不同意见。

离世后的协助指南 - 全英市民谘询协会（英国）

http://www.adviceguide.org.uk/index/your_family/family_index_ew/what_to_do_after_a_death.htm

该谘询指南提供了对在英国公民离世后，在各方面所产生的问题所必要知悉的知识，以及提供谘询相关辅导及支援服务的方法。

领域研究基金会（英国）

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

领域研究基金会是英国一家独立的慈善组织，其目的是对人类意识在离世时所作出科学研究的支持和尝试了解更多。该基金会旨在通过筹集资金来做高质的科学研究项目，并提供各种教育工具，如讲座，研讨会和信息小册子等给与市民和医护人员。而该基金会的编辑部亦会在其网站定期地提供更新目前对意识和身心的性质等相关问题的最新的研究和书籍的报导。而尽管现今的非二元论（唯物主义）的理论仍是主流见解，但事实上，由于现时并没有可证实支持或反对双方的论点的科学研究，故此，该基金会的编辑部将会平衡报导支持及反对双方的论点的报导。

5) 其他

人类意识计划（美国及欧洲）

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

人类意识计划（The Human Consciousness Project）是一个多学科协作的国际科学家和医生联手对意识的研究以及意识与大脑的关系的研究。人类意识计划是在山攀尼亚医生（Dr. Sam Parnia）的带领下，对人的意识及大脑在临床死亡时的关系所作出的世界上第一个大型由多个于美国和欧洲主要医学中心所共同进行的研究。

国际安宁及纾缓关顾协会 - （环球）

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

国际安宁及纾缓关顾协会的理念是每个国家均应根据其自身的资源及条件制定纾缓关顾护理模式，在参考其他国家在临终关怀上的经验之余，但应改进之而成为自身的发展所需。

纾缓关顾 - 世界卫生组织（环球）

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

世界卫生组织对纾缓关顾在应用的建议。

国际濒死研究协会（环球）

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

国际濒死研究协会（IANDS）是一个的对濒死经验（NDE）的现象作出研究及传递信息的国际组织。IANDS成立于1978年并于1981年在美国注册。今天，它已发展成为一个国际组织，其网络包括的50多个地方的分部。IANDS负责出版的学报为“濒死研究期刊”（the Journal of Near-Death Studies），只是当今该领域的唯一的学术期刊。该杂志是跨学科的，并致力于对濒死体验以及相关现象作出不偏颇的探索，并欢迎在基于科学的标准（如实证观察及研究）下，所作出的不同的理论观点和诠释。

濒死体验研究基金（环球）

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

濒死体验研究基金拥有最多兼且来自世界不同国家的公开的濒死经验个案。该网站以多种语言报导，从而令不同国家的人士可分享这些众多的濒死体验的经验。

接近死亡研究基金 - 中文（环球）

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

濒死体验研究基金的中文网站

敦珠佛学会简介

宗旨：现代生死教育与佛法的结合与运用

重新认识生命的意义与价值 握命运之枢纽、主浮沉于一刻

生命的意义

若果能够善用今生的一切资源，包括财富、知识、能力、时间、寿命、健康，深入理解死后的生命如何延续、如何遇险、如何逃生，因而重新厘定一切「做人处事」的态度及手法，弃恶扬善，并且以适当而具智慧的方法，**积极训练「心力」的清明度及专注度**，用以提升精神的状态，与及学习如何处理死后的崭新生存形式及形态，**令生命的精神领域得以不断提升**，直至「脱离轮回」，**摆脱一切束缚**。

这种运用及善于处理今生的资源，丰富今生的生命，提升生命的进化过程，以至脱离一切对生命的束缚，面对死亡，甚至「运用死亡」以加速「精神生命」的进化过程，不负今生的「拥有与存在」，不辜负未来生命的期望，就是真正的「生命的意义」。

庄子说：【**善吾生者，乃所以善死**】。意思是「**善于处理生命，亦将会善于处理死亡**」。能够在生前积极面对生命，了解生命，学习处理生命，以至最终可以轻松地掌握生命，不再痴缠，不再轮回，这种「善吾生者」，正是「生命的真谛」：**既知生，亦知死**。

所谓「**修行**」，就是「学习处理生命，以至最终可以轻松地掌握生命」的一种「真正实践」。敦珠佛学会(国际)对其中的智慧，作出层层深入的分析，观点既实用，亦极之贴题兼创新，可以运用于「日常生活」，亦可以协助「修行」，**灵活性与深度**，均能融汇兼顾。



佛坛正面



佛坛前之供灯



长达60尺之佛坛

敦珠佛学会(国际)

成立背景：

由于「佛教」经历2500多年的弘播，夹杂著很多民间的风俗与鬼神传说，令「佛教」的真正内涵被世俗化及混淆不清。「佛教」为求融入民间，著重扶贫济世、心灵安慰、与及导人向善，其弘播在「广度」方面，确实是相当之成功的，亦值得我们随喜赞叹。然而在「深度」方面，例如“如何训练修行者的「心力」以应付死后的「转型期」、「如何弘播「佛教」，才可以令「佛教」真实的面目及目标得以清晰化”、“「佛教」的「实修训练」如何可以十分「对题」地实行”，则仍需我们多番的努力。1998年，敦珠佛学会(国际)成立于香港特别行政区，为一注册的慈善宗教团体，目的就是希望令「佛教」的弘播可以「深度化」，从而既能兼顾其「广度」的一面，亦可发展其「深度」的一面。「敦珠佛学会」(国际)是一所「藏传佛教」宁玛巴(俗称红教)的弘法道场。

弘法宗旨：

1. 将「佛教」真实的面目及目标清晰化、以正本清源；
2. 以「科学」与现代术语及名词作为注脚，重新演译「佛法」深层的一面；
3. 训练具有「理论(教理)」及「实践(实修)」经验的弘播「佛法」人才；
4. 推行「对题」的「实修训练」，以帮助现代的修行人；
5. 向修行者提供「理论(教理)」及「实践(实修)」的教授及援助；
6. 向临终者提供「对题」的「脱险、及应付逆境之援助」。

