

OBJECTIVES

- Describe selected results of NDE research in healthcare settings.
- Discuss NDE research implications in palliative care, end of life and other healthcare settings
- Suggest areas for future NDE research in healthcare

**Selected Research Review of
Research in Healthcare Settings**

- First study of patients in clinical setting to coin phrase "Near-Death" (Raymond Moody *Life after Life*, 1975)
- Other big contributors to the body of knowledge in health care setting (Greyson, Ring, Sabom, Ritchie, Atwater, Callanan, Morse, and others)
- Focus of this review: Selected studies (lesser known) but that are directly related to clinical care
 - Describe NDEs in clinical settings
 - Offer key implications for care and research

**Research related to Clinical
Approaches (Greyson, Harris, 1987)**

- Study of panel of professionals working in the NDE field
- Findings still used as basis for general guidelines and specific interventions to assist NDErs in coping with psychological difficulties following an NDE.

**The Unconscious Experience
(Lawrence 1995)**

- Purpose: Describe patients report of experiences after period of unresponsiveness.
- Subjects: 111 patients admitted to a teaching hospital in US. Selected from inpatients while on hospital rounds
- Method: Descriptive with qualitative and quantitative components

The Unconscious Experience (Lawrence 1995)

Study Findings:

- Patients' perceptions of unconsciousness is multifaceted
- Some patients were "aware" while unconscious and revealed need to distinguish between being aware and being unable to respond
- Glasgow Coma Scale was used to measure coma. Revealed that some patients may be aware but unable to perform psychomotor functions measured.

The Unconscious Experience (Lawrence 1995)

- Suggests need to distinguish between awareness and movement in new studies
- Suggests need to reassure patients that NDEs happen to psychologically normal patients
- Patients' unconscious events may have long term effects.

Death-Related Sensory Experiences (Ethier, 2005)

DRSE is defined by author, as spiritually transforming experience occurring with the appearance of a messenger guide to assist a dying person through the dying process.

Study is a descriptive study reviewing the literature and using case studies.

Author purports there are differences between DRSE and NDE's, individuals who experience NDE's do physically recover, children who have DRSE's experience them as a manifestation of the dying process from which they will not recover.

The primary difference offered in the table is the life review, which we know children frequently don't have during an NDE.

Author believes the purpose of DRSE is to have guides communicate with patient and aid patients in their transition

Authors Conclusion: Awareness of DRSEs is critical to understanding what is happening with dying child and being able to support the children and their families.

I believe that the Author's description on DRSE could be NDE which happen during the dying process. Callanan reports in her NDA work which primarily discusses communication with the dying patient, that many patients have both NDE and NDA experiences during the dying process.

It is important to recognize both as part of the dying process. Currently there are no empirical studies examine the DRSE..

Research focusing on the Childs perspective of their experience promises to bring critical insights and applications for patient care.

Near-Death experience: a concept analysis as applied to nursing (Simpson, 2001)

Background: A concept is a thought or complicated mental image of an phenomenon. Concepts are essential in research development, as they are the building blocks of theory.

Method: Author uses concept analysis to find a working definition of the NDE and its implication for nursing.

Conclusion: The number of people having a NDE is phenomena and may be underestimated due to insecurity of telling others. Author summarizes different stages of NDE and discusses implications for care.

The meaning of Survival: The early Aftermath of a Near-Death Experience (Orne, 1995)

Sample: Inpatients in medical center who met inclusion criteria of resuscitation, age, English speaking and Greysons NDE Scale. Over 6 months 97 documented post arrest patients were identified and traced.

Method: Unstructured interviews, half of the subjects were interviewed before discharge and the others were interviewed within two weeks of discharge.

Findings:

- One constitutive pattern emerged—"Search for Meaning"
- One third of study subject had distressing experiences

The meaning of Survival: The early Aftermath of a Near-Death Experience (Orne, 1995)

Implications:

- Crucial need to support of the patient and family.
- Positive, responsive and readily accessible support was associated with ability handle the NDE.
- Suggest need for early interventions by nurses.
- Suggests provider make a brief factual anticipatory statement when assessing patients or when reorienting post arrest, given the high incidence of NDE's during cardiac or respiratory arrests.
- Response of caregivers may critically influence how the NDE is interpreted and intergraded into their daily lives or be

Development of the Near-Death Phenomena Knowledge & Attitudes Questionnaire (Thornburg 1988)

Purpose: Study nurses knowledge and attitudes toward near-death phenomena and NDE patients.

