

ARE PERSONS REPORTING "NEAR-DEATH EXPERIENCES" REALLY NEAR DEATH? A STUDY OF MEDICAL RECORDS

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ABSTRACT

In the cases of 107 patients who reported unusual experiences during an illness or injury, such as seeing their own body from a different position in space, medical records were obtained for forty patients. These were examined and rated according to the evidence they provided of grave, life-threatening illness or injury. Eighteen patients (45%) were judged to have had serious, life-threatening illnesses or injuries, but twenty-two (55%) were rated as having had no life-threatening condition. Nevertheless, thirty-three (82.5%) of the patients believed that they had been "dead" or near death. Deficiencies in the medical records may account for a few of the discrepancies between patients' reports and medical records. However, it seems likely that an important precipitator of the so-called near-death experience is the belief that one is dying—whether or not one is in fact close to death.

In the past decade, numerous articles on the near-death experience (NDE) have appeared in magazines and newspapers and a few in scientific journals [1-3]. Near-death experiences have become widely known as the transcendent or mystical-type experiences that occur among many people who have come close to death or have even suffered an apparent clinical death during a severe illness or accident, but who then recover, are resuscitated, or escape serious injury. For

example, Ring [4] described the patients he interviewed as having "suffered 'clinical' death, that is, they had lost all vital signs" and as persons who "had found themselves on the brink of medical death, but [who] had not, biologically speaking, quite slipped over" [4, p. 15]. Gallup reported that a national survey in the United States showed that 23 million Americans "have, by prevailing medical definitions, died briefly or . . . come close to death," and that about 8 million of these persons "have experienced some sort of mystical encounter along with the death event" [5, p. 6]. Greyson and Flynn in introducing a collection of papers by several investigators imply that persons who have NDEs are resuscitated "patients who otherwise would have expired, . . . including many who had been declared clinically dead" [6, p. ix], and they also refer to them as "survivors of clinical death" [6, p. 3].

An initial examination of a few medical records of patients reporting these experiences (including one from our own hospital) showed us that some of the patients—according to their medical records—were not near death. We also observed that among all the writers about this subject only Sabom [7] and Morse et al. [8], so far as we know, included data on the medical conditions of a series of patients. It appeared, therefore, that a considerable literature about these experiences rested on uncorroborated statements of patients.

Because many of the hypotheses and criticisms of hypotheses about near-death experiences have been based on the assumption that these involve a close brush with death, it seemed important to us to examine the question of whether patients' reports of their physiological conditions were accurate. We accordingly undertook a systematic examination of this question among cases we have investigated.

METHODS

Patients

One hundred and seven of these experiences have been reported to us (by people in the U.S.), either voluntarily after the person heard about our research, or, in a few cases, in response to our request after we heard about the case from another source. We reported the data on some of the cases elsewhere [9]. We have been able to obtain medical records or testimony from the attending physician in forty of the cases. Of the remaining sixty-seven, thirty-two involved accidents or illnesses that occurred outside a hospital and for which no medical personnel were consulted; in fifteen cases the hospital concerned has been unable to provide the records, usually because the case is now too old; in fifteen cases we lost touch with the patient, or the patient died before we could obtain a release form; and in the remaining five cases, the patient has been unable to give us adequate information to permit tracing the records.

Of the forty patients for whom medical records were obtained, twenty-six were female and fourteen were male. We interviewed twenty-five patients (62.5%) in person about their experiences. The rest of the cases have so far been investigated only by correspondence. Twenty-nine (72.5%) of the forty near-death experiences with medical records occurred in connection with an illness, surgery, or childbirth, nine (22.5%) in connection with an accident, and two (5%) in connection with a suicide attempt (by drug overdose). The median age at the time of the NDE was 31.5 years (range 11-76). The median interval between the time the NDE occurred and the time it was first reported to an outside investigator was a little over seven years (range 1 month-45 years).

The forty patients whose medical records were obtained had reported features commonly mentioned in publications about near-death experiences. For example, twenty-six (65%) mentioned that they had seemed to see their own body from another point in physical space; fifteen (38%) described seeing some sort of bright light; twelve (30%) saw or moved through a dark tunnel; and ten (25%) saw or heard a deceased person they recognized. Smaller numbers had other features of such experiences, such as a review of life events (panoramic memory).