佛教多媒体产品

「佛法」令人有艰深的感觉，「敦珠佛学会(国际)」为了配合现代人的理解特性，推出「修心与修行」之「**佛教显密修持系列**」，分别以书籍、光碟、杂志等形式出版，出版数量现已达至130余种，以深入浅出、清晰简易、系统有序之演译方法，再辅以「科学之新发现」作为「注脚」，将「佛法」之精妙处一一展现，非常精采，敬请各位善信，万勿错过。即使只作为一位普通人，如果想「无负今生、有所成就、避免磋陀岁月、兼处处碰壁」，则本会之所有佛教多媒体产品，必有一款适合阁下之需的！

欲知详情，请向本会查询。「敦珠佛学会」(国际)之联络及通讯方法如下：

敦珠佛学会国际有限公司

地址：香港柴湾常安街77号发达中心4/F

香港电话：(852) 25583680

香港传真：(852) 31571144

台湾通讯地址：台湾台北市105南京东路四段171号12F之4

台湾传真：台湾传真：(02) 66014880

台湾查询电话：0989273163

电邮：info@dudjomba.org.hk

网址：<http://www.dudjomba.org.hk>



「生命提升慈善基金会」 之理念与未来发展蓝图

国务院新闻办媒体：中国网《中国访谈》栏目访问 「生命提升慈善基金会」 行政总裁罗美玲女士、及创办人陈建强博士

本「基金会」之行政总裁罗美玲女士、与创办人及永远董事长陈建强博士，于2011年1月17日在中国北京海淀区西三环北路89号地址，接受了中国国务院新闻办媒体「中国网」对本「基金会」的公益慈善事业之有关专访。当日之访谈情可于「中国网」的有关网址中找到其录象：http://fangtan.china.com.cn/2011-03/17/content_22160964.htm

香港生命提升慈善基金：生命与慈善的和谐赞歌

中国网

http://big5.china.com.cn/fangtan/2011-03/17/content_22160964.htm

中国日报

http://www2.chinadaily.com.cn/hqgj/zqxqb/2011-03-23/content_2098726.html

中国经营报

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

和讯公益

<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/gycs/2011324/113246198.shtml>

数米基金网

http://news.fund123.cn/new_767878.html

东莞日报

http://news.timedg.com/2011-03/23/content_3128780.htm



香港生命提升慈善基金会： 谱写生命与慈善的和谐赞歌

如果说生命是一种奇迹。在有限的生命过程当中，享受生命带来的种种奇迹；在生命的过程中，用更加和谐的态度面对生命的种种变化。这正是生命的美妙和美好，而生命的真谛也将便随生命的奇迹而无限。

那么，慈善是一种生命的美好，慈善的内涵象是生命洗净铅华之后的精华与真谛。

本刊现将当日两位被采访时的详细内容之「完整版」全文刊登出来，以饷读者。

【采访之详细内容】

主持人：我们常说生命是一种奇迹和恩赐，那么慈善事业就是生命过程中的光亮与奇葩。今天，我们特别邀请了香港「生命提升慈善基金会」行政总裁罗美玲女士与董事长陈建强博士作客本节目，请二位嘉宾与广大网友朋友打个招呼啊。

主持人：生命与慈善是人类永恒的主题，那么节目伊始，还请二位为大家先介绍一下「生命提升慈善基金会」的宗旨及目标。

罗女士：为了要达成我们长远的目标，香港「生命提升慈善基金会」的工作大概可以分为三个主要阶段：

第一个阶段，是教育的阶段。我们会先把「生死教育」推广至每一阶层的人民，让他们可以接受「生死教育」及了解其重要性，希望他们接纳我们的教育服务。在不断的努力下，我们正在训练大概有200位的志愿工作者，希望他们能够协助我们推行「生死教育」。我们在这方面已有多年的服务工作，包括出版期刊、书籍、影音光碟等多媒体制作，以推广「生死教育」的基础知识，并会努力不懈地继续进行。

另外，我们将举办一系列的公开讲座，从海外邀请一些世界顶尖级及知名的专家学者前来香港，进一步推广「生死教育」，主讲有关于「科学、生死、轮回」的一系列讲座。将来，我们还计划更进一步地推广网上「生死教育」之课程，将「生死教育」全面普及化，以便可以帮助到更多及更广泛之香港市民、以至全国内地的13亿同胞。

第二个阶段，我们现正积极地筹备一些很实质的、有关「生死」的服务，以提供给广大的人民，以至全球的人类。例如：我们现正筹备一间名为「生命提升医院」的项目，这间医院是兼具慈善和商业性质的元素在内。这个项目，将可以带来无限的商机，固然投资者可以从中获得丰厚的利润，而「基金会」亦可以从中得到大量的资金，以用作大量及全面发展其他慈善项目的用途。另一方面，那些需要别人帮助的人士，也可以得到帮助而解决他们的需要。这间医院的「服务创新」，具有独特性和前瞻性，是以前从来没有人做过的。这是我们在第二个阶段里预备要提供的服务，容许我们稍后再为大家作进一步详尽的介绍。我们很希望能够得到很多善心人士的支持，并且接受我们的诚意邀请，共同努力来推动及完成这个很有意义的项目。

第三个阶段，就是当我们这个医院的服务已被确立及完善之后，我们会将有关的服务，进一步与社区的其他服务结合在一起，希望最终能够办到一个很完美的社区。例如：社区内可以全面地提供有关「生死教育」及其相关性的服务，由幼童阶段乃至老年阶段，每一个阶段皆能获得全面「生死教育」的知识及资讯，并且每人均能学习到有关「生与死」的重要性。我们希望把这样的「创新服务」推广至全世界的每一个角落，并将这个「理念和运作模式」作为一个



