

The Meaning of Good Dying of Chinese Terminally Ill Cancer Patients in Taiwan

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Abstract

The purpose of this hermeneutic study was to investigate the meaning of "good dying" of Chinese terminally ill cancer patients in Taiwan; the factors related to this meaning; and the strategies cancer patients used to ensure "good dying". In-depth unstructured interviews, prolonged participant observations, and review of clinical records were selected as the methods for data collection. In the four and one-half month period of data collection, the researcher was in the role of a full time clinical nurse specialist who directly took care of the subject patients in 4 hospitals and in patients' homes. The 20 subjects were selected purposively according to selection criteria and various demographic backgrounds. Interview transcripts and field notes comprised the data for analysis.

The results were composed by 3 constitutive patterns and 12 themes. Achieving inner peace appeared to herald the good dying state. The "good dying" for Chinese terminally ill cancer patients in Taiwan meant peace of body, peace of mind, and peace of thought. The constitutive pattern of peace of body included 4 themes: (1) minimizing the agony of physical symptoms; (2) short period of dying process without lingering death; (3) cleanliness, neatness, and integrity of the body;

and (4) mobility. The constitutive pattern of peace of mind included 5 themes: (1) yielding; (2) non-attachment; (3) not to be lonely; (4) settle down all affairs; and (5) being in a preferred environment and enjoying nature. The third constitutive pattern of peace of thought included 3 themes: (1) getting through day by day without thinking; (2) meaningful life; and (3) expectation that the suffering would be ending.

Through understanding of the terminally ill cancer patients' needs in their meanings of "good dying", recommendations can be made for humanistic care. The findings of this study have recommendations for care givers daily contact with dying patients and for medical and nursing education.

Introduction

Discussion of the attitudes about death and dying and the meaning of "good dying" in Chinese culture

Malignant neoplasms have been the leading cause of death in Taiwan since 1982 (Department of health, 1990). Therefore, the care of terminally ill cancer patients is an important issue. The Chinese culture is comprised of Confucianism, Taoism, and Buddhism (Chan, 1963). In the centuries, before Buddhism penetrated China from

India, there were a number of movements of traditions of teaching. The most significant schools of thought were Confucianism and Taoism.

Tracing its origin to the Chinese philosopher Confucius (551~479 B.C.), the Confucian tradition cultivated a philosophical, ritual, and ethical way of life devoted to harmony (Chan, 1963). The Confucian attitude toward death and dying can be summed up as humanistic and moderately skeptical, though not to the point of denying some form of afterlife. In a dialogue with one of his disciples as follows:

Chi-Lu asked: "I venture to ask about death?"

Confucius said: "If we do not yet know about life, how can we know about death?"

The fully developed combination of humanistic skepticism with psychocosmological theory of life and death was stated by the Neo-Confucian systematizer Chu-Hsi (Chan, 1963). The theory was that one aspect of harmony was found in the analysis of life in terms of Yang spirit-positive forces, and Yin spirit-negative forces. Yang and Yin are two dynamic equilibrium opposing forces which permeate all of nature, including biological processes. Health is conceptualized in terms of harmony between the two forces. Illness is viewed in terms of an imbalance or disequilibrium. Death is the separation of these two forces. And then, dying is the process of this separation.

The conscious spirit with intellect and will is identified as a yang force; the vital, animating spirit is identified as a Yin force. In human life, the alternation of Yang and Yin is thought to be coordinated by a refined bio-energy-Ch'i, which integrates the contrasting forces. Because it holds

the Yang and Yin together, the Ch'i is responsible for a person's life. Circulating around the body and integrating Yang and Yin forces, the limited energy supply of Ch'i necessarily becomes exhausted. The dying person's Ch'i is getting weaker and weaker. When the Ch'i inevitably runs out, the person dies and Yang and Yin spirits proceed along their different paths after death. The heavenly aspect of the soul and the vital force of Ch'i return to Heaven. The earthly aspect of the soul and the body return to earth (Wei, 1983).

