



So...podcast – Episode 8

Annie Whitlocke – Buddhist Council of Victoria

You're listening to So...podcast with John McKenna

- John: Greetings, John McKenna So...podcast. Welcome to listeners and transcription readers. I'm with Annie, hello Annie.
- Annie: Hi John.
- John: Is death a dirty word?
- Annie: I don't think it is. Initially anything that we don't know anything about, the unknown, definitely can make us fear it. So I think that the more we don't know about a subject, let's say about death, then people will probably lean towards being very scared of the unknown.
- John: People listening to my past episodes will say hang on John, you've used that line before. That past episode was talking about is divorce a dirty word. But I think it is a good way to capture a topic we're about to talk about now, and is about death, and Annie we were talking before the recording, we are very respectful that people are not happy or feel uncomfortable with some parts we talk in death. You're about to share with us about your role and what you do, but before we even start what are your thoughts on if people are feeling uncomfortable during listening to us? Where could they go to get a bit of comfort?
- Annie: They can go to Beyond Blue. They can go to GriefLine. They can go to Lifeline.
- John: And these are all Australian based organisations that will help people on this topic?
- Annie: Yes.





John: Okay. So Annie, let's talk about you. You've got a passion about death, would you like to perhaps explain the background behind that and a bit more about yourself?

Annie: A bit more about myself? I've been in the front line regarding dying and death, and right now I am a Buddhist chaplain at some large acute hospitals. I am a palliative care liaison coordinator with the Buddhist council. I'm also an advanced care directive facilitator. This is a document that helps people when they're unable to speak for themselves to say what they will accept and what they will not accept regarding medical treatment. It's a legal document now in Victoria in West of Australia. I am very associated with palliative care.

John: And right now in Victoria it's a bit topic because recently there's been a legislation that talks about assistive dying.

Annie: Yes.

John: Could you just touch a little bit more please for people who may not be familiar?

Annie: Okay. So it's called VAD, or V.A.D or Voluntary Assisted Dying. And it's about basically if the person has been terminally diagnosed and they are clinically, it's been decided that they are suffering existentially or physically and they're not responding to appropriate medication, and they've only got maybe six months left, it's very hard to determine, that an option may be voluntary assisted dying for them if they request that and they want that.

John: Annie, another conversation came up before we started recording, you said something about your practice about 20 days before palliative care steps in?

Annie: Yes.

John: That's an amazing figure. Just talk a bit more about that please.





Annie: Palliative care, people are still holding onto an old mindset that palliative care actually is only to do with death or dying and death yet palliative care is about comfort and pain control. The last 20 days of a person's life, there are some statistics that they will then go to palliative care which is quite mind boggling.

John: It certainly is. When we talk about Buddhism, of course a lot of people find Buddhism fascinating, they don't know the deep in depth philosophy behind it. Looking through the Buddhism lens when it comes to palliative care, what excites you? Or what makes it really interesting for you and what's going to excite our audience? Because you're not a boring person, are you?

Annie: I don't think I'm a boring person.

John: And we're about to find out why and people are going to learn from you, that's why you were invited onto the So...podcast. Because I think you've got a wealth of knowledge. So let's talk Buddhism.

Annie: I like the word excite because it is exciting to me because I'm constantly learning about my own biases through Buddhism. Death is one of the main major teachings in Buddhism. It's about impermanence, it's about change, it's about cause and effect. It's about the things that we don't normally move towards.

John: Why is that?

Annie: Once again, it's the unknown. It's when we put our feet towards an area that is strange and we don't have any experience or background then we just want to bring our foot back in again, I don't want to go there. And it's also about moving into a place, so when we have died we move into a place that we don't know anything about. We don't get a dress rehearsal, we don't get a chance to come back and say it was fantastic or it was a little bit funny.





John: Suicide, does that word come up in the Buddhism community?

Annie: Buddhists talk about everything pertaining to end of life. I like the word, I prefer the word or the term that the person took their own life rather than suicide. It's just a preference of mine. I've had personal experience, my fiancé took his life. I understand that it is mind shattering for the family left behind. We cannot say, in Buddhism the whole idea is to not do anything to harm another person. Usually suicide is about that persons feeling of hopelessness and they feel that there is no hope so they harm themselves, so they take their own life.