陈建强博士、罗美玲女士正接受「中国网」主持人的访谈

典范推广至全世界，为整体人类提供一个全面地「提升生命素质」的服务。

主持人：你们的「基金会」叫做 “生命提升” 慈善基金会，对于 “生命提升” 这四个字有甚么特殊的涵义吗？

罗女士：“生命提升” 的意思是，无论是我们生的时候之「生活品质」，乃至到我们死去后、失去肉身的「生命精神素质」，都可以得到提升。再深层的含意则是，人类整体是不断地进化的。

我们在生的时候，我们是可以从「生活的品质」来看到我们的生命是否正在提升？现代的科学文明，是可以帮助我们，让我们可以从这个层面，看到我们的生活正在提升，是通过科技的进步，来体验人类「物质文明」的进化。

然而，从另一个层面来看，当我们死亡以后，我们的生命其实仍然是存在的。当我们的肉体没有的时候，就只有我们的精神仍在进行。在这方面，现在有很多著名的科学家，和大量的「濒死体验者」在其「起死回生」后所提供的大量证据，可以证明我们在死亡以后，生命是仍然的继续著，我们仍然是存在著的。死亡并非是一个结束，而只是另一个很重要的阶段之开始，甚至是另一个新生命的开始。

为甚么说这样会是很重要的呢？这是因为我们的精神会与其他物质再结合在一起，从而再获得另一种「生命形态」的存在。问题就在这里：这个精神状态与其他物质结合所产生出来的新生命，它会比以前提升了，好一点吗？还是会比以前更差一点呢？这个新的生命会得到提升及进化呢？还是会退化呢？这个就是我们将来要面对的「生命的抉择」。这个「抉择」所带来的后果，将会是更好的呢？还是会更差的呢？

那么，我们所要面对的困难，我们的「精神素质」是怎么样来维持的呢？会面对很大的挑战吗？这个层面是没有人看得到的，而我们“生命提升”最深层的意义，并不只是要在生的时候，帮助大众可以将其「生命素质」加以提升，还有这个死后之「精神素质」，我们也需要帮忙他们加以提升。

因为如果没有一个协助和指引给予他们，他们是退化到很差的地步。因此这个“生命提升”的特殊涵意，是为了帮助那些正站在「生命的十字路口」之生命，帮助他们作出一个「生命提升的抉择」！换言之，我们并不单单只局限于在生时「生命素质」的提升；而更加重要的是 - 亦是大多数人所忽视的，以及不懂得如何



陈建强博士、罗美玲女士接受「中国网」访谈后与主持人合照



大型的生死教育讲座活动



生死教育讲座活动

用我们的能力去赈灾扶贫，帮助一些弱势群体，以及帮助一些需要帮助的人仕等等，这些都是一种慈善的表现。但其实慈善是有其更深层的意义的，这种意义就在于我们**人类有一个最原始的本质**，而这个本质是一种具有广大的**慈悲和善良的意识状态**。只可惜这种素质，因为经历了现实生活中很多残酷现实的洗礼，令到我们这种原始的本质会受到污染，从而使到人们都变得愈来愈自私自利，以及在不知不觉间互相残害。

那么，怎么样才可以将这些原始的本质，再次显露出来呢？这就是需要通过我们在生时进行一些慈善的行为。**这些慈善的行为能够令到我们原始的本质，重新地被发掘及显露出来**。所以，如果要恢复人类这种美好的一面，就必需**通过慈善行为的实践**来加以达成的。

举一个例子，我们中国有五千多年的文化历史，如果我们能够将这五千年文化中最重要的一個元素，就是「**慈善**」这个元素，将它加以突显出来，然后推广至全中国的同胞，以至全世界的每一个民族以及国家，并将「**慈善**」文化献给全世界的人类，以展示我们五千年历史中最美好的一面。那么，全世界的人民都会很容易的接受我们的文化。这种文化的推广，将会令全世界的人民和我国人民全面地拉近距离，而且他们也更容易地接受我们和我们的文化。而在国际层面，令到世界各国和我们中国的距离拉近，更加容易的互相接受对方，以达成我国所订立的一个**理想目标，就是全世界各国及其人民皆可以「和谐共存」**。所以这便是我们对于「**慈善**」最深层意义的理解！

因此，无论在个人的层面、国家的层面，以至到全人类的层面，都是要**通过**这个「**慈善**」的行为，才能令到整体的生命得到全面的提升，这就是「**慈善**」更深层次的意义。其实，「**慈善**」不单只可以提升一个人的人生素质，也可以提升一个国家的整体素质，甚至是全球人类的整体人类文明素质。从这个角度来说，「**慈善**」是有著它更深层次的意义存在著的。

主持人：罗女士您获得了很多的荣誉，在2011年，您被委任为中国对外贸易促进委员会理事，并连续两年在中国经济发展论坛中荣获中国经济优秀代表人物大奖，以及在2011年中国公益与经

去进行的 - 「**死后生命的抉择和提升**」，因而我们更需要帮助所有生命在「生关死节」时能够得到**最好的抉择**。这就是我们「**生命提升慈善基金会**」最重要的使命，以及是“**生命提升**”最深层的含意！

主持人：这是您对生命的解读，也是对生命和生死的解读。慈善是人类一项崇高的事业，那么二位又如何理解慈善的意义，您认为慈善对于生命又会产生哪些影响？

罗女士：一般人对于慈善的理解只局限于表面上，认为能够用一个慈悲的心、无论是运用金钱、还是用努力去帮助别人，来实行一些善行，便是慈善的活动。例如：



生死教育展览活动

济发展高峰论坛中荣获行业十大诚信杰出人物的荣誉称号。您对于这些奖项和荣誉怎么看？这些奖项对您个人有甚么意义？

罗女士：能够获得众多国内权威性机构的认同和肯定，我个人除了觉得**很荣幸及高兴**之外，亦都对「生命提升慈善基金会」有**很大的鼓舞作用和帮助**，令到它有更大的能力，去推行慈善的事业。

