Perspective

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Dietary Adjustments: A Dilemma Faced by Both Buddhist Monastics with Diabetes and the Clinicians Managing Them

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Overall health of a person: Do we, as doctors, stick to WHO definition?

World Health Organization (WHO) defines health as a 'dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity' [1]. The duty of a clinician is, therefore, not merely to treat physical and mental illnesses but also to pay attention to the patients' spiritual lives and make necessary adjustments to their treatment protocols for the patients' maximum benefit. Recent international studies have highlighted the need to incorporate the spiritual and religious dimensions of patients into their management [2,3,4]. It is recommended that physicians-in-practice pay adequate attention to patients' spiritual concerns pertaining to sickness and treatment and take a spiritual history from patients, and that physicians-in-training too should be trained with sufficient emphasis on this aspect of patient-care [2,4,5]. Shifting from the traditional patient-care approach towards novel patient-centred approaches such as Shared Decision Making (SDM), in which individual patient preferences, spiritual and other needs and values are discussed and considered in decision making in addition to evidence-based treatment options, will help doctors identify reasonable management options that best fit and address the unique situation of the patient, enhancing patient satisfaction, compliance and overall well-being [6,7].

Doctors need to be aware of the spiritual dietary practices of patients with diabetes

Dietary modifications play a key role in managing diabetes mellitus. Doctors give dietary advice to patients not only to lower their high blood sugar levels but to avoid hypoglycaemia caused by certain antidiabetic drugs as well. Nevertheless, some patients with diabetes, as many other people, adhere to religious dietary restrictions every day or on specific days or months of the year, which make it challenging for their doctors to help them have optimal blood sugar levels. For instance, Roman Catholics observe fasting on specified periods of the church year, such as Lent [8]. Muslims are prohibited to consume pork and they abstain from food and water from dawn to sunset during Ramadan, the ninth month of the Islamic calendar [9,10]. Hindus practice fasting on specific days weekly, monthly and annually [9]. Buddhist monastic practitioners and dedicated lay Buddhist practitioners too abide by certain dietary restrictions as a part of their spiritual practice [11].

Having to abandon such dietary practices owing to medical reasons may have a negative impact on the mental and spiritual well-being of the practitioners of any religion. Therefore, doctors are required to be sensitive to such spiritual needs of their patients and to take effective measures in disease management to optimize their overall well-being. International guidelines have been prepared for diabetes management in patients observing Ramadan fasting [12]. Regional experts in diabetes too are striving to help Burmese lay Buddhists with diabetes

who practice fasting methods during the three months of the rainy season, which is called the Buddhist lent [11].

In Sri Lanka, healthcare providers, irrespective of their religion, try their best to maintain the overall health of their patients. But gaps in knowledge and therefore in practice are observed when it comes to treating Buddhist monks and nuns who adhere to dietary restrictions as a part of their spiritual practice. This perspective article is based on work done over a period of three years with monastics and medical practitioners and aims to highlight this knowledge gap.

In a sample of 418 Buddhist monastics, the proportions having diabetes among those who were living in monasteries and village/city temples were 8% and 26%, respectively, [unpublished data] necessitating the use of hypoglycaemic agents with possible implications on their dietary restrictions. These proportions substantiate the need for the medical fraternity to take immediate measures to improve their spiritual sensitivity during diabetes management.

Dietary restrictions of Buddhist monks/nuns: are there exceptions?

In the Kitagiri Sutta of the Middle Length Discourses in the Sutta Pitaka, it is recorded that Lord Buddha has said to his monastic disciples (Thanissaro Bhikku's translation) "I abstain from the night-time meal. "As I am abstaining from the night-time meal, I sense next-to-no illness, next-to-no affliction, lightness, strength, and a comfortable abiding. Come now. You too abstain from the night-time meal. As you are abstaining from the night-time meal, you, too, will sense next-to-no illness, next-to-no affliction, lightness, strength, and a comfortable abiding." [13].

'Vinaya' rules are the original monastic code of ethics laid down by the Buddha for monks and nuns to abide by. According to the original description of Pācittiya rule 37 in the Bhojanavagga of the Vinaya pitaka, even during an illness, Buddhist monks and nuns are not allowed to consume food during the time from midday to dawn of the next morning, which has been declared as the 'improper time' (vikāla) for food [14]. Breaking of this rule is considered an offense for every monastic practitioner irrespective of whether he/she is novice, fully ordained, temple-living or monastery-living, but there is an exemption for the monastic practitioners who

are insane [15]. In addition, as stated in Mahāvaggapāli VI.17.3-5 and in Pācittiya rule 38 in the Bhojanavagga of the Vinaya pitaka, a fully ordained monk is not free as a lay person to consume stored food or to cook [14,16,17].

These monastic rules have been laid down to minimize the complications which can arise in the simple life of a monastic practitioner, to inculcate restraint in monastics and to ensure pliable physical and mental conditions conducive to reaching the ultimate goal of the monastic life without deviation or distraction [13, 14,18]. The significance of adhering to such rules, as well as the negative impact of breaching of them, may not be fully comprehended by the laity whose purpose of life largely differs from that of the dedicated monastic practitioners. Buddhist texts on monastic discipline state that abstaining from consuming food after midday is one of the most remarkable practices which distinguish monks and nuns from lay persons [19].

