



VOICES

PERSONAL STORIES FROM THE PAGES OF NIB

Healthcare After a Near-Death Experience:

A Teaching Guide for Healthcare Providers*

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The stories referenced in this study guide can be downloaded for free. Please see the "Healthcare After a Near-Death Experience" volume of VOICES <https://nibjournal.org/voices/>

Art Frank has written a short reflection piece on learning from narratives for NIB. Please see the Narratives Page under the Education tab on the NIB website to download the piece.

General Questions:

1. What is your initial reaction to the prospect of discussing near-death experiences? What beliefs, preconceptions, judgments, or experiences do you bring to the discussion?
2. If a patient brings up spiritual beliefs or experiences relevant to their illness or hospital stay, what do you believe to be the role of the doctor or healthcare provider in that conversation?
3. A healthcare worker's response to a self-reported NDE can affect that patient's long-term physical, mental, and interpersonal life. However, the cause of the experience itself cannot be explained. Do you think it's difficult for health professionals to respond to a phenomenon that falls outside the realm of science? If so, what about that makes it difficult?
4. What other situations are there where a healthcare professional must respond to a patient's experience where the cause of the patient's experience is not understood? What similarities do you see between those situations and NDEs? What differences do you see?
5. How much need do you perceive for religious or spiritual resources in the hospital setting? Do you believe the current resources are sufficient? How much interaction do you believe there should be between those who provide spiritual care and medicine?
6. What would help you better understand patients' near-death experiences?

*Created to accompany VOICES: Stories from the Pages of NIB, 2021, which contains the narrative symposium from Narrative Inquiry in Bioethics, Volume 10, Issue 1, titled, "Healthcare After a Near-Death Experience."

Story Questions:

Intuition Told Me I Would Die: No One Believed It Would Save My Life

Stephanie Arnold

1. Arnold writes, "The more patients and doctors talk about intuition without fear of being judged, the more we normalize it and create a safe space for others to be open about their experiences." What would it look like for medicine to create a more open conversation about intuitive decision-making? Do you think that conversation would enhance medicine, or would it detract from evidence-based practices?
2. What do you think of Arnold's suggestion that providers' intuition plays an active role in medicine? What role, if any, do you believe intuition plays in your own decision-making as a healthcare professional?
3. What do you think is the appropriate way of responding to a patient who reports an NDE?

The Place in Between

Kim Elizabeth Herschaff

1. Kim Elizabeth Herschaff writes, "After my NDE, I had an immense need to talk about it but was not comfortable discussing it with just anyone. I felt I had to be careful with who I shared my experience. It seemed to make them uneasy." What resources are available for patients to discuss challenging emotional or spiritual aspects of hospital stays, including NDEs? What additional resources, if any, should be available?
2. Has a patient ever discussed their near-death experience with you? How did you respond? Given that NDEs are fairly common, who should be trained in how to respond to reports of NDEs?
3. Herschaff faced serious emotional and marital challenges during her recovery—a common occurrence for people who experience NDEs. What, if anything, do you think hospitals or healthcare providers should do to anticipate, mitigate, and prepare the patient for some of these outcomes?

The Other Side of Heaven

Peter M. Anthony

1. Peter M. Anthony writes, "I was lucky. I had two doctors and a nurse who believed." Do you think it would have been possible for Anthony to receive the care or comfort he needed if he'd had no providers personally believe his story? Why or why not?
2. How can healthcare providers navigate patients suggesting medication changes or treatment options based on intuition, religious beliefs, or an NDE?
3. Some patients who experience an NDE are eager to share about their experience and new outlook on life and death with others. Attributing normal emotional reactions that

people have in response to profound life experiences such as NDEs to mental illness leads to stigma, incorrect treatment, and mistrust. How can healthcare providers support patients who have unexplained medical conditions or experiences that are not yet understood? Is it ok for them to admit that they don't have all the answers?

A Physician's Near-Death Experience

Jean R. Hausheer

1. Jean R. Hausheer's pastor labeled her experience "anoxia," sharing his opinion, as a spiritual leader, that the experience was not religious. How do healthcare providers consider their intentions when it comes to sharing their medical opinion with patients? When is it useful or necessary to share an unsolicited opinion? When is it acceptable to withhold unsolicited opinions?
2. Hausheer writes, "It remains appropriate for any individual resuscitated from clinical death to be interviewed by a physician who thoughtfully inquires about NDEs. If a patient reports an NDE, the physician should validate the event using sympathetic contemplative listening skills." Should physicians be taught these skills as they specifically relate to NDEs? Why or why not? If so, how and when?
3. Hausheer's story brings a specific Christian perspective. When discussing NDEs, a different doctor might bring the perspective of another religious affiliation or a scientific, agnostic, or atheist perspective. Is it acceptable for healthcare providers to be open with patients about their personal beliefs when discussing spiritual issues? Or, should healthcare providers strive to be neutral in their conversations with patients?