刚才我们提及「基金会」将分为三个阶段来发展，无论是那一个阶段，我们都要全面地推行慈善的事业。当这三个阶段的慈善事业都能够被确立之后，我们将会足够的资源和人力、物力等，以便更全面地实行我们的各类慈善项目。

所以，这些奖项对我们的认同和支持是影响深远的，并带给我们极大的鼓舞！如果能够通过这些奖项，可以**唤醒更多的人士对我们的认同**，并且使到他们都觉得能共同参与慈善项目的好处，甚至加入成为我们行列中的一份子，让我们一起去「**共襄善举**」，这样就会令到所有人都能够得到帮助，则是**社会大众之福！**

另外，这些奖项亦都可以成为一个**榜样**，让大众市民或人类知道，如果他们去参与或推行慈善活动，他们都会同样地得到认同和肯定的，这样就可以诱发他们埋藏在内心深处的善良品格及本质，进而「**提升**」他们个人的「**精神素质**」，从而令到**社会风气也变得更加「和谐」**与互助。所以**这些奖项实在具有很多层面的作用、和具有很深的意义**。因为每一个人都需要别人的认同和鼓励，这些奖项可以令这些认同和鼓励更实质化地展示出来。

这些奖项好令我们更加顺利地得到其他人的认同和帮忙，从而让我们可以更好地推行我们的各类慈善项目。同时，当更多人士能共同参与慈善项目的时候，也好**让更多人将他们内在的善良本质得以显露出来**。我希望所有人都能够得到这些奖项，并希望他们更加努力。同样地，我们也希望「基金会」在未来，能够更广泛地得到社会各界人士多方面的认同、支持、鼓励和帮忙，正所谓「**孤掌难鸣、众擎易举**」。

主持人：我们注意到，您们刚才提到把「商业元素」融入到慈善事业当中。那么，您们觉得「商业元素」对慈善事业带来了甚么？

罗女士：慈善事业是需要长时间的人力和物力来支援及帮助才可以完成的，而它是极之**需要一个生生不息的动力来灌注、支援及帮忙的**。而慈善事业和商业活动同样地是需要一些生生不息的动力来灌注的，这些动力就是来自资金和人力、物力等各方面的投入。

当一个商业机构失去了这些资源的投入，它就会慢慢地不断枯萎，甚至终于消失了。而慈善事业都是一样，当它失去了这些动力的灌注及支援之后，很多的慈善事业都是因为这样子而没有办法继续进行下去，这是**非常可惜**的事情！

而在我们现今之社会，当某个商业机构枯萎后，就会有其他的机构取而代之。主要的原因是因为商业的运作如果不能够生存，它们就会不断地**更新**它们的产品、服务和事业，令到它们的**资源之流转和动力不断地生生不息**，从



大型的生死教育讲座活动

而使到这些商业机构能够继续存在，甚至不断扩大。所以「商业元素」在营造这种动力方面，是有很卓越的优势、和灵活之应变方法的。

所以如果慈善事业能够注入一些商业的元素，将「商业元素」中「**创新的精神**」理念，以及能够维持生生不息的能力，都加入在慈善事业之中，就可以令到慈善事业都能够生生不息地运作下去，不用再担心资源总有一天会枯竭，而令到慈善事业有终结的可能性。因此，我们觉得如果能够将这个商业的元素灌注在慈善的专案里面是最好的方法。

其实这个以「商业元素」注入慈善事业的理念，在香港已经有些团体及机构正在推行著，例如「社会企业」就是其中的一种。而我们这个「生命提升医院」项目的概念就是，我们希望能够邀请到一些具有**前瞻性的企业家们来一齐共同发展**，因为我们相信这个项目**具有极大的商机以及赚钱的潜力**。原因是这个项目是全人类都需要的一种服务，而全球现时尚未有能够提供这样全面的服务之机构。

所以，如果有一些**具有前瞻性、及远大目光的企业家们**，能加入他们的动力，灌注他们的能量，让他们**正式启动**这个项目；而对于我们这些以慈善作为使命、和终生目标的人仕而言，这个项目是可以帮助整体人类不断地提升其精神力量的进化，令到人类可以从痛苦中得以远离，**重燃对生命的希望和积极性，进而得到「生命的提升」**。那么，从长远的角度来说，这是可以造福全人类、以至千秋万代的！

陈博士：我们所提出的「生命提升医院」项目，是发展一个**私营医院作为我们的目标**。这个私营医院是与其他团体、企业和法人等合资经营，并将以股份制的模式来运作的，而利润的分配完全是根据全国《公司法》、以及股份制度来实施、推行和分配的。这样子，可以说投资者和我们的「基金会」可以各得其所、各取所需。

能拱崭新而全面的「生前死后」综合服务之完善医院



生死教育展览活动

在这个赚钱项目所得到的资源，投资者固然可以分到他们所得的丰厚利润之外，而我们作为慈善企业所分得的资源，亦可以将其全部投放回慈善事业里面，以推行我们的各类慈善项目，从而可以直接及充分地帮助那些需要帮助的人，并且可以做到生生不息、永不枯竭的情况。因此这样的做法是一个最理想的「三赢局面」。

所以，慈善事业注入「商业元素」这个理念是一个非常之创新和极之圆满的一个方案，如果能将这个方案放在一个具有极大潜力和需求的项目之中，这样就更加相得益彰了。我们从这个角度来说，是一个**三赢的局面**：商家及投资者可

以获得他们丰厚的利润；受助者可以得到全面而充足的帮忙，令获得我们服务的人士可以真正地满足到他们的需要；而我们作为慈善事业的机构，亦可以从中得到永不枯竭的充足资源，从而继续帮助我们推行及执行其他不同的慈善项目。这就是我们所说的「三赢局面」！

