



Dear Health Care Team,

The International Association for Near-Death Studies (IANDS) has been contacted on behalf of one of your patient who reported having had a near-death or similar experience (NDE). The ultimate purpose of this friendly letter is to enhance doctor-patient rapport by providing you, the health care professional, with accurate scientific information about near-death phenomena. IANDS is a non-profit educational organization committed to scientific research on, dissemination of accurate information about, and personal support to persons experiencing or involved with, NDEs.

A definition of the NDE is a lucid experience of perceived consciousness separate from the physical body, occurring at the time of actual or threatened imminent death. NDEs and NDE-like events have been reported across cultures and throughout recorded history under various names and belief traditions. These events first gained the serious attention of Western medical researchers following the 1975 publication of *Life after Life* by a respected American psychiatrist, Dr. Raymond Moody. His work delineated the common features of the experience and presented multiple case reports from persons who clearly were neither delusional nor psychiatrically impaired. His findings have been corroborated by numerous scientific studies over the past three decades, as reported by University of Virginia psychiatrist, Dr. Bruce Greyson (2000). A 1993 Gallup Poll estimated that 12 to 15 million Americans had personally experienced an NDE. Two recent prospective studies published in *Lancet* (van Lommel et al., 2001) and *Resuscitation* (Parnia et al., 2001) have established an NDE incidence rate of 11-18% of cardiac arrest survivors. NDEs have been documented to occur in children as well as adults (Morse, 1994).

Consistent components of the NDE have been well documented (Greyson, 2000). These components include, but are not limited to, an out-of-body experience, travel through a tunnel or void, contact with familiar beings such as a deceased relative or a religious figure, a sense of profound peace and tranquility, distortions of time such as feelings of timelessness, presence in a non-earthly realm, a life review, and a choice or command to return to one's body. Often, the pivotal emotion resulting in a prompt return is a compelling desire to care for other persons or to fulfill some responsibility in one's life.

Although most NDEs are pleasant, a small percentage are distressing, that is, dominated by feelings such as fear, isolation, or torment (Greyson & Bush, 1992). Both pleasant and distressing NDEs have potentially very constructive aftermaths in NDErs' lives, especially if caregivers—health care professionals, family, and friends—respond constructively to the NDEr.

Initially, NDErs may be excited to share their experiences; often, this sharing is with a nurse or other trusted member of the health care team. Unfortunately, research indicates that when these initial disclosures are met with responses that are discounting ("That's nonsense! You couldn't have seen Grandpa; he's been dead for years."), are devaluing ("That's nothing but your mind playing tricks on you while you were unconscious."), or imply pathology ("Stop telling me such stories. That's crazy."), then the experiencer is likely to remain confused, isolated, and mute about what, typically, is the most profound experience of their life (Greyson, 1997). This outcome is harmful, because the NDE's apparent potential to advance the NDEr's psycho spiritual development has been thwarted.

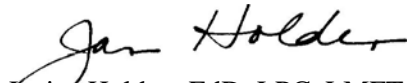
If your patient had an NDE, your role in helping the patient integrate the experience into their subsequent life is crucial. One important step is to ask open-ended questions with an attitude of openness and curiosity. Some professionals may believe the NDE is just a phenomenon of brain chemistry in the process of cellular death. However, it is more helpful to a patient's welfare for the professional to set aside personal beliefs and to accept that the patient is entitled to explore and learn from their own subjective experience. You can facilitate this constructive developmental process by refraining from telling the patient what you believe the experience means and, instead, encouraging your patient to process what the experience means to them.

For more information, including a free downloadable brochure, "Caring for the Near-Death Experiencer: Considerations for Caregivers," please visit our website at [www.iands.org](http://www.iands.org). Alternatively, please feel free to contact our office with your questions or concerns.

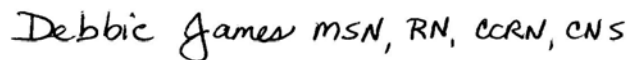
Sincerely,



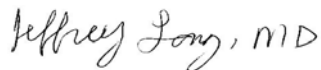
Diane K. Corcoran, RN, PhD  
IANDS, President



Janice Holden, EdD, LPC, LMFT, NCC, CST  
Professor of Counseling, University of North Texas  
IANDS Past President



Debbie James, MSN, RN, CCRN, CNS  
Critical Care Nurse Specialist, M.D. Anderson  
Board member, IANDS



Jeffrey Long, MD Radiation  
Oncologist, Tacoma, WA



Jason MacLurg, MD  
Psychiatrist, Seattle, WA

## References

- Greyson, B. (1997). The near-death experience as a focus of clinical attention. *Journal of Nervous and Mental Disease*, 185(5), 327-334.
- Greyson, B. (2000). Near-death experiences. In E. Cardeña, S. J. Lynn, & S. Krippner (Eds.), *Varieties of anomalous experience: Examining the scientific evidence*. Washington, DC: American Psychological Association.
- Greyson, B., & Bush, N. (1992). Distressing near-death experiences. *Psychiatry*, 55(1), 95-110.
- Moody, R. (1975). *Life after life*. New York: Bantam.
- Morse, M. (1994). Near-death experiences and death-related visions in children: Implications for the clinician. *Current Problems in Pediatrics*, (24)2, 55-83.
- Parnia, S., Waller, D. G., Yeates, R., & Fenwick, P. (2001). A qualitative and quantitative study of the incidence, features, aetiology of near-death experiences in cardiac arrest survivors. *Resuscitation*, 48, 149-156.
- van Lommel, P., van Wees, R., Meyers, V., & Elfferich, I. (2001). Near-death experience in survivors of cardiac arrest: A prospective study. *Lancet*, 358, 2039-2045.