In Confucian theory, therefore, a person is not a soul in a body. Rather, a person is a balance of Yang and Yin, a harmony of heavenly and earthly spirits that are held together during life but separated at death. Life and death, like Yang and Yin, alternate in a natural balance. As there is life, there is necessarily death, and as there is a beginning, there is necessarily an end. A Confucian attitude towards dying is cultivated in the calm acceptance of that balance (Weiger, 1927). The Confucianist achieves his enlightenment by staying in the world and performing his social and moral duties. The Confucian way brings knowledge and love of life; Having lived this way is terminated by a peaceful dying. One can gain harmony with the universe as it actually is and one does not seek release beyond it. Thus, Confucianism represents in themes of the ancient Chinese tradition, the need to live and to die in harmony with the whole process in which men find themselves, and the importance of social ties and correct actions (Toynbee, 1968).

A contemporary sage of Confucius, Lao-Tze (his

exact year of birth and death are unknown, however, he was a little older than Confucius), who is the originator of Taoism. Taoists perceive a basic, underlying harmony in the natural way, or Tao, of the universe. Attuned to the natural rhythms of the Tao, some Taoists achieved a transcendent acceptance of dying, a supreme calmness in returning to Nature (Chidester, 1990).

After Lao-Tze, a Taoist master Chuang-Tze (399~295 B.C.) in his book *Chuang Tze* pursued this ecstatic acceptance of the natural rhythms of life and death.

His ground theme is:

The ten thousand things are one with me. There is nothing that is not acceptable, not even death. Life is the companion of death, death is the beginning of life. Who understands their workings? Man's life is a coming together of breath. If it comes together, there is life; if it scatters, there is death. And if life and death are companions to each other, then what is there for us to be anxious about? The human form has ten thousand changes that never come to an end. Your joys then must be uncountable. Therefore, the sage wanders in the realm where things cannot get away from him, and all are preserved in old age; he delights in the beginning; he delights in the end.

(Chuang-Tze/Watson, 1968, p.47, 235) .

In Chuang-Tze's thought, life and death are arbitrary distinctions made by people who do not perceive the underlying unity of all things that is the Tao. In one famous story, Chuang-Tze had dreamed one night that he was a butterfly. On waking, he was no longer sure whether he was a

man who had dreamed he was a butterfly or a butterfly that was now dreaming he was a man. He playfully resisted such distinctions in dreams and reality or life and death. Life and death are just like the progression of the seasons, winter follows autumn, and summer follows spring (Chuang-Tze/Watson, 1968).

During his own dying, Chuang-Tze demonstrated a Taoist embrace of nature and natural progress. His disciples expressed a desire to give him an elaborate burial with an expensive coffin. Chuang-Tze said:

"I will have heaven and earth for my coffin and coffin shell, the sun and moon for my pair of jade discs, the stars and constellations for my pearls and beads, and the ten thousand things for my parting gifts. The furnishings for my funeral are already prepared. What is there to add?"

"But we are afraid the crows and kites will eat you, Master" said his disciples.

Chuang-Tze replied: "Above ground I'll be eaten by crows and kites, below ground I'll be eaten by moles, crickets, and ants. Wouldn't it be rather bigoted to deprive one group in order to supply the other?"

(Chuang-Tze/ Watson, 1968, p.361).

From Chuang-Tze's perspective, the body, nature, and the Tao were unified in death. The Taoists recognize death as a return to the origin of life. In that ultimate harmony, dying is a journey returning to Tao and could be enthusiastically accepted.

The essential Taoist's approach to dying is captured in the phrase "ching-jing wu-wei" (□淨無□). It means "doing nothing and with serenity",

to face dying in a way that does not run counter to the natural order of Tao and the patterned flow of cosmic forces. Dying is in harmony rather than trying to conquer nature. Lao-Tze put the point: When your work is done, then withdraw. That is the Way of Heaven (Lao-Tze/ Mair, 1990). Tao is the universal and enduring Way of Nature. As a philosophical concept, Tao is the all-pervading, self-existent, eternal cosmic unity, the source from which all created things emanate and to which they all return (Creel, 1970).