主持人：据我了解，你们「生命提升慈善基金会」特别重视教育的作用，那么「基金会」主要能够向大众提供哪些方面的教育，这些教育又有哪些特点？

罗女士：教育是提升人类智慧的一个很重要的方法，所以我们很重视教育。我们「基金会」主要推行的是「生死教育」，是一个很特别的教育。在现今社会中，「生命教育」这方面是并不缺乏的。但是，在死亡方面的教育，实在是很薄弱和残缺不全的。因为大多数人都很怕「死亡」，都不愿意去面对「死亡」，所以他们会选择去逃避，甚至很讨厌去面对这件事。但是这个逃避，只会形成他们对「死亡」的认识更加贫乏。但很无奈地，我们每一个人一生中，都必须面对「死亡」起码一次或以上。我们都必须要面对残酷的现实，就是「死亡」必然会来临的。而当「死亡」真正来临的时候，假若我们不懂得处理这方面的问题时，就会因为缺乏这方面的知识而引至很大的创伤。例如：有很多家属因为不懂得去帮助一些濒临死亡的亲人，甚至因为对「死亡」一知半解，令到濒临死亡的人更加无助，由「爱」变成「害」。



「死亡」时刻可能出现之灵异现象

举一个例子，有一位四十多岁的女士，她患有一个末期的癌症，而她的病是无药可救的。当她要死亡的时候，她的丈夫因为太过爱她了，所以他强烈的要求医生一定要为他太太进行急救。结果是他的太太除了要承受癌病为她所带来的极大痛苦和折磨之外，还要承受因为这个急救而对她的胸部所产生的极大压力，以致她面部很多的孔道都喷出鲜血而死亡。当她的丈夫在病房目睹其妻子死亡时的惨状，他才明白到，原来自己因为对死亡这方面的认知贫乏，而作出了错误的决定，会对他最爱的人带来了最大的伤害，他很后悔，但是一切都已经太迟了。这一类的惨剧往往都在我们的社会里经常发生著！所以这个「生死教育」，对于我们来说，是非常重要的。

陈博士：在台湾这方面推行「生死教育」的经验已经有十多年的努力，所以我们现在在香港也希望慢慢地将「生死教育」推广出来。刚才罗女士所提到的，如果我们没有正确的认识到「死亡」是怎么样的时候，如果我们对临终亲人的关怀没有了解到，可能会带来沉痛的经验，会形成“爱你反而是害了你”的问题，这个问题是一个非常严肃的问题，需要我们去正视及处理的。但这种情况，亦只不过是我们在人间的现实层面所见到的惨况而已。





台湾之「莲花基金会」董事长陈荣基教授向本基金会成员详细介绍有关安宁疗护等服务

更深层次的情况，不单只是死亡的时候是很严重，而是**死亡以后**，不是说这个人就不再存在于这个宇宙之中。而是他死亡了，他的**肉身虽然不再存在**，然而他的精神还在继续存在下去。这个「**意识**」**仍然存在**，也是会继续存在下去的。所以如果我们不懂得如何去**导航这些离世者的精神发展**，这也是一个很惨痛的情况，可能会导致这些人**将来在投生的时候会有不好的境况**。所以，在死亡之后，由于生命还是在延续的，而这些死亡之

后的生命所面对的困难，其实是**比我们所想象中更加巨大**。但是在这种精神层面，一般人就更加不了解，所以我们在表面上所见到死亡时的痛苦，只不过是冰山的一角，死后还有更大的痛苦层面存在著，这是**需要我们人类去反思与及进行救助的**。

因此「生死教育」当中「死」的部份，不单是极之重要，亦都是极之急切需要的！我们所有人类都需要去面对它，以及更深入地去研究，以寻求解决的方法，这个就是我们所**推行的「生死教育」当中最大的特点**，就是补充现时「**生命教育**」当中最缺乏的部份，以及加强这部份的内容，这是我们「基金会」希望能够向普罗大众提供这方面**最缺乏的教育服务**。

由于**教育是一种能够提升人类智慧最重要的方法**，所以我们十分注重「生死教育」的推广。所以，在这个大前提下，我们觉得「生死教育」，特别是「**死亡教育**」这个部分是残缺不全的。那就需要我们更大及更多的努力与工作去补其不足的地方，这是我们「生命提升慈善基金会」目前一个很重要的工作目标，就是要**做好「生死教育」**。

主持人：就在前不久，陈先生您率领「基金会」一行人员特别到台湾南华大学进行交流考察，请您给大家介绍一下这次活动。

陈博士：台湾在「**生死教育**」与「**安宁疗护**」等多方面的发展已有十多年之历史，其丰富的经验是非常的宝贵，很值得我们去学习的。所以在2010年六月中旬，我们前往台湾进行一系列的参观访问，其中除了南华大学这些学术团体以外，还有医疗、安宁以及其他的志愿团体及机构等等，与他们作出深入的交流，从中了解到当地在「生死教育」与「安宁疗护」等各种服务的发展状况。并与它们探讨在未来建立互相合作的可行性及相关机制，从而使到我们「基金会」在**两岸四地推动「生死教育」的目标**下，可以慢慢地提升在这方面的活动情况。

主持人：陈先生有一个词语，大陆叫做志愿者，台湾叫做志工，我知道台湾医院里面的志工非常多，而且所做的贡献也非常大，请您介绍一下他们的工作？



2011年3月全国人大会议在北京人民大会堂正式通过「十二、五」规划纲要

这是很重要的方向。

主持人：就是通过交流来学习相互的经验，也为彼此的发展提供一个很好的方向和动力。大陆地区的慈善事业也正在蓬勃发展，作为慈善事业的先行者，二位对大陆慈善事业是否了解？又有哪些经验可供学习和借鉴？