Sample: 20 RN's from ICU or CCU units completed a questionnaire.

Method: A convenience sample of all available RN's in ICU's in a Midwest medical center. All nurses were individually contacted and asked to complete a questionnaire.

- 29 Likert items about attitudes toward the phenomena
- 25 items about care of NDE patients

(Cont.)

Open ended questions used because of lack of nursing literature, and reliability and validity for this instrument had not previously been established.

Findings: None of the nurse subject were NDER, 95% had taken care of a patient who had NDE's.

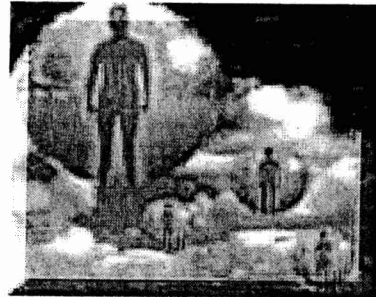
Responses varied from "Fascinating-I would like to know more about it, to "I don't see how this can help anyone".

Nurses had many questions but most knew a few basic elements of NDE as reported by Moody—did not know causes or effects of the NDE.

The Knowledge and Attitude scales require further reliability and validity testing.

When ICU nurses have more knowledge available they will work more effectively with patients.

Recommendations for future research



Studies to gain better understanding of the NDE

Large prospective study examining NDE after effects and an individual's ability to integrate the experience in relation to long terms positive growth and happiness.

What is the timing for interventions to assist with integration of the NDE? How do NDER's perceptions change over time and what is the impact of integration on these perceptions? What are the needs for long term follow up?

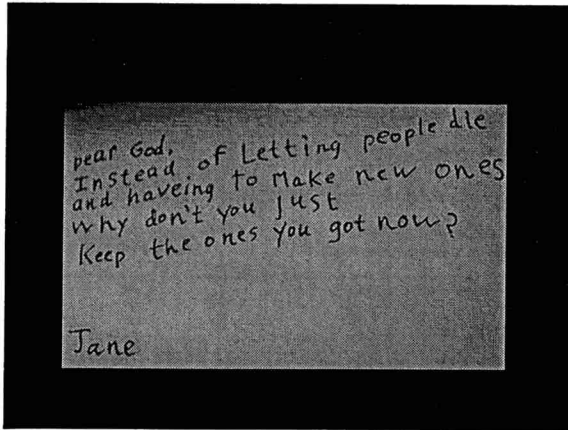
Further investigation of NDEs in prospective studies in high risk areas (e.g. ICU, OR, palliative care units) to eliminate the sampling bias in retrospective studies.

Studies to gain better understanding of the NDE

Study of hospice patients to understand differences and outcomes of the NDE and NDA.

What is the impact of the NDE on the patient's significant relationships? What is the impact family members when the patients undergoes significant changes in values and attitudes. What interventions are needed to assist families?.

Large, multi hospital study to get a better account of distressing NDEs.



Studies in Children Cont.

Multi-site, longitudinal study on neonates, matching difficult delivery and resuscitated babies with normal deliveries for day of birth, culture, socio-economics, ect. What are the differences in long term memories, personality traits, IQ, special skills, and other common after effects of NDE's

Large scale prospective study of at-risk children, looking at occurrence, after effects, parents support and children's attitudes about NDE and their level of maturity and insight. gained from the experience.

Large scale study to understand differences and similarities between children and adults NDEs.

Studies for improving Care Provision

A study looking at knowledge and attitudes of health care providers in VA and military health care systems. With educational intervention and NDE patient satisfaction outcome measurements.

Does acknowledging the NDE and the associated description of afterlife alleviate fear and provide comfort for dying patients and their families?

What are the strategies that assist providers in telling the difference between NDE's and confusion in the elderly.

Studies for improving Care Provision Cont.

What documentation processes would improve recording of the occurrence of NDEs? Studies needed to gather evidence of validity of the NDE with independent corroboration of aspects of the NDE to establish validity of the NDE.

Large scale studies to describe NDE involving patients from multiple cultures. What are the common, cross cultural features and what are unique? What is the impact of difference in cultural background between provider and NDE patients? Answers to these questions are the basis for effective provider education/intervention.



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