health after leaving the ascetic colony where he had spent 6 years
studying. The irony of the editorial “CPR or DNR: Lessons From
Buddha” is that the authors attempt to use an exception to prove
the rule. That is, they are using the example of the Buddha (an
enlightened being) as a model for how we (mostly unenlightened
beings) should behave. According to Buddhist doctrine, from the
very moment that Buddha became enlightened, his life was no
longer necessary for his development. He could have entered
nirvana then and there (which would have meant instant death to
his earthly body) and not suffered any karmic repercussions.
Buddha chose to stay on earth for many more years out of a
profound compassion for all of mankind and a desire to liberate
as many people as he could. Since he had already achieved
enlightenment, it made no difference to him (from a Buddhist
perspective) when he died since his remaining life was essentially
a gift to all mankind. The sense of urgency regarding achieving
his enlightenment no longer existed.

This interpretation of Buddhist teachings leads me to a differ¬
ent conclusion regarding an approach to DNR and CPR. I
thoroughly agree with the authors that the fear of the unknown
and the fear of death cannot be acceptable reasons for unrealistic
and unaffordable treatment. However, such types of decisions
must always be tempered with an appreciation of the enormous
value of human life. The way I interpret Buddhism’s philosophy
toward this issue is that “where there is life there is hope.”
Buddhism teaches that within each one of us there exists a latent
Buddha, and at any moment it might be realized. The achieve¬
ment of enlightenment can even occur in the very instant before
death (or perhaps in the interval between CPR and death), and if
it does, then that life has reached perfection.

Even in the Buddha’s final exhortation (“Decay is inherent in
all component things! Work out your salvation with diligence”),
the note of urgency regarding salvation (enlightenment) is pa¬
tently obvious. Rather than reading this as a suggestion to gently
extinguish the flame, I read it as saying “Rage, rage, against
the dying of the light,” although in the Buddhist version, the light
is analogous to a candle that can be (and is) relit many, many times.

Charles Stinler, MD
Doughlaston, New York

REFERENCE
1 Karetzky P, Karetzky M, Brandssteter RD. CPR or DNR:

To the Editor:

Universal religious teachings such as Buddhism are treasured
for their great wisdom. Such systems of thought appeal to a vast
populace, with each individual understanding the points of the
doctrine in his own unique way. It is hard to define a religious
truth of any tradition that will find complete consensus. This is all
the more true for Buddhism, which was orally transmitted for
over 500 years before the teachings were written down, and by
that late date, no unanimity could be found. Consequently, there
never was a codified “bible,” rather a compilation of sacred
Buddhist scriptures that number in the tens of thousands.
(Columbia University has a copy of the thousands of sacred
volumes of the Taisho edition of the Tripitaka.)

Certainly no one could argue against the great compassion of
the Buddha. This was the central tenet of his teaching. The fact
that he did not address the question of an afterlife or of a god
is a natural corollary to his doctrines. Indians believe in karma—
infinite rebirth. The Buddhist understanding was that life is
inherently painful, and that infinite rebirth propels pain infinitely.
Since the ancient Vedic gods of India (it was not a monotheistic
society) were also subject to karma, deities were useless in the
pursuit of enlightenment. This is why in the scriptural tradition
when Mara, god of death and desire, offers the meditating
Buddha-To-Be a high place in the ranks of the god, he is
rejected. If one teaching can be firmly associated with the
Buddhist doctrine, it is the one encapsulated in the Four
Truths—attachment leads to pain. This truth can be expressed
more concretely as the attachment to life, for it alone leads to
rebirth. Extinguishing the desire to live is the means to nirvana.

Dr. Stinler takes exception to “using the example of the
Buddha as a model for how we should behave,” but it is important
to take enlightened people, such as the Buddha, as models,
though we ourselves may fall short of that blessed state. It is only
by studying the wisdom of those who understand the human
condition and what is frankly possible that reasonable goals be set
and hopefully achieved. Further, one cannot apply the Buddha’s
death bed sermon urging healthy people to be aware of their
mortality and to try and detach themselves from the karmic
conditions of the wheel of suffering as an excuse to prolong the
pain-filled life of terminally ill people. As Dr. Stinler himself
quotes the Buddha as saying, “A sick body is a hindrance to
enlightenment.”

Prolonging life at any cost is not a Buddhist value. In fact, the
practice of suicide was sometimes considered a symbolic act of
enlightenment. One may only think back to the self-immolation
of the Buddhist monks in Vietnam, the zen samurai warriors
adhering to their creed of busido, or the less well-known
Mahayanist sacrifices (ritual suicide is described in the Lotus
Sutra chapter XXII. Charles Eliot in Japanese Buddhism, argues
against the practice and the Buddha’s condoning of it4 to see
how the doctrine was later interpreted thousands of miles from
the site and over 2000 years after the founder’s sermons.

Patricia Karetzky, PhD
Monroe S. Karetzky, MD, FCCP
Robert D. Brandssteter, MD, FCCP
Newark Beth Israel Medical Center
Newark, New Jersey

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Books, 1972; 15
2 Karetzky P. Life of the Buddha. Latham, Md: University
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Measurement of Pleural Fluid
Cholesterol Levels

To the Editor:

In a letter to the editor in CHEST (July 1996), Romero et al1
report that the criteria of pleural cholesterol level >45 mg/dL
and pleural lactate dehydrogenase (LDH) level >200 IU, pro¬
posed by us for the identification of pleural exudates,2 have been
 inaccurate when applied to their patients, especially regarding
specificity. Searching for an explanation for this discrepancy,
we have become aware that we are using different methods for the
determination of LDH activity, so that the upper normal limits
for serum are not the same. Therefore, the cutoff point of 200 IU
does not have the same meaning for both groups. In our article,