陈博士：其实我们都知道慈善事业在内地正在蓬勃发展，而且是方兴未艾。但相对于拥有十三亿人口的中国而言，还有很庞大的发展潜力和空间，所以我们亦希望尽一分能力参与其中，为祖国伟大的慈善事业“出一分绵力、尽一分心意”，所以我们亦正寻求国内的有心人士，与我们同心协力，将慈善事业推广至祖国的每一寸土地上。

主持人：相信通过各方力量的努力，我国的慈善事业会越来越壮大，发展得越来越好。对于「生命提升慈善基金会」的发展规划，二位有没有相关的战略规划？二位对「基金会」未来的发展还有哪些期待？

陈博士：首先，根据国家最近“十二五”规划纲要当中，有几个专案是非常重要的：第一是发展现代产业体系，提高产业核心竞争力。第二，促进区域协调和谐和和谐发展。第三，深入实施科教兴国战略和人才强国战略，加快建设创新型国家。第四，加强社会建设，建立健全基本公共服务体系。第五，推动文化发展繁荣，提升国家文化软实力。

这五个都是很重要的大方向，因为我们国家希望能够在2020年的时候，全面实现小康社会，而且要打造和谐、稳定发展和公平发展这些理想的目标。从这个大前提下，我们觉得我们可以配合“十二五”规划大前提来进行我们「基金会」未来的发展策略。特别是在社会建设及发展当中，民生的重要议题是包括在内，其中有文化教育、医疗卫生、养老及安老服务、社会保障等，这些都是重要的专案。

陈博士：您说的很正确，台湾的经验给我们一个很丰富的借鉴，就是他们志工团队很强，志工资源无论是在医疗界、社工界等都是非常的充足。这方面我们还是要不断的努力，慢慢地组成这些志工团队，帮助我们进行慈善活动。

主持人：我听说那里的志工不仅对于临终的病人进行生理的服务，而且对于心理的安慰和辅导工作也做得非常棒。

陈博士：对、绝对是！我们去参观访问了一间在台北的名为「莲花基金会」，他们特别在这方面训练一些叫作「宗教师」的人物，他们会在医院里面帮助一些临终的病人，帮助他们在心灵上，不只是安慰，而且帮助他们怎么样渡过难关。我觉得



大型的生死教育讲座活动



年長者能休閒地安享晚年及接受合適的「生死教育」

通过这些来帮助我们国家建设一个「**和谐、公平和稳定发展**」的国家之重要方向。所以，在配合国家整体发展的大前提下，香港拥有优越的地理环境，我们「**背靠祖国、面向世界**」，我们可以为两岸四地在经贸文化沟通合作方面做一个重要的平台，而且可以作为一个桥梁。

在中西文化的孕育下，以及和国际更加密切的联系，香港在这方面可以起到**积极带动和创新**的一些作用。在2009年香港特区政府提出的《施政报告》里面，建议**发展六大产业**，其中**医疗项目**是当中重要的发展项目，是要推动香港成为「**医疗区域枢纽**」，好象东南亚地区之**新加坡和泰国曼谷**一样，成为那里的医疗区域枢纽。因此我们在这方面觉得香港有很大的条件去发展。因为香港的医疗设施及技术已经达到国际先进水准，在这方面的定位和发展将会带来无限商机。

举一个例子，最近一则新闻报导，提到有一间**印度财团**注资收购了**香港**一间医疗集团之九成股份，成为它的大股东。这一则新闻只是冰山一角，说明**外来很多的财团**都看中香港未来在医疗方面的发展潜力和商机，所以他们前来发展了。我们也觉得，香港在这样一个**机遇**下，如果我们能与国内的一些资金和投资者互相合作，是一个很好的机会。

还有很多医疗方面的商机也是可以进一步来开发的。我们「基金会」现正集资筹建「**生命提升医院**」项目，提供一系列**崭新而全面的「生前死后」的综合疗养服务**，其中包括三个主要组成部分：

第一是：**死亡教育、与及死后世界的运作知识**。这是很重要的，去帮助离世者减少他们对「死后世界」的无知和恐惧，这对他们在灵性上是很重要的帮助。

第二是：**死前舒缓照顾服务**，提供给离世者的亲属他们在「临终照顾」上的支援服务，令他们可以为离世者的离去保持宁静、安慰的身心状态。

第三是：**死后的善终服务**。我们需要提供「**49天死后世界的导航服务**」，与及死后数小时内的关键时期的照顾服务。

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年長者能休閒地安享晚年及接受合適的「生死教育」



深圳之「前海发展区」位置图

这三个层面都是我们这崭新的医疗服务之整体组成部分。到目前为止，全球并没有任何一所医院能够提供这样全面及完整性的相关服务，所以我们相信这个计划是一个极具赚钱潜力的「服务创新」，而且也是提供很多条件帮助无论是在生者，还是他们离世的亲人，都可以对他们有很大的帮助。因此这崭新的项目将会有庞大的社会需求。

最近中央政府推出了一系列的政策和措施，这将有利于香港在市场上进行融资以及投资的环境。例如：「央行」公布了境外直接投资人民币结算试点，可以让境内的机构可以将其所得的境外直接投资利润以人民币的方式汇回境内，而且银行也可以向境内机构在境外投资的企业、

或者专案发放人民币的贷款。内地的企业可以通过香港离岸人民币业务中心进行有关投资的项目，同时也可以利用香港金融平台进行相关的融资和资金管理。以上就是从全局的方向来看国家的发展跟香港是很密切，而且是息息相关的。

最后我想提到，香港与深圳深入合作的情况。我们觉得在这几年，香港与深圳特区的合作是越来越紧密及全面的，包括发展河套区以及前海发展区等地方，大大加强合作领域，提供多方面的资源以及投资的管道。比如土地开发，国内资金来港投资合作经营，进而有利于内地企业“走出去”，面向世界。所以香港作为一个仲介的角色是很重要的的一环。