John: Forgiveness is a word that a lot of people think about before or after when they've been sick "What have I done to myself?" or "Who do I say sorry to?" It's a really meaningful word for you, isn't it?

Annie: It's a huge word because I have found that it's one of the most difficult things for people to even consider let alone get close to. If people were able to start talking about this, first of all to actually recognise their feelings of I find it really hard to forgive this person, or to forgive myself, that's a step in the right direction. And then we can lead onto becoming familiar with that thinking and then searching out for skills that will help me come closer and hopefully to forgive.

John: If I was to throw the word advocacy in, which means basically... Everyone has got their own take on that word. But an advocate or a peer support or a mentor during dying, I know palliative care in the Western medicine is about pain management and being in the right mind space, but can you share any stories where you've been able to work with people like a mentor or advocate? I'm using my language but tell me how that rejigs into your language.

Annie: Yes. One that comes to mind is, I've got lots of case studies that I can refer to, but one that comes to mind is a lady who was nearing end of life and one of her children contacted me and she was experiencing great fear





regarding her death. And they asked me to come along. I have no idea who I'm going to be seeing and what we're going to be talking about. I make sure that I don't go into that room with an agenda so it's not about what I want to implement, it's about that person, and listening and being present with that person. So I listened, and it appears that she was of a specific faith tradition and she had some of the faith leaders come down but that still was not addressing her actual fear. So she needed to talk about it. She started telling me things that she hadn't even told her family. It was a matter of me being very up front, because I find that people near end of life have... And I don't know if I'm saying the right thing here or not, but they have very good BS detectors.

John: BS means bullshit detectors.

Annie: Exactly.

John: Yes, we can say that word.

Annie: Good. So they can sense an imposter straight away. And I don't waste their time and I always ask permission to not walk on egg shells. Are you comfortable with this language, can we actually say the 'D' word, the death and dying, I've never had anyone say no. So this lady, we were just going through it step by step. I only was with her three weeks before her death, we needed more time. So the fear...

John: You needed more time from who?

Annie: We needed more time together.

John: Okay.

Annie: She needed more time to actually consider I'm not there to fix things. It's like I'm there more as to help her unlock her own thoughts and feelings and prejudices.





- John: That's right. And you spoke about you're there listening without an agenda. Obviously you're using body cues and energy and other parts, because we can use words, I'm a great believer and I'm sure you are too, we all communicate in different ways.
- Annie: I agree, body language is so important and we all know that body language is 70% of communication. It's how I hold my body. Also, I have this thing called the four second pause. So I count to four, and then I may ask or then I may answer something, and that helps for the other person to also slow down their thinking.
- John: Yeah, I love that. I'm going to put my hand up to say I'm the biggest offender, especially after coffee, I speak too fast. But it is all about to have that pause which allows you to really consider what's about to come out of your mouth.
- Annie: Exactly.
- John: So important. With regards to strategies on going forward with the whole concept of death I loved what you said off microphone around meditation. Let's talk about that as a strategy.
- Annie: Okay. So first of all, what is meditation? It can mean different things to different people. There's inside meditation, there's relaxation meditation, there's visual meditation, there's so many things. But I like the Tibetan translation of meditation which is GOM, which means to familiarise. To familiarise myself with my thinking and with meditation the main tool that we use is that everyone has at hand is their breath. Watching their in breath, watching their out breath, watching the pause between the breaths because there is always that pause. And recognising and becoming familiar with our thinking and where we are right now. Where is any tension in our body at the time when a thought pops up? And it's the nature of the mind to think. People think that they're not allowed to think anything during meditation. Well, not so. People do think. And it's just as soon as you recognise, I'm thinking again, you go back to the breath. And if you start





thinking you can follow that, most of us do, and then when you do, this is pretty pointless, go back to the breath.

John: Interesting thought I just had as I'm listening to you, meditation is seen as something you do on your own but what about in scenarios where someone is dying and you hold their hand or you're with them, or you're having a cup of tea, is there such a thing as meditating together?

Annie: Yes.

John: What does that look like?

