

Near Death Experiences in end of Life Conditions: Need for Nursing Perspectives

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ABSTRACT

End of life (EOL) conditions are very complicated situations for several reasons. It is the phase of one's life where physical, emotional and spiritual vulnerabilities as well as insecurities are at their peaks. End of life visions and dreams are a very complex group of experiences. End of life dreams and visions (ELDVs) are one of these integral components of end of life condition. These altered states of consciousness are as baffling as death itself. More important are the challenges that they present to the observer. More important is their tendency to become overlapped by awake and dream states and a poor cognitive ability of the patient to report them. Thus the role of an around the clock nursing staff becomes especially significant to judge the situation and provide objective inputs to the reports which are being recorded as ELDVs. Thus the role of a nursing staff in ELDVS is indispensable and should be incorporated in the studies of ELDVs as much as possible.

Key Words: near death experiences, end of life dreams, visions, nursing

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Introduction End of Life Care and the Palliative Nursing

End of life (EOL) conditions are very complicated situations for several reasons. It is the phase of one's life where physical, emotional and spiritual vulnerabilities as well as insecurities are at their peaks. End of life situations are not only limited to chronic debilitating conditions like renal failures,

oncological conditions and actually involves the normal progressive old age. Nursing staff remain the primary mode for providing care in the terminally ill individuals where the role of nursing in end of life care is indispensable. Often around the clock nursing remains the primary mode of care for such patients. Nursing the patients facing such situations is challenging at several levels. These challenges include taking care of physical decisions like whether to perform tracheostomy, when to feed by endogastric tube, when to start discussing about end of life condition etc (Adams *et al.*, 2011). Challenges also include the psychological ones like providing emotional comfort, understanding and managing grief, preparing for death etc. End-of-life care is grounded in the ethical values of nursing, which include respecting a client's choice, well-being and life, maintaining commitments, and valuing privacy, confidentiality, truthfulness and fairness.

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The above mentioned aspects of EOL have been somewhat touched and studied by the scientific community especially in the past decade. However, one aspect of EOL which remains grossly understudied is the spiritual aspect of EOL, often cited as end of life dreams and visions (ELDVs) (Betty, 2006). Even further lacking in these researches are the perspectives from the nursing staff which is strange given that most of the time spent with such patients is actually by the attending nurses. In this article, we will provide another dimension to this association between nursing and ELDVs. We will try to highlight that nursing inputs are particularly valuable for understanding near death experiences per-se. Here we will present the article from the stance of NDEs rather than from the medical health perspective. We will see that the role of a nursing staff is actually indispensable and more studies should involve the inputs from round the clock nurses attending such patients.

Vantage Point of Nursing Staff in Studying ELDVs

End of life care is complicated by several psychological and physical sequelae. One of these psychological conditions which remain poorly understood is the presence of unusual near-death experiences (NDEs) where the exact role of nurses remains unclear. However, as has been reported in several studies before, ELDVs are one of these integral components of end of life condition. Death bed visions (DBVs) or the recently termed End of life Dreams and Visions (ELDVs) are common phenomena in individuals nearing death. The etiology and nature of these experiences and expectations towards death may vary. What remains striking is that, there have been marked similarities between the reported experiences.

The vantage point of a care taker incorporates several advantages which we will be pointing out in present section. As is evident, an around the clock care-taker plays the obvious role of objective observers. This objective observation can be specifically contributory to the scientific literature of ELDVs because of two reasons:

- 1) The nursing staffs are the most common individuals observing the patients during the periods of their death. This observation can contribute several aspects of the associations between

ELDVs and the subsequent nature of death, especially if the experiences are related to Peaceful or stressful death.

- 2) Longitudinal data of the ELDVs can be obtained only from the individuals who are spending time with these patients over a prolonged course of time.

