Near Death Experience and Nursing Practice: Lessons from the palliative care literature

Rawlings D, Tieman J, Devery K Flinders University, Adelaide, South Australia

Introduction

A Near Death Experience (NDE) has been described as powerful emotional and psychological events associated with a close brush with death (James, 2004). NDEs have been reported in diverse patient populations and across geographical, cultural and religious divides as patients are surviving sudden life threatening events. A theme in end of life literature is that the experience is generally comforting and that there is often a ‘take away’ purpose (a guide taking the person towards death) whereas in the acute care literature the focus is still that of transition, but more that a NDE is seen as a major life transition. They have often been reported as a significant event that live on in a person’s memory and can precede a change in beliefs, views or lifestyle. Patients may share their dreams with the nurses who look after them, sometimes disclosing experiences that are hard to explain.

Background

We undertook a Systematic Review (SR) into deathbed phenomena (DBP) with palliative care patients at the end of life (Devery et al, 2015). We found that DBPs are considered relatively common and as a result we established strategies for practice, a way in which clinicians can respond to such reports.

During the SR process it became apparent within the screened literature that there were similar reports from within acute care settings. These NDEs were often reported following an acute event and more often following resuscitation.

The similarities of the reports indicated that the implications for practice that we had developed for palliative care nurses could be applicable and transferable to the acute care setting.

Implications for Practice

Clinical Practice Improvement

• Be aware of the manifestations of NDE that can include, visions, seeing or hearing dead relatives, observing their own resuscitation

• Consider the patient (following resuscitation) who wants to keep the lights on, talks about having a strange dream or appears withdrawn and scared

• Comprehensively assess the patient and exclude organic or metabolic causes. Do not assume that a hallucination is the result of medication, delirium or an intensive care unit psychosis. If the patient is lucid, they may have experienced a NDE

• Ensure that you are comfortable with the conversation. Try to keep an open mind and be aware of your own personal feelings (such as disbelief or cynicism)

• Don’t minimise the impact of a NDE, which can be tremendous for the patient or the family and may resonate for many years

• Think about why the patient or family member has told you about this NDE. It could be that they feel most comfortable to do so and are seeking your support / guidance / understanding.

For the Patient and Family

• The patient and family need reassurance that this is a common experience. Validate and normalise the experience and reassure them that they are not going mad

• If the patient or family do talk about an experience, ask them to describe it and then listen without labelling or judging

• Ask the patient what the phenomenon meant to him or her, and if they experienced anything like this before

• What is the impact of this phenomenon for the patient and those close to him or her?

• There may be opportunities to further discuss spirituality or existential beliefs. Acknowledge the power of these experiences to heal and comfort both patients and their carers or families (Rawlings and Devery, 2015)

The Experience

A strong positive affect:

• Seeing a bright light or a tunnel

• Seeing deceased relatives or religious figures

• A feeling of warmth and comfort

• An out of body experience (eg, seeing their own resuscitation)

• Undergoing a life review

• Having to decide whether to stay or return

• Feeling a sense of returning to their body and knowing it was not a dream

• A resultant increase in psychic phenomena

• An increased ability to respond to stress

• Not minimised over time

• Not easily forgotten

• Difficulty in adjusting back to ordinary life.

Conclusion

DBP and NDE are more common that we realise and our two part strategy for practice (for clinicians and for patients, families) demonstrates how nurses can handle these events sensitively and in a receptive and responsive way, as patients try to come to terms with what happened. Our findings from the palliative care literature can offer clinical guidance to nurses in any practice setting who enter into discussions on hard to explain near death experiences and death bed phenomena.

References


Rawlings D and Devery K (2015) Near Death Experience and Nursing Practice: Lessons from the palliative care literature ANMJ [Clinical Update ] 22 (8) 26-29

Contacts

Those wishing to find out more can contact Deb Rawlings by emailing deborah.rawlings@flinders.edu.au