Annie: It doesn't look very exciting, it's just two people side by side. Depending on the state of the person who is near end of life, in Buddhism there is a meditation called Tonglen. So sometimes I will be with the person who may be a little bit agitated, or they're unsure. And I may be holding their hand, it's up to the person if they want me to hold their hand. Sometimes I will be massaging their feet or their legs and I will be bringing and inhaling their discomfort. Inhaling their uncertainty. And then on the exhalation I will be exhaling peace and calm for them. That's my practice. Sometimes we can do it together, usually when they are actively dying, that's the last thing they probably want to do because it's a big job to die. And they need to be focusing on what they're doing. But leading up to that we can actually do the breathing together. So I will hold their hands and first of all I will follow their breath, and then I will start leading with my breath. And then they start to follow my breath.

John: Of course, on top of medical interaction will often involve a substance, let's call it medication. It can be your friend, it can be your enemy, it can be an obstacle. Do you have a view on the role that medication plays?

Annie: Yes, I do. I think medication is great because that's why it was actually created, and there are certain medications that may... I'm not an expert, I'm not medical, but I have seen many positive responses after morphine has been given at different dosages. I remember once I was with this lady, I





was with her for many hours, I was sitting vigil and she was having a lot of agitation and I kept on ringing the buzzer for the nurse. It was in a nursing home. And the nurse came in and said no, I can only give her so much because that's what the doctors prescribed. And then I said well this is actually your duty of care because she's agitated. And then every time when she came in after I buzzed, maybe 20 minutes after I had buzzed, the poor woman was just exhausted and she quiet, and then the nurse said she looks fine now. But I learnt to video her. So then I showed the video and said no, she's just really tired. But look at her clenched hands, look at her furrow in the brow, look at her mouth, that's tension. So I said are you scared to give morphine and she said yes. And I said is it because of some family? And she said yes. And she said there was one time where she gave morphine and the person died half an hour later and the family accused her of killing them.

John: Sure, it is a tightrope isn't it?

Annie: It is.

John: It really is, and I respect that.

Annie: Yeah.

John: How do the Buddhist community work with medicine?

Annie: I'm generalising. A conscious death is probably what a Buddhist practitioner would want. As I said I'm generalising. Myself, in a perfect death, if I had that choice, I would like to be as conscious and as clear of mind for as long as possible. So I would not want sedation. If I started experiencing strong physical pain, give me some sedation, I don't mind, I can handle a certain amount of pain. I think that this is a reasonably common thing for a lot of Buddhist practitioners.

John: Do you think for those people who are interested in learning more or being a supporter of people who are dying or have their own families going





through this journey at the moment, what's the best advice you could give them?

Annie: Go on to YouTube, TED talks are great. There's a lot of talks about personal experiences and how they would do things different if they had their time again with their loved ones. There's some fantastic books around, there's a plethora of books around on death and dying. There has been for the last 15 years. Go to Google, Google what do I do when my mother is dying or what do I do when my son is dying, just Google it and get heaps of information.

John: Yes, I'll half accept that because there's a lot of stuff out there but it's so confusing. It's like you talk to a doctor, go to doctor Google, I've got a sore finger. But I want to hear from Annie's heart right now, yes there's a whole lot of resources out there, but what's helped you on your journey.

Annie: What's helped me?

John: And we haven't done a lot about you as far as... You've been married how many times?

Annie: I've been married six times.

John: And you talk about your background, Jewish?

Annie: My mother is Jewish. My father is Christian. And I'm a Buddhist practitioner.

John: Okay. So what's been your mantra or your thing that's really helped you with all this that you want to share?

Annie: This too shall pass. So things happen, shit happens, and it only remains in that context if I hold onto that belief that this is bad. Now I have learnt about... It took me a long time to learn my lessons, I've obviously got a bit of a tough head, so things that didn't go the way that I wanted them I





realised were, okay, it's not all going to go my way. So I learnt that failure, that's okay. Disappointment, that's okay. Rick Hansen, I think he's a neuropsychologist and he says that we are programmed for the Velcro for the bad stuff, and the Teflon for the good stuff. We hang onto the negative and we seem to forget all the good stuff that happens.

John: Okay, love it, thank you. Annie, I'd like to thank you for talking with me today. We started this interview by reminding people that if they do have issues there are organisations such as Beyond Blue and a couple of others that you mentioned?

Annie: Beyond Blue, Lifeline, GriefLine, and talk to people. Talk.

John: Talk to people. Annie, thanks for coming on the show.

Annie: Thank you.

