Near-death experiences (NDEs) were not the primary focus of either of these books, but each did focus on events surrounding death. Neuropsychiatrist Peter Fenwick and his wife and co-author, Elizabeth Fenwick, coined the term ELE for end-of-life experience; physician John Lerma used the term PDE for pre-death experience. The International Association for Near-Death Studies (IANDS) concentrates on NDEs but at its conferences and in its newsletter and this, its Journal, has presented materials on these subjects (i.e., ELEs) if the material was related to phenomena that near-death experiencers (NDErs) have reported encountered during their NDEs.

Prior to reading these two books, I was already familiar with Karlis Osis and Erlendur Haraldsson’s book At the Hour of Death (1977) and an earlier Osis (1961) survey of physicians and nurses who care for the terminally ill; they termed experiences of dying patients deathbed visions. However, it was the book Final Gifts (1992) by Maggie Callanan and Patricia Kelly, in which they coined the term nearing-death awareness to refer to dying patients’ experiences, and a presentation by Callanan on that topic at the IANDS conference in St. Louis in 1993, that brought together the two aspects of end-of-life issues: NDEs and the experiences of the terminally ill.

Both the Fenwicks’ and Lerma’s books confirmed the relationship
between the two types of experiences. Lerma’s PDEs were primarily life reviews or visions of spirits just before death. These spirits were most often angels or spirits of deceased humans, primarily parents or siblings. Lerma is an M.D. who has worked at hospice and palliative care units in both Houston and San Antonio, Texas. He stated that he had interviewed over 2000 terminally ill patients; of those over 500 had a PDE. His book was primarily a summary of some individual cases that convey inspirational messages about forgiveness, family reconciliation, how to treat others, and the purpose of life. These messages are similar to reports by NDErs (Ring & Valarino, 2000; Holden, Greyson, & James, 2009) and often arose from what PDErs came to perceive during their life reviews as mistakes they had made during their lives or from information they received during their PDEs from angels via thought transference.

Lerma also reported in his book on an informal survey of 500 hospice patients and caregivers he conducted in 2005, though he did not describe his methodology. He compared the findings from this survey with those from Osis’s 1961 survey of physicians and nurses. In many items the results corresponded: Medications did not affect deathbed visions nor did age, sex, religious beliefs, or socioeconomic status. The biggest differences were in spiritual beings experiencers observed. Lerma stated that in 1961 only 24% reportedly saw angels but that 90% did so in his 2005 survey. For observation of parents and siblings, the 1961 figure was 20% whereas his 2005 figure was 90%. Lerma found that the number of spiritual beings in the room could increase from 1–2 at three days before death to 15 or more in the hours just before death. He reported that the angels had the classical wings, as portrayed in religious art, and were often in the corner of the room. Healthy young children often could see them. NDErs often see beings they classify as angels, but usually these beings do not have wings. The discrepancies in both quantity and quality between Osis’s methodologically detailed study and Lerma’s methodologically unexplained study led me to suspect that Lerma’s data might be skewed. In addition, the absence of details about his methodology makes it impossible to know whether only those patients known to have experienced PDEs were included.

Peter Fenwick practices neuropsychiatry in Britain and is president of the British branch of IANDS. Elizabeth Fenwick has written a number of books, and the team collaborated on a previous book on NDEs, *The Truth in the Light* (1997). The Fenwicks used the term “carers” for the persons they interviewed in their survey, i.e. the per-
sons caring for patients in a hospice. These reports included information conveyed to the carers by visitors of the terminally ill patients. In the Fenwicks’ retrospective portion of their study, they first asked these carers about past experiences with the terminally ill. Then in a prospective portion, they asked carers to record future incidents; these data the Fenwicks analyzed.

ELEs included much more comprehensive material than Lerma’s PDEs: for example, deathbed visions of departed relatives and other spirits that patients had reported to carers, carers of healthy relatives sensing the presence of the deceased either immediately or shortly after the patient’s actual death, or persons a great distance away knowing of the patient’s death before having been informed of it. In a number of cases healthy persons observed a spirit of the deceased leaving the body, usually in the form of a mist. The Fenwicks also mentioned oddities at the time of death such as clocks stopping, lights blinking, and unusual animal behavior. They did not mention life reviews.