We compared the main features in the subjective experiences of the cases for which we obtained medical records with those for which we did not. In all but one feature, the groups were closely similar. The exceptional feature was that of seeing one's physical body as from a different position in space. Twenty-six (65%) of the patients with medical records had this experience, whereas only twenty-nine (43%) of those without medical records had it.

Ratings of the Medical Records

Each of us examined and rated the forty medical records in one of three categories: 1) Not near death; no serious illness or injury; 2) Serious illness or injury, but not in danger of dying; and 3) Serious, probably life-threatening illness with a likelihood of ending in death if there had been no medical intervention.

We made our first ratings independently of each other and found that we agreed on about two-thirds of the ratings. We then discussed the cases about which we disagreed and sometimes reviewed the medical records again until we reached agreement. In making our judgments we relied principally on data from the medical records indicating the usual vital signs of heart rate, respiration, and blood pressure, as well as on references to impaired consciousness. Different observers may appraise the same patient's impaired consciousness discrepantly [10], and assessments made from another observer's medical records can be even more difficult. We were also aware of some biases in ourselves, not always in the same direction. We tried to take account of these in describing how we would rate a case with controversial data.

RESULTS

Gravity of Condition According to Patients' Reports

Of the forty patients, thirty-three (82.5%) indicated that they were near death, that they were clinically dead, or that they had suffered a serious crisis or accident that almost resulted in death. Twenty-one out of the thirty-three persons who considered themselves near death stated that they had later been told by medical personnel (or had overheard medical personnel saying) that they had been either "dead" or "close to death." Twelve other patients apparently decided for themselves that they were dying, either just before, during, or after the NDE.

Gravity of Condition According to Medical Records

Of the forty cases with medical records, we rated fourteen in Category 1 (no serious injury or illness), eight in Category 2 (major illness or injury but no danger to life), and eighteen in Category 3 (grave illness or injury having a likelihood of death if there had been no medical intervention).

Although, as mentioned, 82.5 percent of the patients stated that they were "dead" or near death, the medical records supported this assertion in only 45 percent of the cases. In eighteen cases the medical records confirmed that the person had suffered an illness or injury serious enough to make death a real threat: two of these persons were brought to the emergency room "in shock" and "in extremis" after having been shot in hunting accidents; two persons, suffering from anaphylactic shock after having been stung by wasps, lost blood pressure and (in one case) developed ventricular tachycardia; five persons suffered cardiac arrest or ventricular tachycardia; two persons had a sudden loss of blood pressure (one during surgery, the other following a normal childbirth). A cerebral hemorrhage, pulmonary emboli, pericardial effusion, pneumonia, a suicidal overdose of drugs, head injuries suffered in a car accident, and a near-drowning accounted for the other seven cases.

In twenty-two (55%) of the cases, however, the medical records showed no indication that the person had in fact been near death. In eight cases (20%), the person did suffer a rather serious illness, injury, or accident, but nothing in the medical records indicated that the person was in any danger of dying. One person suffered a concussion in an automobile accident, one person showed symptoms of shock following a blood transfusion, one had a ruptured ovarian cyst, one had taken an overdose of drugs, one had post-operative cardiac arrhythmias, two suffered a minor stroke, and one person escaped injury after an accident in which he was trapped under a truck for several minutes.

In the other fourteen cases of this group (35%), the medical records showed no evidence of serious illness, crisis, or loss of vital signs. Five persons had an NDE in connection with childbirth, a miscarriage, or complications following

childbirth, but none of the conditions were life-threatening as reported in the medical records. Three persons were injured in automobile accidents, although not critically. One person had rheumatic fever but was only moderately ill. Another person was hospitalized and treated for an apparently minor allergic reaction to penicillin. One person was undergoing a routine tubal ligation, another a routine appendectomy. One woman was given an accidental overdose of preoperative medication, but the records show no complications resulting from this. Records for the remaining patient show no diagnosed illness whatever.