When the person is in selfless surrender to nature, living and dying rhythms of nature are said to be "long lasting". The Tao-Te Ching states that to be Tao is to last long. This is to lose the body without coming to an end. The physical body may have been lost, because it is perishable. But the Taoist does not come to an end, because he has been identified with the universal Tao. That union is described as simple and effortless. After death, such a person is renewed by returning to the origin of life. The Tao is the root, the womb, and origin of life. As an infant does not desire an identity separate from its mother, the Taoist gives up egotistical self-identity in living as well as in dying. Letting go of individual life, the person lives on in the everlasting and universal mother of all life-Tao (Lao-Tze/ Mair, 1990).

Death is viewed not as an end but as a way of disappearing in order to reappear. The natural rhythm of the Tao is an alternation of disappearing and reappearing, moving away and returning, dying in order to be renewed. In keeping with that rhythm, the physical death of the human body is a disappearance, but it is a phase

that is understood to be a necessary part of the rhythm of life. If people separated themselves from the Tao, then they suffered a real death with no possibility of renewal. In that spiritual death, the person was cut off from the creative, regenerative power of nature. Alienated from that life force, the person was regarded as spiritually dead, even while the body was alive, because he had turned away from the renewing energy of Nature (Toynbee, 1968).

The philosophical idea of death and dying can be simplified by the naturalism of Taoism and humanism of Confucianism in traditional Chinese culture. In contrast to the modern Western culture, there was no "death anxiety" in the attitude of the ancient Chinese. There is no documentation from empirical research whether these attitudes toward death and dying still remain in the mainstream of modern Chinese in Taiwan. A research for overseas Chinese in U.S, revealed that Chinese patients tend to be stoic and fatalistic when faced with terminal illness. The common reaction was: "if I'm going to die, I'm going to die. There's nothing to talk about." However, the patient's family may prefer not to tell the patient directly about his diagnosis in order to maintain hope for recovery. Although impending death is not talked about explicitly, the patient generally takes the initiative in tidying up his affairs, while cooperating in his family's conspiracy of silence (Gould-Martin & Ngin, 1981).

To accept dying with serenity was said to be a "good dying" in ancient Chinese. However, there is no empirical data showing what this phrase means for the modern Chinese in Taiwan. It is

unrealistic to use the whole Western model of hospice care for dying patients in Taiwan in order to help them to achieve "good dying". To conduct an investigation about the meaning of "good dying" for the Chinese terminally ill cancer patients in Taiwan would be the basis for adapting hospice care to Taiwan.

In ancient times, the Chinese accepted death as a natural course of life. The dying patients would talk about their death and dying with families and prepare their own funerals and tombs (Wu, 1981). The term "good dying" has been used for 2300 years in Chinese culture. A taoist master, Chuang Tze (399~295 B.C.), in his book *Chuang Tze*, pursued an ecstatic acceptance of the natural rhythms of life and death. To face dying in a way that does not run counter to the natural order of Tao and the patterned flow of cosmic forces. Dying is in harmony with rather than trying to conquer nature (Chen, 1982). When a man dies with such calmness, this is an example of "good dying".

Although the ancient Chinese culture had such a calm pattern of coping with dying, today's Chinese in Taiwan have very different attitudes. In modern Taiwan, about 99 percent of terminally ill cancer patients were admitted to hospitals and died there. With the high technology and sophisticated medical life-support methods and heroic treatments for dying patients, death seems less a natural event than a medical failure. Death often seems a taboo in the hospitals. A patient's near death may be given all kinds of treatments so that the schedule is not disrupted or the staff and other patients upset. Family members may be

urged to accept a tranquillizer to subdue the emotional reaction to their loved one's dying. Few health care professionals are prepared to cope with such emotional responses. Rather than encouraging expressing feelings, the emphasis is on subduing, controlling, and restricting any reaction that might jeopardize institutional decorum. Physicians, nurses, families, and dying patients often mutually pretend that the patient will get well soon. There are very few opportunities to let patients express their needs and feelings. The medical system often treats dying patients by using high technologies and heroic treatments to keep hope and mutual pretence until they die.