以本「基金会」所提出的「生命提升医院」为例，我们先以港深合作作为试点，试办成功以后，我们将以「特许经营的方式」来推广到全国、以至全球，让全国十三亿同胞、和全世界人民，能够享受到这种崭新而且是创新的「生命提升服务」。我们并以此作为我们未来发展的一个「标准模式」，希望可以达成以上的一些目标。

最后，我们贯彻「基金会」的口号，就是“生命燃点生命”，我们希望可以提升生命素质，领略生命的真谛，薪火相传，造福万代。对此难得的历史机遇，我们「基金会」对此充满著无比的信心，可以完成此一壮举！

主持人：社会的和谐需要生命的提升，在此我们祝愿香港「生命提升慈善基金会」能够发展的越来越好，也希望越来越多的机构和「基金会」合作，我们也希望越来越多的机构参与到中国乃至全球的慈善事业当中，使全球的慈善事业得到进一步的发展。最后，请二位给我们的线民在新年到来之际说几句话。

罗女士：我恭祝你们都得到生命的提升，你们无论在生命的质素和精神上都能提升得很好，我希望你们越来越幸福！

陈博士：值此新春的机会，向各位拜个早年，祝各位身体健康，万事如意，如意吉祥！谢谢大家！



深圳「前海发展区」之开展



能够从小开始便接受合适的「生死教育」，并确立积极及正确的人生观

有用连结

1) 亚洲

宁舍（香港）

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

李嘉诚基金会覆盖全国的「人间有情」宁养服务计划（香港）

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

香港医院管理局（香港）

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

善宁会（香港）

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

美善生命计划（香港）

http://www.enable.hk/tch/project_enable/aboutproject/about_mission.aspx

生死教育学会（香港）

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

香港纾缓医学学会（香港）

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

香港善终服务护士会（香港）

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

凯瑟克基金（香港）

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

敦珠佛学会国际有限公司（香港）

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

生命提升慈善基金会有限公司（香港）

<http://www.lifeenlightenment.org>

对中国濒死体验研究的报导 - 人民网（中国）

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

佛教莲花基金会（台湾）

http://www.lotus.org.tw/ShowContent.asp?subtype=%BDt%B0_&top=Y

南华大学生死学系暨研究所全球资讯网（台湾）

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

安宁照顾基金会(台湾)

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

连氏基金会（新加坡）

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

「有生之年」- 死亡咨询（新加坡）

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

「有生之年」- 死亡品质（新加坡）

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

亚太区临终关怀及纾缓照顾网络（新加坡）

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

马来西亚临终关怀理事会（马来西亚）

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

日本纾缓医学会（日本）

http://www.jspm.ne.jp/jspm_eng/index.html

日本安宁及和纾缓照顾基金会（日本）

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

班加罗尔安宁信托（印度）

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

2) 美洲

全美安宁及纾缓关怀协会（美国）

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

全美安宁服务年度报告 - 全美安宁及纾缓关怀协会（美国）

http://www.nhpco.org/files/public/Statistics_Research/Hospice_Facts_Figures_Oct-2010.pdf

美国安宁及纾缓医疗学院（美国）

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

HospiceDirectory.org（美国）

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

死亡教育与辅导协会（美国）

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

临终关怀及纾缓关怀相关研究刊物 - 罗伯特伍德约翰逊基金会（美国）

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

临终关怀及死亡和离世相关研究刊物 - 赫思廷斯中心（美国）

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

临终关怀网上资源 - 国立生研究院（美国）

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

知觉研究小组 - 美国佛吉尼亚大学（美国）

http://www.healthsystem.virginia.edu/internet/personalitystudies/recommended_books.cfm#OBEs

意识研究中心 - 美国亚利桑那大学（美国）

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

濒死体验及生存理论（美国）

http://paranormal.suite101.com/article.cfm/near_death_experience_and_survival_theory

死后世界? - 美国心理研究协会（美国）

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

濒死体验及死后世界（美国）

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

努尔基金会（美国）

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

过渡到另一世界：西藏生死书（美国）

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

3) 澳洲

澳洲纾缓关怀协会（澳洲）

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

4) 欧洲

欧洲纾缓关顾协会（欧洲）

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

全英纾缓关顾协会（英国）

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

全英临终关怀计划 - 英国卫生部的临终关怀策略（英国）

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

临终关怀指引 - 英国国民健康服务（英国）

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

2008-09临终关怀法规 - 英国议会（英国）

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

英国卡迪夫大学纾缓医疗及纾缓关顾的在线课程（英国）

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

“我离世那天” - 英国广播公司的教育节目视频（英国）

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

离世后的协助指南 - 全英市民谘询协会（英国）

http://www.adviceguide.org.uk/index/your_family/family_index_ew/what_to_do_after_a_death.htm

领域研究基金会（英国）

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

5) 其他

人类意识计划（美国及欧洲）

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

国际安宁及纾缓关顾协会 - （环球）

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

纾缓关顾 - 世界卫生组织（环球）

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

国际濒死研究协会（环球）

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

濒死体验研究基金（环球）

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

接近死亡研究基金 - 中文（环球）

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



"The Life Beyond : Existence After Death?"

Information on Modern Scientific Studies of Life & Death

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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: 9th 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: 15th 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

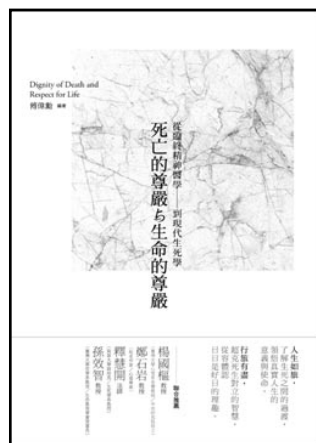
The word "Death" has been avoided in the Chinese tradition. Even the mere talking of it represents misfortune. Hence, we have not been trained with education that is related to death, dying and grief while we were young. By the time when we have finished our higher education and have become a full grown 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**.