The Medical World and the Psychological Impacts on the Survivor Through Cardiac Arrest

Raymond O'Brien

1. What does Raymond O'Brien mean by "life scripts?" How do these life scripts influence his interactions with healthcare providers? How do they impact his care?
2. What is spiritually transformative experience (STE)? Why did O'Brien feel he needed mental healthcare providers trained more specifically for his circumstances?
3. O'Brien writes, "Simple handouts to the families on what may be coming at them from the survivor would have helped me and my family to at least have the basics about the ripple effects of the NDE/STE." What do you think of this suggestion?

Do Angels Really Exist?

Jean Barban

1. Jean Barban writes, "My doctor, who was nonjudgmental, listened intently and said that he found it very interesting." Do you believe Jean needed further support than this? Why or why not?
2. Barban describes several experiences—an experience of seeing angels, moments of intuition, and vivid hallucinations. Do you think such experiences (mental, emotional, or

spiritual) are common among patients who undergo intense or prolonged hospital stays?

3. Barban's experience was, overall, positive and strengthened her existing values. She writes, "Since my near-death experience, my faith has grown stronger and I believe more firmly that heaven is a dimension where only good and love exists." How do you think her outlook was influenced by the response of her physician and husband?

Childhood NDE—Life Experiences Shown for the Next 50 Years!

Bill McDonald

1. Bill McDonald describes the general emotional neglect he experienced as a very ill child in the hospital decades ago. In what ways do you think emotional support for patients has improved since then? Are there any ways you think it has stayed the same?
2. How would your reaction, as a healthcare provider, be different if a child described an NDE to you, rather than an adult?
3. McDonald writes, "My advice to medical personnel: Always listen to your patients. You do not need to accept or believe what they tell you, but listen and give support." What does this mean to you? What are some of the challenges?

A Glimpse of Heaven: The Mental Healthcare Practitioner's Role in Supporting the Near-Death Experience

Ellen Whealton

1. Ellen Whealton woke up from her NDE with a deep sense of purpose, but she chose not to speak about the experience. Do you think all patients who awake from cardiac arrest or a coma should be asked if they had an unusual experience? Why or why not?
2. What is your reaction to the religious imagery in Whealton's NDE? Do you think you would have an easier or more difficult time discussing an NDE that included religious figures and symbols?
3. Whealton writes, "When listening to these stories, we can shape how people move forward." What do you think is the balance between open, receptive listening and offering guidance or information? How do you determine the correct time for each?

Healthcare After a Near-Death Experience

Nancy Evans Bush

1. Nancy Evans Bush experienced profound distress after her NDE and the birth of her child. From what types of resources might she have benefited?
2. In what ways does Evans hold "two opposed ideas in the mind at the same time" (F. Scott Fitzgerald) in her narrative? How could this exercise—of accepting

contradictions—help a healthcare provider trying to support a near-death experiencer?

3. “Bam and gone! The personal reality implodes,” Bush writes. What types of experiences have you witnessed that leave patients unable—emotionally, physically, mentally, or spiritually—to return to an old way of life?

Finding Community After Suicide and a Near-Death Experience

Chris Batts

1. Chris Batts experienced an NDE after attempting suicide but didn't remember the NDE until several days after leaving the hospital. Is there an advantage to asking patients during follow-up care visits about possible NDEs? How could physicians navigate the discussion?
2. It is never appropriate to label an NDE as a delusion or hallucination. What are some strategies that healthcare providers could use to inquire into the understanding, meaning and interpretation that patients attribute to their NDEs? How can doing so help patients?
3. Do you distinguish between “health” and “normality” (whether physical or mental)? Why or why not?