The common usage of the term "good dying" has come to sharpened debate as a public topic in modern Taiwan. But there is no research done with this topic in Taiwan. The meaning of "good dying" for today's Chinese terminally ill cancer patients in Taiwan is not at all clear. What ideals does it evoke? Do these ideals provide an adequate basis for making decisions regarding the care of dying patients? Do these phrases reflect the ideals of dying patients, their significant others, or the health professionals? The overall objective of this proposed research is to explore the meaning of "good dying" of Chinese terminally ill cancer patients in Taiwan. The findings of this study can serve a basis for planning better dying patient care.

Research Questions

The purpose of this study was to explore the meaning of "good dying" of Chinese terminally ill

cancer patients in Taiwan. The hermeneutical approach which was trying to capture the meaning of human experience was appropriate to this study. Hermeneutic research is descriptive and qualitative, which emphasizes the "reliving" or entering into the subjects under study. In reading their words and actions the researcher has to understand their total context and interpret the meanings (Ricoeur, 1981).

The research questions for this study are:

1. What is the meaning of "good dying" to Chinese terminally ill cancer patients in Taiwan.
2. What factors are related to the meaning of "good dying"?
3. What strategies do the terminally ill cancer patients use to ensure a "good dying"?

Sampling Strategy

1. Population and Setting

The population of interest consisted of Chinese terminally ill cancer patients in Taiwan. The study was conducted in four hospitals in Taipei, Taiwan.

The hospitals in which the investigator conducted the study were: a 26-bed private hospital specializing in cancer care, a 1000-bed government run metropolitan hospital, a 1500-bed university affiliated teaching hospital, and 300-bed Catholic hospital. The patient population of these hospitals came from all regions of Taiwan. Every patient had equal access to these hospitals. Therefore, the patient population of these hospitals was well represented with the population of interest. The investigator was an oncology nurse specialist and consultant in terminal care when conducting the

study. The investigator could access any wards to visit or take care of terminally ill cancer patients in these four hospital settings. When the patients were discharged from the hospitals and went back home, the investigator followed up with home care when necessary until the data collection was finished.

2. Operational Definition of the Terminally Ill Cancer Patients

The operational definition of terminally ill cancer patients were those patients whose cancer was in the progressive phase and were not receiving any treatment for disease other than symptom management. The duration of life span considered by their doctors was measured in days or weeks rather than months.

3. Selection of Subjects

A purposive sample of twenty subjects was recruited over a period of four and one-half months. Subjects were selected with the ability to function as informants by providing rich descriptions of the experience being investigated. Lincoln and Guba(1985) suggested: "if the purpose is to maximize information, then sampling is terminated when no new information is forthcoming from newly sampled units; thus redundancy is the primary criterion" (p.202). In this study, twenty terminally ill cancer patients made up the sample. There were recurring themes and patterns which reached saturation when 14 subjects had been studied. The other 6 subjects served as additional data for supporting the recurrent and redundant themes and patterns. Data collection proceeded beyond the point of redundancy to 20 subjects

because of the researcher's commitment to care for the subjects.

4. Criteria for Inclusion

The selection criteria of patients for inclusion in this study were:

1. The patient was an adult age over 20. The reason for this criterion was that the investigator was an expert in adult oncology nursing. The pediatric and teenage group of patients would be very different from adults, and they would be a topic worthy of a separate investigation.

2. The patient could speak Mandarin Chinese.

3. The patient already knew his/her condition. He/She had been told by the doctors or family members about the conditions and had verified it by him/herself.

4. The patient was conscious, coherent and capable of answering questions.

5. The patient agreed to be interviewed, was willing to discuss with the researcher his/her perceptions and experiences, and was willing to sign the informed consent form.

