

Commentary on "The Reality of Death Experiences: A Personal Perspective" by Ernst Rodin

It is by now well established that a patterned experience consisting of such elements as seeming to view one's own dying body from a distance, encountering the spirits of deceased relatives or friends, seeing one's life reviewed in a panoramic vision, and feeling immense joy, love, and peace quite often takes place in patients who come close to death, particularly in those who undergo cardiac arrest. I have personally interviewed hundreds of persons who report such experiences which took place in connection with documented medical crises of a life-threatening nature.

From the point of view of methodology, one of the many faults with my own work on the subject (2-4) is that I interviewed predominantly persons who *did* have such an experience; hence, I had no way of judging what percentage of persons who came near death remember these experiences. Had I been forced to guess, I should have estimated it certainly to be below 5 per cent, a figure well in accordance with that which Drs. Hackett and Cassem (1) postulate on the basis of their experience. More recently, however, Michael Sabom (6) and Kenneth Ring (5), working at Emory University School of Medicine and the University of Connecticut, respectively, have completed prospective independent studies which are in agreement that in excess of 40 per cent of patients who recover after being unconscious and near death have experiences of the type described above. Even more remarkably, Fred Schoonmaker, on the basis of a study of this phenomenon spanning 19 years, during which he interviewed more than 2500 cardiology patients who survived cardiac arrest, estimates that approximately 60 per cent of such patients have near death experiences.¹

I share the author's apparent irritation that this experience has been touted as scientific evidence of life after death. In my opinion, anyone who claims that near death experiences prove or give scientific evidence of an afterlife is only betraying his ignorance of what terms like evidence or proof mean. (If this seems dogmatic, I should say that my purism stems from the fact that I was a professor of philosophy and of logic before I went to medical school. If I were asked, I am confident I could defend my position, although a medical journal is hardly the place for that.)

Note well: I am *not* saying that the question of

whether there is life after death isn't a profound and important human dilemma. (It is.) All I am saying is that it is not the place of the profession of medicine to try to solve that riddle. Nor am I saying that all the physicians I know personally (including myself) who have taken the time to listen sympathetically to many, many patients who have had these experiences have not been emotionally moved and changed in a certain similar way. (We have.) It is just that this subjective and emotional response, although it is of biographical and psychological interest, does not constitute a scientific judgment or an inferential step.

Rather, the specifically medical interest of near death experiences lies in the fact that they are a common concomitant of a medical procedure, cardiopulmonary resuscitation, which is being employed with ever greater frequency. Many patients report that they became depressed when, immediately after the event, they reported their experience to their physicians and were casually brushed off, labeled as crazy, or, worse, ridiculed. My own observations suggest to me that, by and large, patients who report near death experiences are not interested in converting their doctors to a new religious perspective. What they want, almost always, is reassurance that what happened to them is not unique, that others, too, have reported such phenomena when they came near death. We can, I think, plausibly offer them this reassurance at our present state of knowledge.

As the author's own account illustrates, a person who has a near death experience typically integrates the event into his world view over a period of years, even decades, after much reflection. I believe that the physician involved should not try to put himself into a position of forcing a particular interpretation or explanation of this vital event upon the patient concerned; nor should the doctor, out of a sense of curiosity, try to prod the patient to reveal the content of his experience should the patient seem reluctant to do so. What is important for the patient at this juncture is to be allowed to ventilate to a sympathetic and noncommittal listener, should he want to do so.

Although I would wish to hear a fuller account of the author's experience (*i.e.*, how near death was he at the time) before saying this with any degree of assurance, it appears that, assuming his transcendental experience was very similar to others I have heard, he differs from almost all of the persons I have talked with in that he rejects the interpretation of his experience

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experience as constituting a glimpse of the beyond. This does not trouble me. I would espouse respect and sympathy for those patients who thoughtfully integrate what happened to them by placing it into the framework of neurophysiology, neurochemistry, and psychology. Likewise, I also advocate respect and sympathy for the views of those who integrate such experiences by accepting a philosophical perspective which entails a belief that death is not an obliteration of consciousness.

A final note of warning: in my mind, the interesting results of these studies of medical patients who have nearly died should *not* be used as an excuse for allowing the entrance of spiritualism, with all its bizarre trappings, into medicine. Presumably for as long as there have been human beings, shamans have pretended to put their clients into touch with the spirits of the departed. The history of the fraud and fakery associated with such dealings is too well known (and too ancient!) to bear repeating. The validity (if any) of such performances is best assessed by professional illusionists, not by medical doctors.

Near death experiences, by contrast, happen not in darkened rooms in circumstances contrived by witch

doctors, but in the bright light of modern emergency and operating rooms, presided over by physicians. It is there that most of us are likely, at one time or another, to encounter them. We owe it, I think, to our patients to try to help them along the road toward integrating and understanding this often overwhelming and spiritually significant life event.

References

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