A Near-Death Experience: A Surgeon's Validation

Karen Thomas

1. Karen says, “I wanted my husband to have no doubt about my experience...he didn't seem to believe me, which hurt me deeply.” Many near-death experiencers, like Karen Thomas, report challenges in their marriages following their NDE. What is the role of healthcare providers in the social (such as marital) wellness of their patients?
2. Karen Thomas' surgeon was able to verify the facts she reported, thus making her feel validated. How could a doctor provide a feeling of validation if there are no simple facts, or if the doctor doesn't necessarily believe the report?
3. How would you respond if a patient told you they had such an experience? Would you listen?

To Tell or Not to Tell?: A Near-Death Experiencer Shares Her Story with Her Healthcare Providers

Erica McKenzie

1. When, in your opinion, should a doctor call a psychiatric consultation? When is a consultation not needed, but simply a listening ear?
2. How can the medical field begin to examine the fine line between “nonordinary states of consciousness” and diagnoses that call for psychiatric medication? Do you believe there is a difference?

3. Erica writes that her “spiritual crisis” and the after-effects were a vital component to her healing. What role do hospital chaplains and clergy play in closing the medical gap of care?

The First Time I Died

Rynn Burke

1. Burke’s NDEs removed her fear of death, which impacts how she interacts with her patients. What do you think would be different about medical care if all doctors had this same fearlessness? If you could wave a magic wand and create this change, do you think it would be for the better?
2. What is your personal position regarding near-death experiences? How have you arrived at your position?
3. Did the topic of NDEs ever come up in your training? If not, why do you think these types of patient experiences are omitted in training?

My Deaths Direct My Life: Living with Near-Death Experience

Peter Baldwin Panagore

1. Peter Panagore offers several “homework assignments” for healthcare providers (e.g., listen to your patients, ask questions, encourage patients to talk, educate yourself about NDEs.) What do you think of his suggestions?
2. What types of questions would you ask a patient reporting an NDE, if any?
3. Peter says, “Because of the severely life-changing and persistent aftereffects, NDEs are major disruptors—often reorienting every internal and external aspect of the experiencers being.” How do you imagine having an NDE would disrupt your life? If you reported such an experience, how would you expect people in your life to respond? How would you want them to respond?

Creating an Extraordinary Life After Near Death

Sue Pighini

1. What do you make of the suggestion that nurses are often more open to NDE reports than doctors?
2. Sue Pighini suggests that, when a patient reports an NDE, the healthcare provider “ask them to write it down in detail, for their own future understanding.” Would you do this? Why or why not?
3. Sue Pighini says that when she told her physicians about her NDE, they “listened and said nothing.” When is saying nothing better than saying the wrong thing? What can we say when we are unsure about what the “right” thing to say is?

My Moment in Eternity

Tony Woody

1. Tony Woody discusses the "Gap of Care"—healthcare providers' lack of knowledge or unwillingness to discuss the psychological and emotional impacts of NDEs. He calls these impacts "moral injury." What are some ways he suggests healthcare could begin to close this gap of care? What are some of your ideas?
2. Tony Woody's story gives readers a glimpse into the life-changing experience of having a near-death experience as a member of the military. He says, "The quickest way to lose your security clearance, job, and military career is to tell someone with authority over your career that you personally met God." How could keeping one's NDE a secret exacerbate the suffering from PTSD, anxiety, and depression?
3. Because of the military culture, there is an incredible amount of fear among military members who have had an NDE of sharing their experience. The fear of losing his job and security clearance was a major component of untold stress for the author. How do you navigate situations in which such fears are justified? How would you help a patient in a situation such as this?

The Life-Long Aftereffects of My Childhood Near-Death Experience

Ingrid Honkala

1. Ingrid Honkala found some clarity and support from spiritual groups and hypnosis. When providing a patient with resources about NDEs, should doctors be open to providing information about more "alternative" or spiritually-centered resources, even if they aren't evidence-based?
2. What type of guidance should parents receive if their child reports an NDE?
3. What is the healthcare provider's role if the child experiences distress, but the parents do not believe in the reality of NDEs?

The Three Near-Death Experiences of P.M.H Atwater

P.M.H. Atwater

1. Is it important to distinguish between psychological and spiritual distress that results from "real world" traumatic events, and those that the patient claims followed an NDE? Why or why not?
2. PMH says, "I took myself out of the care of an allopathic physician and committed myself to a naturopath." Do you believe there needs to be more collaboration between evidence-based medicine and alternative or "natural" forms of treatment? Is it necessary for patients to choose a side? Why or why not?
3. PMH says, "I am a near-death survivor." What do you make of this self-proclamation? What does the word "survivor" imply and why do you think PMH uses the term?