5. Criteria for Exclusion

The patient was too weak to talk.

Protection of Human Rights

The investigator asked the potential subjects whether they were willing to participate in this study. The investigator described the study and told them that their participation was voluntary. After the subjects agreed to participate in the study, they were then asked to sign a consent form. Anonymity for all subjects was provided by

the use of a code number in interview transcripts, field notes, demographic data and descriptive data from medical records.

Data Collection

Data collection methods were plans used in the pursuit of knowledge of research questions. For the purpose of exploring the meaning of "good dying", the factors related to this meaning, and the strategies to be used to ensure a "good dying" by Chinese terminally ill cancer patients in Taiwan, this study employed the data collection methods of in-depth interview and participant observation.

Dying is a process rather than a state. A cross-sectional research method cannot adequately illuminate a dynamic process. Combining in-depth interview and participant observation in the natural setting and following subject patients for a period of time within the dying process would allow the investigator to collect data from the dying patients' relevant concepts, experiences, and behaviors at many points in the process.

After the potential subject of the dying patient was purposively selected by the investigator based on the inclusion criteria, and after he/she agreed to participate in the study as well as sign a consent form, the investigator took care of him/her and began interviewing as well as participant observation. Clinical information was obtained from medical record review. For ethical and humanistic reasons, if a patient refused to participate in this research, or dropped participation before the study was finished, the investigator still

would take care or continually take care of him/her. In this study, no patient refused to participate or dropped participation before it was finished. The researcher went through the whole process smoothly and finished data collection for all twenty subjects.

1. The In-depth Interview

The in-depth interview differs from other strategies of interview that seeks to explore particular matters in elaborate and comprehensive detail. To accomplish this, the in-depth interview may take place over a rather extended time period. The same informant may be interviewed on different occasions for several hours over days, weeks or even months (Douglas, 1985).

In this study, subjects were asked to describe in detail about their meaning of "good dying". Interviews were open-ended and semi-structured with an interview guide, requiring enough time to explore the topic in depth.

The in-depth interviews with the patients were taken when the investigator was doing some nursing care for them, for example, acupressure massage, bed bath and shampoo. The purpose was to prevent tiring patients and to do the interview naturally. The locations of the interview were the patients' own bedside of the hospitals and their homes. All of the interview processes were recorded on tapes. The patients were told that a tape recorder was used in order to retain the memory and keep a record in the patient's own words. All of the records and tapes were kept confidential. Only the researcher could assess these tapes. If the patient was tired, upset, angry

or sad, the investigator used touch and discontinued the interview. However, if the patient asked to continue, the interview itself might be beneficial for him/her.

The interviews were taken several times within the dying process until the questions in the interview guide were exhausted. The same questions sometimes were asked several times to decide the consistency. All of the interviews were transcribed for later analysis.

2. The Participant Observation

For the purpose of exploring the strategies that the patients used to ensure a "good dying", the investigator conducted participant observation in the natural settings. Participant observation was particularly useful situations in which the researcher needed to verify the information between the informant's reporting of perceptions during an interview, with the actual behavior that occurred in the settings (Field & Morse, 1985). Through participant observation, it was possible to describe what went on, who or what was involved, when and where things happened, how they occurred, and why things happened as they did in particular situations. The method of participant observation was exceptional for studying processes (Jorgensen, 1989). For this reason, participant observation was employed for understanding and interpreting the dying phenomenon which was a process.

3. Field notes

At the end of the day when the investigator had contacted the patients, she cloistered herself

for the purpose of making full field notes. The field notes were a running description of events, things heard and overheard, conversations among people, and things done by the patients. The field notes were taken throughout the whole process when the investigator was taking care of the patients. The field notes were written with Chinese manuscript for later analysis.

For the reality of selective human memory, in most instances, the investigator jotted down rough notes during encounters with subject patients. These field notes combined with interview transcriptions comprised the data for analysis.