In addition to these advantages that nursing staff have for objective evaluation of ELDVs, they are also in a better situation for understanding the subjective aspects of these experiences. This is because the patients confide these experiences with the nursing staff more than family members as observed by several studies. Study by Barbato et al (1999) found that patients & relatives tend to talk about death bed phenomena (DBP) more to nurses than to doctors. In another pilot study by Brayne et al (2006), the palliative care team found that the patients confided their experiences to nurses more than the doctors. Also, the nursing team was able to observe that all staff felt DBP to be an intrinsic part of the dying process and that such experience carried very personal meanings to the patients.

Perhaps these are the reasons that some of the most commonly known facts about ELDVs have been actually based on nursing accounts. For example, a survey of hospice nurses stated that experiencing ELDVs are associated with calm and peaceful deaths (Lawrence & Repede, 2013). The findings of the current study are consistent with the previous studies that describe ELDVs as a source of comfort, peace, acceptance, and peaceful death (Betty 2006; Muthumana *et al.*, 2010; Lawrence & Repede, 2013).

Need of Qualitative Analysis of ELDVs

The nursing contributions to the understanding of ELDVs have been mostly in the form of the reports of their observations. In this article, we extend our ideas regarding the nature of studies that can be done in this context. Most of the studies as such on ELDVs have been in the form of objective reports or by application of scales. However, NDEs are unlike other experiences because of several reasons. First of all, the nature of experiences are not very clear as to be analysed as an experience of emotional nature or of a perceptive nature. Many times, the patients report of not very clear perceptive experiences but with very strong emotional values. Thus these experiences should be looked

as something completely new and should be analysed more from the perspective of the experience rather than from the eyes of the objective observer. Secondly, these experiences are very strange in nature. Thus when a godly figure is actually perceived, the perception is so astonishing and completely novel that it is very difficult to put an objective value on these experiences. Thus the analysis of subjectively stated excerpts would make more sense rather than by evaluating on a scale based on yes/no or on a Likert scale ranging from not at all to very much.

As can be understood, for both of these purposes, the nursing staff seems to be the best evaluator because he/she is continuously around the patient and can either record or interview more elaborately for hours at a stretch talking about such experiences which is not possible for the treating doctor or even for the family members to be a witness for.

Overlapping of ELDVs with Awake and Dream States: Where Nursing Reports are a must

The exact nature of consciousness is poorly understood. Needless to say, NDEs or ELDVs are far from comprehension by scientific community at present. However, we provide an important dimension of ELDVs here which will make this state especially important for scientific study. Several studies have reported that as the time passes and the patient nears death, there are phases of altered/different consciousness state which the patient is not able to differentiate as being either awake, in dreams or just having ELDVs. This is a very special condition and can be best understood by an around the clock care-taker like a palliative nurse. On the basis of our own observations as well as several studies, it can be said that the end of life state is a much more complicated state of consciousness which can be further complicated by delirium like states or side effects of medications as seen in advanced stages of dementia.

Before attempting to make a sense of this continuity/overlapping of different states of consciousness, it is first required make a record/log of this transition. We are of the opinion that this constitutes the most important reason that nursing reports should always be

incorporated into the studies where such experiences are being researched. This is because we are in a better position to judge if the patient is actually experiencing an ELDV or is he just having a dream. This could get especially confusing because the patients in such conditions spend most of the time in bed and their cognitions are at times too clouded to make a judgment of their own experiences. Thus a person who has been looking at the patient continuously should be consulted before judging such states as actually being ELDVs. Additionally, these could be actually just experiences in awake state where the senses have been heightened by delirious states or have been weakened by medications. Thus an element of objective judgment by a person having a look at the individual throughout the day could be of significant value.

Conclusion

End of life visions and dreams are a very complex group of experiences. More important is their tendency to become overlapped by awake and dream states and a poor cognitive ability of the patient to report them. Thus the role of an around the clock nursing staff becomes especially significant to judge the situation and provide objective inputs to the reports which are being recorded as ELDVs. Thus the role of a nursing staff in ELDVS is indispensable.

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