Comparisons of Patients' Reports and Medical Records

Of the eighteen patients who probably were physiologically near death seventeen told us that they had been near death. Twelve of them reported that doctors or nurses had said that they were "dead" or near death (although some of them may also earlier have decided this for themselves). Some said the medical staff told them this directly; others said they had overheard the staff making such statements; and others obtained this information from what they said the staff told their relatives.

Two patients decided for themselves they were near death, and three did not say how they reached this conclusion. Only one of these eighteen patients never said to us whether he had been near death.

However, similar statements about being near death were made by patients whose medical records did not show them to have been near death. Among the twenty-two patients in this group, sixteen reported to us that they had been dead or near death; nine of these also claimed to have heard this from doctors or nurses. For example, one person who seems to have been only moderately ill with rheumatic fever claimed that her doctor later told her she "should have been dead." A man who seems to have suffered only a mild transfusion reaction claimed that medical personnel told him he had been dead. A woman whose medical records reported a routine labor and delivery of a normal child claimed that shortly before delivery a nurse mentioned that either she or the baby was not expected to live; the woman also reported that in the delivery room she overheard the doctor say she might die.

Seven other people themselves concluded, either before, during, or after the near-death experience, that they had been dead or near death. One woman who felt that she was choking while being given oxygen thought she was dying and almost immediately experienced an NDE; she later told us that she had "actually died" in the operating room, although the medical records indicated no complications or unusual reaction. Another woman, who said her doctor specifically told her later that she had *not* been dying when she began hemorrhaging a week after childbirth, decided later anyway that she must have been dying. A woman told us she had been in a coma for fifty-seven days; she suffered a minor stroke that left her confused and disoriented, but she seems

never to have been in a coma. (She perhaps had a period of confusion with amnesia.) A man who was pinned beneath a truck for several minutes before being freed understandably felt that he was "about to die" shortly before he had his experience; although his medical records indicate that he suffered no serious injury as a result of this accident, he may well have been about to suffocate. The woman mentioned previously who was given an accidental overdose of preoperative medication said she had been "lifeless," with no pulse, but no serious reactions to the overdose are mentioned in the medical records. Another woman said she had "died" during a "spell" in the hospital, but her medical records report no serious condition of any kind, and her doctors could find no physiological cause for her complaints.

Of the remaining six persons who were probably not near death, one had thought she was dead during an experience that followed an automobile accident, although she later realized that she had not been; four people did not say whether they had ever considered themselves near death; and only one denied ever considering herself near death.

Precipitating Factors of the Experiences

We were primarily concerned with whether the patient had a serious illness during the period of the experience. However, we also tried to find indications in the medical records of marked changes in the patient's condition that seemed to precipitate the experience. In seven cases the experience probably took place before the patient reached the hospital and in thirty-three cases while the patient was in the hospital.

Among the eighteen persons who were probably near death, the experiences of eleven probably coincided closely either with a sudden crisis or with the most critical period of their illness. For example, one patient underwent surgery for a condition that was not life-threatening, but had a sudden loss of blood pressure and a near-death experience during the operation. Two other patients suffered severe reactions to wasp stings and had experiences of this type during treatment in emergency rooms; their medical records confirmed the gravity of their conditions at that time.

For seven other people who were probably near death, the coincidence of the experience and a specific crisis is less certain, although still possible. For example, in one case, the patient suffered respiratory failure during a second operation on a ruptured appendix, but the timing of his experience is uncertain; it may not even have occurred on the same day. In another case, that of a woman who suffered cardiac arrest and had to be resuscitated at the hospital, the experience occurred at home and perhaps even before any arrest had occurred, as the woman herself subsequently (after the experience) called the rescue squad, walked downstairs, and unbolted the front door before collapsing. She stated that the experience took place after she began to feel "strange" and

had difficulty breathing. A third person had three apparently separate experiences sometime during the week she was unconscious following a cerebral hemorrhage.

Although in the remaining twenty-two cases there were apparently no grounds from the medical data for thinking the patient was near death, the experience in some cases may have occurred at a time that seemed critical to the patient. For example, three persons had one outside the hospital at the time of an accident, and nine had one in the operating room or delivery room; five persons mentioned having been in unusual or "excruciating" pain shortly before their experiences; and one person felt that she was choking just before hers.