Data Management

The transcriptions from interviews and field notes from participant observation were treated as textual analogues for hermeneutical interpretive analysis. The data analysis in a hermeneutic study was carried out via three interrelated processes as follows:

1. Thematic analysis

In this stage, each case from interviews and field notes was read several times in order to get a global sense. Highlights were drawn on the themes that emerged consistently in the data. A coding protocol was developed. Individual words, phrases, and ideas were labeled with codes that attempted to capture the essence of subjects' meaning of good dying. Codes expressing similar ideas were grouped together. Each interview and field note was then coded using that protocol. As this was carried out, additional lines of inquiry

emerged from the data and were added to the coding protocol. The researcher's interpretations about emerging themes and areas that required further clarification or exploration were recorded on analytic notes. Twelve general themes were identified. Upon reflection, it became apparent that the 12 themes could be grouped into three broad categories. These categories were labeled constitutive patterns.

2. Analysis of Exemplars

The second phrase of the analytic process involved the analysis of specific episodes or incidents. All aspects of a particular situation and the participant's responses to it were coded together. The completely coded event encompassed the individual's situation and his/her concerns and practices. From this analysis came exemplars, stories or vignettes that captured the meaning of a "good dying" in such a way that the meaning could be recognized in another situation that might have very different objective characteristics. An exemplar was thus a strong instance of a particularly meaningful transaction.

3. The Search for Paradigm Cases

The third phase of interpretive analysis involved the identification of paradigm cases, strong instances of particular patterns of meaning. A paradigm case was recognized because of its particular clarity or vividness. Other more subtle cases with similar global characteristics could be recognized. Paradigm cases embodies the rich descriptive information necessary for an understanding of how an individual's perceptions and be-

haviors emerged from his/her situational context. These patterns of meanings were not reducible to formal theory used to predict and control. Instead, "family resemblances" were recognized a paradigm case and a particular clinical situation that one was trying to understand and explain. Unlike grounded theory, the goal of interpretive research was not to extract theoretical concepts at a higher level of abstraction. The goal was to discover meaning and to achieve understanding. Rich descriptive findings from this study would advance nursing knowledge through illustration, sensitization, and conceptualization.

Results

The results consisted of three constitutive patterns and twelve themes. Under each theme the three research questions were answers: (a) what is the meaning of good dying to Chinese terminally ill cancer patients in Taiwan; (b) what factors are related to the meaning of good dying; (c) what strategies do the subjects use to ensure a good dying. The results showed that achieving inner peace appeared to herald the good dying state. The "good dying" to Chinese terminally ill cancer patients meant peace of body, peace of mind, and peace of thought.

The constitutive pattern of peace of body included 4 themes which were:

1. Minimizing the agony of physical symptoms: The most significant factor related to this meaning was the competent and compassionate care of physicians and nurses. Strategies used by the subjects to minimize the agony involved reporting

their physical needs to their doctors and nurses, and trying alternative traditional Chinese treatment modalities of herb medicine, acupuncture, Ch'i-Gong, and food remedies.

2. Short period of dying process without lingering death: The factor related to this meaning mainly resided in the treatment modalities that the subjects received. The strategies the subjects used to ensure a non-lingering death were free choice of treatments without meaningless and devastating medical supports for holding on to life; request for no resuscitation; and requesting death in sleep.

3. Cleanliness, neatness, and integrity of the body: The factor related to it was how well the subjects had been cared for. The strategy the subjects used was to hire non-professional nurse aids to take care of them.

4. Mobility: It was a great pleasure for the subjects to move around and not just lay in bed all day and night. The factor related to mobility was available environment that could let the patients move around. The strategies the subjects used to have mobility depended upon the care givers' help; and receiving some treatment to give them the capability to move around.

The second constitutive pattern was peace of mind which included 5 themes:

1. Yielding: The attitude of yielding meant to surrender to Karma by Buddhists; submit to God's will by Christians; and resign to fate by non-religious believers, which would give the subjects peace of mind. The factors related to this attitude were the traditional Chinese Taoist philosophy and religious faith. The strategies the sub-

jects used for yielding were praying and reading religious books in order to deepen their faith; as well as to stop worrying.