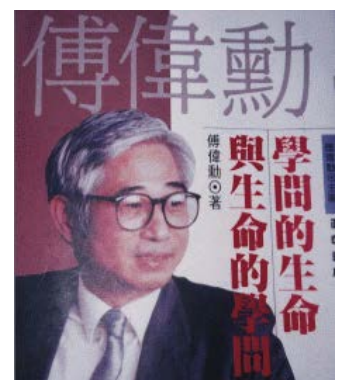
Introduction of "Life and Death Education" and Its Development

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

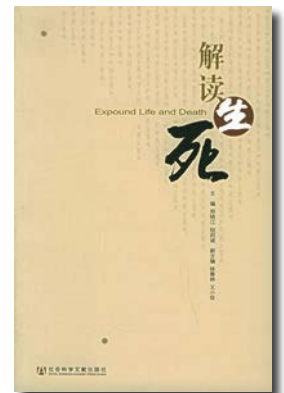
This and other works slowly became the classic teaching materials for “Death Education”. By 1974, 41 medical schools have already offered formal training programs on “Death Education”. With those great efforts made by the experts in “Thanatology”, “Death education” has now been flourishing in various 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, 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)

In 19th 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 14th 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: 9th 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: 15th 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



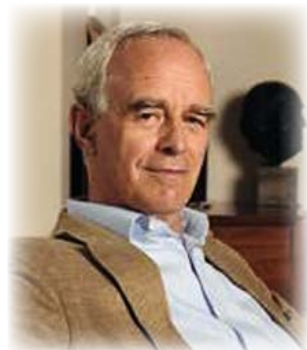
Dr. Fenwick has a wide area of professional expertise which covers psychiatry, neuropsychiatry, neurology and neurosurgery, head, brain and spinal cord disease and injury, sleep disorder and especially epilepsy. He has had a special interest in the relationship between brain function and the mind, and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

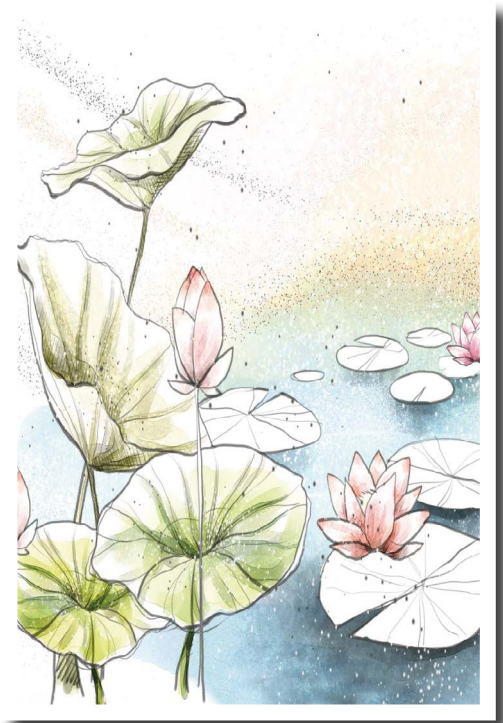


would voluntarily have the feeling that one still has the unfinished responsibility on earth. Then, after the thought has just arisen and within an instant, the individual would then return back to one's physical body. The person might find that he is surrounded by a group of medical personnel trying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

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


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

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

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

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

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

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

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/>

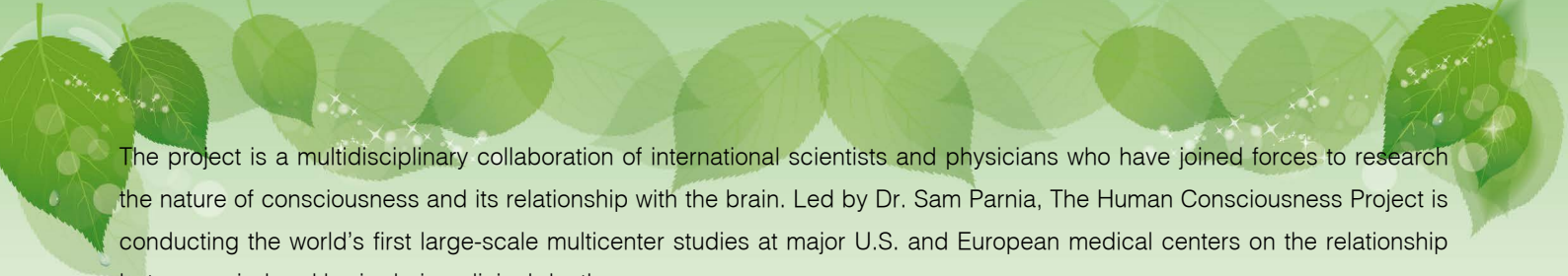
Horizon Research Foundation is an independent charitable organisation that aims to provide support for scientific research and understanding into the state of the human mind at the end of life. The Foundation aims to do this by raising funds for high quality scientific projects, and provide various educational 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

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

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

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

Hospice Foundation of Taiwan (Taiwan)

http://www.hospice.org.tw/2009/english/about.php#_2

Lien Foundation (Singapore)

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

Life Before Death - Consultation with Death (Singapore)

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

Life Before Death -- Quality of Death (Singapore)

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

Asia Pacific Hospice Palliative Care Network (Singapore)
<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

Japan Hospice Palliative Care Foundation (Japan)
<http://www.hospat.org/english/objectives.html>

Bangalore Hospice Trust (India)
<http://www.karunashraya.org/NewSite/Aboutus.html>

2) America

National Hospice & Palliative Care Organization (USA)
<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

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

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

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>

BBC – Video on “The Day I Die” (UK)

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

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

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)

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

Palliative care - World Health Organization (Worldwide)

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

International Association for Near-Death Studies (Worldwide)

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

Near Death Experience Research Foundation (Worldwide)

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

Near Death Experience Research Foundation – Chinese portal (Worldwide)

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



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