COMMENT

We found that 55 percent of patients having NDEs for whose cases we obtained medical records were not in fact near death, to judge by the medical records. We might assume the percentage of serious illness to be even lower among the sixty-seven cases for which we could not obtain medical records, because in about half of these the patient's condition did not even warrant admission to a hospital.

How are we to account for such large discrepancies? We first considered the adequacy of the medical records that we examined. Some of them were perhaps incomplete—either in the material sent to us or in the actual notations written by the medical staff. Busy doctors and nurses may fail to make a note about a medical crisis, especially if it is easily dealt with or might have been caused by an error on their part. For example, one woman told us that she had been given an accidental overdose of a preoperative medication. The discharge summary said nothing about this. The detailed records of the nurses confirmed that the patient had received an overdose, but made no mention of any untoward effects from it. It is possible that other patients had physical crises in the hospital of which the notes—of doctors and nurses—had no record. In some other instances the hospital record indicated no real physical crisis, although a crisis had apparently occurred before the patient reached the hospital. However, we believe that such omissions would account for only a few of the discrepancies we found between the patients' statements and the medical records.

Doctors sometimes vaunt their own skills, and in a few instances they (or the nurses) may have hinted to a patient that, but for them, the patient might have died. Again, we believe such distortions would at most account for only a few of the discrepant cases.

It therefore seems that some persons conclude that they are near death when they are not. Apprehension or even histrionic tendencies on the part of the patients may lead them to exaggerate the seriousness of their condition. Poor communication with a doctor who uses but fails to explain medical terminology to the patient may lead the patient to misunderstand the doctor's remarks. For

whatever reason, some patients attribute to doctors and nurses statements they never made. Hart tried to verify alarming statements about their conditions that ten patients attributed to their doctors, but he could not confirm from the doctors a single one of these statements [11].

Having had the near-death experience itself may have led some people to believe retrospectively that their condition must have been worse than it otherwise seemed. We may have here an example of contaminating effects from the widespread publicity given to these experiences, especially in the United States. Because people near death have been reported to have unusual experiences, someone who has a similar experience may falsely conclude that he or she must have been near death.

Actual physiological proximity to death may be of little importance in precipitating these experiences. Instead, they may be preceded by a psychological state of believing that one may be about to die, and the experience may be a reaction to this *perceived* threat. Whether the belief was completely realistic or totally unfounded, it may have been a common factor in these cases.

Before any explanation of these experiences can be accepted, however, the precise conditions under which they occur must be better identified. The importance of studying them lies in the possibility that this phenomenon may increase our understanding of the relationship between conscious mental activity and physiological condition. Many of the experiences suggest that normal and even heightened levels of mental activity may occur during periods of impaired physiological functioning, but only a precise study of the physiological conditions of persons having the experiences can confirm, correct, or otherwise clarify this interpretation.

False assumptions about these conditions can hinder research in two ways. They can limit our view of this phenomenon, confining it prematurely to certain explanatory hypotheses and preventing us from adequately studying near-death experiences in connection with other phenomena that may be related, such as out-of-body experiences, hypnosis, depersonalization, or other kinds of dissociative phenomena. Also, false assumptions on the part of the general public may limit the cases available to us to study. Whether cases are self-reported or gathered in a survey, the belief that investigators are only interested in phenomena that occur "near death" may hinder people who know they were not near death from reporting their experiences.

For investigators the experiences of persons who think they are near death when they are not should have as much interest as those of persons who really are near death. The similarities of the former group of experiences to the latter group weaken the contention that all these experiences derive only from cerebral hypoxia or some other disorder of brain metabolism [12].

Not all patients surviving a near-fatal physical crisis have a remembered near-death experience. Sabom and Kreutziger found that only eleven of fifty patients they observed remembered anything of the period when they were unconscious

[13]. We think we have shown that not all persons reporting a near-death experience are in fact close to death. It may be premature to say that "near-death experience" is a misnomer, but further research will probably lead to its replacement by a term that is less restricting in its implications.

CONCLUSIONS

The experiences currently described as "near-death experiences" can occur to persons who, although they may be ill, are not at all near death so far as their medical records show. Many of these persons may fear that they are about to die, even though they are not. We might describe them as having "fear-death experiences." The terminology of these conditions is better left unsettled until they have been further investigated.

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