



# VOICES

PERSONAL STORIES FROM THE PAGES OF NIB

## Healthcare After a Near-Death Experience:

### A Teaching Guide for Non-Healthcare Providers\*

By Mary Click

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. What are some of the personal risks of "hearing someone out," or listening deeply to new stories? What are some of the benefits?
3. The impact of an NDE on a patient's life can be documented. 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 medicine to respond to a phenomenon that falls outside the realm of science? If so, what about that makes it difficult?
4. How much of a need is there for religious or spiritual resources in the hospital setting? Are the resources that are available sufficient? How much interaction do you believe there should be between those who provide spiritual care (e.g., hospital chaplains) and doctors?
5. What challenges do you think you would face, personally, in responding to someone's report of an NDE? What would help you better understand their experience?

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\*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 value do you believe intuition holds in your own life or career? What would it look like to create a more open conversation about intuitive decision-making?
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? Would you want your healthcare provider to make decisions using intuition? Why or why not?
3. What do you think is the appropriate way of responding to a person who reports an NDE? How do you think you would respond?

### ***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 do you believe should be available for patients to discuss challenging emotional or spiritual aspects of sickness or hospital stays, including NDEs?
2. 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. How do you think an event like this would affect family relationships? How do you think you would cope with similar challenges?

### ***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 do you think healthcare providers should navigate patients suggesting medication changes or treatment options based on intuition, religious beliefs, or an NDE? How would you want your healthcare provider to respond?

3. What messages did Anthony bring back from his experience? What do you make of these messages?

### **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. When is it useful or necessary to share an unsolicited opinion when speaking to someone? When is it acceptable or useful to withhold unsolicited opinions, listening instead?
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." Do you think this advice applies to non-physicians as well? What are some of the challenges of this approach?
3. Hausheer's story brings a specific Christian perspective. A different healthcare provider, when discussing NDEs, 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 would you prefer your healthcare provider strive to be neutral in their conversations with you?

### **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 a spiritual 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 it should be more standard to ask people about their mental, emotional, or spiritual health after health scares or 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. Does his description of his treatment surprise you? Why or why not?
2. Do you think a child reporting an NDE needs different kinds of support than an adult? Why or why not?
3. McDonald writes, "Had someone, anyone, even a kindly nurse, sat down and listened to my story, it would have made my journey into adulthood much easier." 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? 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 in your own relationships?

### ***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 person trying to support a near-death experiencer?
3. "Bam and gone! The personal reality implodes," Bush writes. Have you ever witnessed or had an experience that left you or another person unable to return to an old way of

life, whether emotionally, physically, mentally, or spiritually? How do you cope with a situation like that?

### ***Finding Community After Suicide and a Near-Death Experience***

Chris Batts

1. What role did family and friend relationships play in Chris Batts' narrative before his NDE? What role did they play after?
2. Batts writes, "I love my spiritual friends because I didn't have to hide who I am when it comes to them. We have deep conversations about love and life, and I feel understood and supported. This could have helped me years ago when I was suicidal, but then I wouldn't have had an NDE that changed my life." What do you make of this perspective?
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 types of resources do you think could provide marital support after a near-death experience?
2. Karen Thomas' surgeon was able to verify the facts she reported, thus making her feel validated. Are there other ways to validate a person's experience without being able to verify the details of their story?
3. What if you don't believe a person's story (or it doesn't fit within your worldview), but you know validation is important for their social, emotional, or mental wellbeing? What would you do?

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

Erica McKenzie

1. Erica McKenzie writes, "Call my near-death experience crazy if you must—you won't hear me challenge it. But what does the label "crazy" really mean?" How would you respond to her question?
2. What do you think of McKenzie's critique of her experience with psychiatric treatment?
3. McKenzie 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 if all people 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. Burke writes, "I did not associate the presence I felt with the Roman Catholic God I was raised to believe in. The presence felt more like a kind, welcoming counselor or teacher. I did not become religious from the experience. I did become a fanatic about information and learning." Why do you think people have such a variety of reactions to NDEs?

## ***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? Do you think these suggestions apply to other types of relationships?
2. What types of questions, if any, would you ask if a friend or family member told you about an NDE?
3. Panagore 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 someone reports an NDE, their family members or providers "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 someone 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. Do you think "alternative" or spiritually-centered resources should be kept separate from traditional medical care, or do you believe there should be more overlap?
2. What type of guidance should parents receive if their child has reported an NDE?
3. How could parents be educated to notice the signs of an NDE in their child? Do you think such an education is important?

## ***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 a person 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?
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?