

Course Test: *Sacred Passage: How to Provide Fearless, Compassionate Care for the Dying*

This is an open-book test. Answers are to be recorded on a hard copy of the answer sheet. A passing grade of at least 70 percent must be achieved in order to receive credit for this course.

This is a 20-contact-hour course.

Accreditation: *Margaret Coberly, Ph.D., R.N., is provider-approved by the California Board of Registered Nursing, Provider Number CEP 12717, for the stated contact hours.*

When you've completed the test, print out and complete the evaluation sheet.

Part One: True or False (1 point each)

Record your answers on the answer .

1. Although a broader definition of health and healing is important, it cannot change the fact that most dying people have little potential to heal.
2. The *Tibetan Book of the Dead* is as valuable a resource for the living as it is for the dying.
3. Palliative care not only addresses emotional and spiritual concerns but also offers a hopeful focus on cure.
4. According to Tibetan Buddhism, at death the ordinary mind states are absorbed into a more basic and subtle consciousness.
5. Modern Western medicine has a broad and unconstrained view of health, illness, and dying.
6. In the United States it is estimated that by 2020, one in every eight people will be over the age of 65.
7. Healing cannot occur when there is no hope for a cure.
8. Research suggests that although dying patients in the West are being offered more and more opportunities to discuss their psychological distress, most would still rather keep such thoughts to themselves.
9. The Tibetan Buddhist understanding of death and dying, although interesting, would be impossible to implement in the West.
10. Cultivating an awareness of impermanence is at the heart of the Tibetan Buddhist perspective on death.

11. Due to the many astonishing medical advances that have been made in the West, treatment modalities outside the traditional biomedical model are now encouraged.
12. In general, it is best to try to avoid talking about death directly to a dying person because it usually causes too much distress.
13. Tibetan Buddhists usually try to leave a body undisturbed for three or four days after respirations cease.
14. Death denial is more prevalent in America than it is in many other countries.
15. Meditation is relaxing and reduces stress, but research does not support claims that it can actually lower blood pressure or heart rate.
16. Although most people express strong feelings of incompetence when it comes to interacting with a dying person, fortunately physicians and nurses are not among them.
17. During the last twenty years, there has been a growing willingness among Americans to accept aging and death.
18. In the Tibetan Buddhist view, the ability to digest food diminishes and is eventually lost altogether during the third stage of dying.
19. At the heart of palliative care is a focus on cure and therefore the restoration of a person's sense of inner harmony and balance.
20. Although death denial is prevalent in American culture, terminally ill people themselves do not usually adopt this attitude.
21. In Tibetan Buddhism, the third stage of dying occurs when the fire element is absorbed into the wind.
22. The internal appearance of a silver-blue mirage accompanies the last stage of dying in the Tibetan Buddhist system.
23. Most people, in the end, die in denial.
24. Palliative care for the terminally ill has been an accepted part of the health-care system in America for more than one hundred years.
25. The warmth of the body fades and the extremities mottle during the fourth stage of dying in the Tibetan Buddhist stages of death.
26. In order not to upset their relatives or friends, most dying people continue to act as though they will not die.
27. In the Tibetan Buddhist view, a person is very likely not to experience any further physical pain when the earth element is absorbed during the stages of dissolution.
28. Denial of death helps people maintain a positive attitude about life.
29. Fear of death can cause some people to completely abandon contact with a dying friend.

30. Once the body is in an irreversible state of decline and demise, healing can no longer occur.
31. Tibetan Buddhism offers the only effective means of confronting death honestly.
32. A transpersonal approach examines only certain aspects of human experience.
33. Visualization can produce changes in mental attitude, but it has not been shown to produce actual physiological changes.
34. In the Buddhist view, rebirth can only occur if we are aware of it.
35. In the West, meditation and visualization are used quite frequently in medical practice.
36. The palliative model of care concentrates on meeting a patient's physical needs but often falls short of addressing a patient's emotional or spiritual needs.
37. In Tibetan Buddhism, the clear light of mind forms a thread of continuity from one rebirth to the next.
38. Deathbed visions and near-death experiences are phenomena that are commonly reported in the West, but not in other countries.
39. The shared dread of speaking about an impending death often forms a helpful bond between the friends and relatives of a dying person.
40. Tibetan Buddhists are opposed to pain medication when a person is dying because it may alter consciousness.
41. What a person believes and expects can influence his or her attitude toward disease but cannot change the body's response to disease.
42. Slipping into sadness around terminal illness is a natural way to show concern.
43. The *Tibetan Book of the Dead* spells out how to lead a meaningful and happy life.
44. Prayer is a way of concentrating the mind and easing mental suffering, but it has no other significant effects.
45. Most people are aware of the ability they have to influence their own well-being.
46. Negative emotions can be harmful to a person's attitude and increase a person's susceptibility to depression, but they have no measurable physiological affect on the body.
47. Most nurses and physicians are trained in how to interact with dying patients.
48. A physician's main focus is on problem solving.
49. During a dying trajectory, most emotional hurdles can be solved and overcome.
50. The law of karma states that for every cause there is a necessary and concordant effect.

Part Two: Fill in the blanks (2 points each)

Record your answers on the answer sheet [\[\[link\]\]](#).

51. Herbert Benson calls his antidote for stress the _____.

52. Almost all hospice care is also _____ care.

53. Some studies have shown that nurses employ avoidance behaviors during as much as _____ percent of the time that they spend communicating with terminal patients.

54. The palliative model of care openly acknowledges the fact that some human experience may involve phenomena beyond the existing scope of _____ and _____.

55. Heartfelt communications tend to be blocked by _____ and _____.

56. The Tibetan Buddhist death meditation contains the following three root ideas:

57. List the five elements in the order that they dissolve, according to Tibetan Buddhism:

58. For each element, in the order they dissolve, list one external sign that may appear:

59. For each element, name the internal sign said to appear as the element dissolves:

60. If you were dying, what five qualities would you most want your ideal caregiver to have and why? (*Allow at least one hour to seriously contemplate the answer to this question.*)

Part Three: Essay (30 points)

Write each of the following questions on a separate piece of paper and then spend at least 20 minutes on each question jotting down your answers and ideas. When you have completed this two-hour exercise, write on the **answer sheet** a one-page essay (about 350 words) that specifically answers the one question that provoked the most insight for you personally:

- a) At what age do I consider death to be premature?
- b) How much time do I think I have left to live?
- c) What do I believe will cause my death?
- d) If I died unexpectedly now, what unfinished business would I leave?
- e) If I were dying, how would I want people to relate to me?
- f) What do I imagine would be uncomfortable to talk about if I were dying?