Letters to the Editor

Scientific Vs. Anecdotal Near-Death Studies

To the Editor:

I read with great interest Melodie Olson's article "The Incidence of Out-of-Body Experiences in Hospitalized Patients" in this journal (Olson, 1988). This study represents one of the first attempts to study systematically near-death experiences (NDEs) and out-of-body states in controlled populations. It represents a major advance over what previous work exists in the literature.

Prior research on NDEs in adults has been primarily anecdotal. Although that work is fascinating, and important in that all clinical research must first begin with anecdotes, data obtained by controlled clinical studies is essential to begin to analyze NDEs scientifically. My group's Seattle study of NDEs in children (Morse, Connor, & Tyler, 1985; Morse, Castillo, Venecia, Milstein, & Tyler, 1986) is to my knowledge the first scientific analysis of NDEs in a prospectively identified population of seriously and critically ill patients.

Karlis Osis and Erlendur Haraldsson described their landmark study (1977) as a "broad survey" and readily acknowledged "bias in reporting and sampling." Kenneth Ring, in his book *Life at Death*, subtitled *A Scientific Investigation of the Near-Death Experience* (1980), candidly admitted that he relied on word-of-mouth referrals and used newspaper advertisements in collecting data. He stated that "hospital referrals were not likely to lead to a sufficient number of cases . . . to permit meaningful statistical comparisons" (p. 27). Michael Sabom acknowledged the same problem with obtaining unbiased data in his book, *Recollections of Death*, subtitled *A Medical Investigation* (1982). These authors have given their books titles that imply a scientific method, but that implication is not backed up by their own descriptions of their research methods.

Even those authors who have published articles in mainstream peer-reviewed scientific journals have had to rely on newspaper advertisements and word-of-mouth referrals for their data. Ian Stevenson and

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Bruce Greyson (Stevenson & Greyson, 1979; Greyson & Stevenson, 1980) and Russell Noyes (1979) have analyzed collections of anecdotal reports. Furthermore, there are considerable differences between the study populations of Noyes and of Greyson and Stevenson, and yet their research is frequently discussed together as if they were talking about the same phenomemon. For example, Noyes excluded patients from his study who lost consciousness (Noyes & Kletti, 1976), whereas Greyson and Stevenson analyzed patients who survived serious illnesses without such exclusions.

This lack of clinical studies in the literature severely limits the conclusions of such authors as Michael Grosso (1981) and Robert Kastenbaum (1984) who attempt to take these same studies and build shaky speculations based on tainted data. It was for this reason that in our Seattle study we prospectively identified our study populations in a blind fashion, made no assumptions of what a near-death experience should be like based on previous descriptions in the literature, and had a third party, unfamiliar with the sources of our data, review blindly all collected data. Instead of asking people who had had NDEs to tell us about their experiences, we sought out survivors of cardiac arrests and asked them to tell us what such an event was like. We carefully age-matched these patients with a seriously ill control group who were treated with identical medications and had similar degrees of hypoxia and other laboratory abnormalities. Both groups were hospitalized in an intensive care unit setting.

Research on near-death experiences remains in its infancy. I do not mean any disparagement of the excellent work the aforementioned authors have done, but review their work in an effort to highlight the importance of Olson's study. My own study, although surviving the cleansing fires of the Human Subject Review Committee, similarly has methodological flaws, as all clinical research will have. Instead, I am writing to prod the scientific community to realize that there is much work to be done.

Olson's paper actually whetted my appetite for more analysis of the excellent data she has obtained. Her study is unique in the adult literature, which she acknowledged by describing the aforementioned studies as "case-study information." However, I have the following questions for her:

1. Why weren't surgical patients separated from medical patients? Surgical procedures and anesthetic agents introduce a confounding variable that medical patients would not have.

2. Of the patients who had NDEs, could anything be gained by analyzing the types of illnesses, degree of consciousness, severity of illness, or types of medication they were on?
3. Why did she describe NDEs as a subset of out-of-body experiences? In her results, she did not give a breakdown of the types of experiences her patients had, but then in the discussion described some classic NDEs. She frequently referenced Glen Gabbard and Stuart Twemlow's book (1984), but then did not separate out-of-body experiences from NDEs, as Gabbard and Twemlow did.
4. No data were given on the number of patients who refused entry into the study. This is of vital importance since no systematic procedure was used in collecting data.
5. No data were presented on which medications the patients were taking, and any relationship between medications and various experiences reported.

Near-death experiences have profound implications for the living, as we all will die. Unanswered questions abound in the field, including: (1) What effect do medications have on causing or suppressing NDEs? (2) Are pre-death experiences at all related to NDEs? (3) Are NDEs a unique phenomenon at the point of death, or are they a subset of out-of-body or mystical experiences? (4) Are there physiological correlates to the NDE? In order for us to do the hard work of transforming the appalling way we mistreat dying patients into a positive final experience, we must have hard data to share with our medical colleagues.

Today, near-death research is nothing more than excellent collections of folk tales and legends. I challenge Olson and other researchers in this field, my own research group included, to begin the hard work of collecting data that will withstand the peer review process. In this way, I predict that we will catalyze a profound change in the way hospitals and physicians (mis)treat dying patients.

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