What is and is not allowed

According to Mahāvaggapāli VI. 35.6 of the Vinaya pitaka, the calorie sources allowed by 'vinaya' after midday when there's a true need include pulp-free juices of certain fruits, tea, rasam and herbal drinks. Mango, weralu (Ceylon olive), uguressa (Governor's plum), jambu (rose apple), banana, pomegranate, orange, lime, lemon, grape and beli are some of the allowed fruit juices [16,17]. As declared in Nissaggiya Pācittiya rule 23 in the Bhojanavagga of the Vinaya pitaka, honey, sugar, jaggery, edible oils (eg: sesame oil and olive oil), butter, ghee and mixtures of these items (eg: chatumadhura) too are allowed to be accepted by fully-ordained sick monks and nuns in amounts sufficient for seven days but they should not be stored or consumed beyond these seven days [14]. Novice monastics have no such time limitation for the storage or consumption of those nutritious substances.

Solids including fruits, yoghurt and cheese, food drinks such as soup, kanji/porridge, milk, barley water and malted drinks and certain fruit juices, even when they are free of solid particles, are not allowed by 'vinaya' to be consumed after midday

The dilemma of diabetes in monastics

A questionnaire-based study conducted among monastics with diabetes and doctors treating them revealed that 73% of monks with diabetes had received medical advice to take food items not allowed by the monastic code of discipline after midday when hypoglycaemic agents were prescribed to them. The monastics who strictly abide by the 'vinaya' rules refused to comply with the said advice and some of the monastics who did comply were stressed over the said advice since they had followed it unwillingly. On the other hand, doctors find it essential to help monastics with diabetes to avoid hypoglycaemia after midday when they are put on hypoglycaemic agents. However, 64% of the doctors who participated in the study had the misconception that monastics are allowed to take food after midday when sick, which is not correct. Even though 18% of the doctors knew that food is not allowed at all after midday, many of them had the misunderstanding that liquids such as soup, porridge and milk are allowed after midday [unpublished data].

It was found that 67% of the monks adhering to the precept of not taking food after midday experienced hypoglycemic attacks. They claimed to have used items allowed by 'vinaya' such as sugar, glucose, fruit juices, plain-tea or coffee to overcome hypoglycemia but were found to be lacking in insight to select proper options including mixtures of allowed calorie sources. On the other hand, it was also noted that many of the monastics with diabetes who consumed food after midday in order to comply with medical advice to avoid hypoglycemia had gradually tended to overeat [Unpublished data].

Abiding by original 'Vinaya' vs medical advice

Misinformation and misconceptions about monastic dietary rules and the generalization of such information and observations are detrimental to the doctor-patient understanding as there are many monks and nuns who are trying to practice the original 'vinaya' rules to the letter.

During discussions with monastic participants and doctors, the reality that there is a trend among monks and nuns abiding by the original 'vinaya' rules to move away from western medical treatment mainly because they are strongly advised by doctors to have food after midday when taking anti-diabetic medication was clearly seen. This puts the

physical health of such monastics and even their lives at risk. Thus, exploration of ways to help such monastics is needed. There can be other monastics who are willing to be less stringent in their dietary practices during treatment, but all monastics should not be categorized as such by default.

Specific patient needs

A considerable number of monastics who participated in the study have suggested that the medical advice, treatments and the in-patient care they receive be vinaya-friendly and that the medical professionals be made aware of the original 'vinaya' practices pertaining to treatments. Some of the doctors who participated in the study too have suggested that doctors be given adequate 'vinaya' knowledge pertaining to sickness and health care.

Tailor-made drug treatment

There is room in western medicine for a tailor-made drug treatment for diabetes to suit the original spiritual dietary restrictions of monks and nuns to a significant extent. Unfortunately, during treatment many doctors, driven by their misconceptions of the dietary 'vinaya' rules and the overgeneralizations of the common observations, either tend to assume that monastic patients have dietary practices similar to lay people or demand that monastic patients revert to lay dietary practices, without attempting the possible drug adjustments to facilitate the spiritual dietary practices. This highlights the need for approaches such as SMD that enhance proper communication and understanding between the doctors and monastic patients and ensure the involvement of both parties in decision making.

Education of lay devotees

Both the monastics with diabetes and the devotees who prepare the food for the monks and nuns need to be educated on healthy diets in a 'vinaya'- friendly manner. It is advisable to get down a representative of devotees or devotees' council (Daayakasabha) to the clinic with the monastic patient and educate them so that the monastics could be provided with nutritious food that are both 'vinaya' friendly and compatible with the treatment regimen. Written instructions in

the form of a leaflet would be useful for both devotees and monastics.

Suggestions for improvement in day to day practice

Buddhist monastic patients should be considered a different population. Doctors should make every possible effort not to advise or force sick monastics to revert to lay dietary practices during treatment as those special dietary practices seem to hold much significance for the monastic life. The monastic patients who insist on or are inclined towards following lay dietary practices may be given the choice to decide which dietary pattern they will follow. Vinaya-friendly guidelines to treat monks and nuns with diabetes should be developed at national or regional level with the support of expert monastic practitioners of 'vinaya'. As monastics with diabetes are managed not only by specialist doctors but by general practitioners as well, medical practitioners at all levels along with dieticians should be made aware of the spiritual dietary restrictions of monastic patients. It is also suggested that the meals offered by the hospitals to the hospitalized monastics be provided in time to be consumed before noon and that ward rounds and investigations be planned and carried out with maximum care not to interfere with their time restrictions for food consumption, if practically possible. Further, devotees or devotees' councils (Daayakasabha) should be educated on preparing healthful alms food.

As some other religious practitioners too follow special spiritual dietary practices, drugs and diet patterns should be adjusted with maximum effort not to disturb such practices of patients with diabetes of any religion. Going by the WHO definition, in order to provide optimal and complete care for their patients, spiritual and cultural sensitivity in patient care should be inculcated in medical graduates from the very beginning by incorporating it into the medical curricula.

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Author contributions

All authors contributed equally to the manuscript

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Competing interests

The authors declare no conflict of interest

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