2. Non-attachment: The most significant factors related to the meaning of non-attachment were subjects' life experiences and religious faith. The strategy the subjects used to achieve non-attachment was to let go of all concerns.

3. Not to be lonely: The factors related to "not to be lonely" depended on whether the subjects had loving and caring significant others, the severity of the physical suffering, and the depth of religious faith. The strategies the subjects used were asking for significant others' listening, company, sharing, understanding, and acceptance, as well as prayer.

4. Settle down all affairs: This theme meant that subjects could rest in peace if they did not have unfinished business and wishes left behind. The factor related to this meaning was knowing the truth of their dying reality. The strategies the subjects used were finishing unfinished business; handing over responsibilities; making all the arrangements for loved ones and their own remains; saying farewell; as well as having religious rites of passage.

5. Being in a preferred environment and enjoying nature: The subjects' preferred environment was a clean, quite, and pretty one, in which they could enjoy the sunshine, the moon, flowers, trees, grass, birds, and fish. The factor related to it was the available environment. The strategy the subjects used was free choice of the preferred environment for terminal care.

The third constitutive pattern was peace of

thought that included 3 themes:

1. Getting through day by day without thinking: The factor related to this meaning might come from the influence of Chinese culture of Taoism. This is because 14 subjects with the same idea came from different gender, age, education, and religious. The strategy used was to just stop thinking.

2. Meaningful life: The factors related to this theme were virtuous personality, contributions to others, fulfilled duties, appreciation of authentic interpersonal relationships, and enjoyment of life while they were still alive. The strategies the subjects used were life review and integration of life experiences.

3. Expectation that the suffering would be ending: The single factor that distinguished those who had such peace of thought from those who did not, was the belief in an afterlife. The strategies the subjects used were searching for more devout religious faith and suicidal ideation.

The interpretation of data occurred as a hermeneutic circular process. The researcher included self-reflection and self-understanding along with the interpretative process. From the analysis of themes and patterns came exemplars, stories, and vignettes that captured the meanings of good dying, the factors related to these meanings, and the strategies the subjects used to ensure good dying.

Paterson and Zderad (1976) suggest that human beings are characterized by commonality and uniqueness. Although there are some cultural uniqueness of the findings, the three patterns and some themes of the meaning of good dying found

in this study could also be found in Western literature. The commonality of human nature calls for humanistic nursing care when a patient is dying. Humanistic nursing is a human dialogue which involves being and doing, nurturing, comforting and well-being or more-being. "More-being" is defined as being all of which one is capable in one's life situation. When a nurse is taking care of a dying patient, both of them become more-being (Paterson & Zderad, 1976, pp.11-21).

Conclusion

The hermeneutic method of this study allowed for fuller exploration of the meaning of good dying to 20 Chinese terminally ill cancer subjects in Taiwan. Although there were common patterns and themes among those 20 subjects, every subjects had his/her uniqueness relative to his/her background history and situation. Sensitivity to the uniqueness of every dying patient and his/her needs is always a guiding principle for care givers. The clinical doctors and nurses can help the patient identify his/her internal and external promoting factors for good dying, or encourage openness to alternative strategies.

Conducting a study in the area of dying was fraught with emotional overtones. The researcher experienced the sadness, anger, and peace along with the subjects' dying process. The researcher was amazed by the serenity, courage, and dignity of the dying patients. As Lao-Tzu said:

Under heaven all can see beauty as beauty
only because there is ugliness.

All can know good as good only because there
is evil

Therefore having and not having arise together.

Difficult and easy complement each other.

Long and short contrast each other.

High and low rest upon each other.

Voice and sound harmonize each other.

Front and back follow one another.

(Lao-Tzu/Feng & English, 1972, p.2).

The researcher would say: living and dying complement, contrast, rest upon, are intimately related and harmonize with each other.

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