For the prospective cases the Fenwicks reviewed the medical records of the deceased to determine if there was any pattern of medications that may have caused hallucinations; they found no such pattern. They also noted from other studies that drug-induced hallucinations often contained distressing images such as insects, dragons, or other frightening scenes. In contrast, non-drug related images in those close to death were often of deceased relatives that provided comfort to experiencers and eliminated their fear of death.

The Fenwicks also reported cases that could not be explained by a patient’s confused state or a patient’s beliefs or expectations. Although it was normally terminally ill patients who saw spirits in the room, in some cases carers or healthy visitors could also observe spirits in the room. When two people shared the same vision it counters the argument that the vision was a merely a mental fabrication of the patient. Unlike NDErs, dying patients rarely observed a tunnel. The Fenwicks speculated that this difference is due to ELEs occurring during a one-way journey into irreversible death whereas NDEs are followed by a return to physical life.

The Fenwicks deliberately chose the title of the book, *The Art of Dying*, because the Latin translation is *Ars Moriendi*, the title of a book written in the 15th century on the Christian Church’s perspective on how to die well. *Ars Moriendi* appeared about 75 to 100 years after the Black Death swept Europe. The Fenwicks suggested it be updated to include some of the following items as advice for both the
patient and loved ones. These items corroborated the findings in *Final Gifts*. They noted that the dying patient has some control of the situation: for example, the patient may delay the time of death for a short period if awaiting a significant visitor, and/or the patient may choose to die alone or when visitors are present. Dying patients almost always described themselves as going on a journey, not ending a life. Visitors need to understand “journey” as a metaphor. Dying patients sometimes feel they need permission to die; therefore, the living should express such permission verbally to the patient.

The Fenwicks’ discussion of NDEs was in the context of the nature of consciousness. They quoted studies showing that brain function ceases 11 seconds after the heart stops beating; thus the Fenwicks asserted that NDEs are actually Temporary Death Experiences (TDEs) that accurately represents what happens when a person actually dies irreversibly. However, I would like to point out that some NDErs report having seen or sensed a “border” that, they believe, if they had crossed they would not have returned to life. Perhaps life on the other side of the border is different than what NDErs experience on this side of the border.

The Fenwicks stated that only 2% of spirits in ELEs were religious figures and 70% were deceased relatives and friends. In the remaining 28% of cases, the dying person made gestures of recognition to figures whose identities—as religious figure, deceased relative, or whomever—were not specified. The Fenwicks cited Lerma’s study in their conclusion that more religious figures appear in the U.S. end-of-life experiences and believed it may be due to the U.S. population being more religious than the British population. However, a difference of 2% vs. 90% must also reflect a difference in research methodology. The Fenwicks cited a 13% religious take-away from the Osis and Haraldsson (1977) study of the U.S. experiences. That figure is different than the figure Lerma cited from the Osis (1961) study, which leaves readers with the choice of remaining confused or going to Osis’s study for clarification.

The Fenwicks concluded:

> We have to start by acknowledging that our science has no proper understanding of subjective experience. But if we do not use a traditional scientific framework, but accept at face value the subjective experiences and observations of 'sane and sensible people,' these data suggest that consciousness is not limited to the brain but is spread out and links together in a very real way those who have close and loving relationships. (p. 240)
They continued:

Visits of the dying at the moment of death to someone they are emotionally close to ... only seems explicable in terms of an extension of consciousness ... and as a logical corollary, that some aspect of that person’s consciousness may therefore have survived bodily death. (p. 241)

I believe that many NDErs would agree with those conclusions.

For readers who are interested in the broad category of what the Fenwicks term ELEs, either as a result of personal experience or because the experiences are emotionally satisfying to read about and seem to agree with NDE messages, I recommend both of these books. Lerma’s book contains more “lessons from the light,” a title used by several books on NDEs; the Fenwicks’ book contains more supportable data.

On a related topic, after-death communication (ADC), I also recommend the book Hello from Heaven (1995) by Bill Guggenheim and Judy Guggenheim. Bill has spoken at several IANDS conferences. I found particularly intriguing the Guggenheims’ report of a case in which, as the result of information obtained during an episode of ADC, a person’s life was saved.

References