

Commentary on “Does Paranormal Perception Occur in Near-Death Experiences?”

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ABSTRACT: Keith Augustine raises questions regarding Pam Reynolds’s near-death experience (NDE) while undergoing cerebral aneurysm surgery using the hypothermic cardiac arrest (“standstill”) procedure. I specifically address questions regarding anesthesia and brainstem auditory evoked response procedures; and the relation of Reynolds’s NDE to “standstill” and life after death.

KEY WORDS: near-death experience; hypothermic cardiac arrest; life after death; brainstem auditory evoked response; electroencephalogram.

I have read and agree with Charles Tart’s Commentary on Keith Augustine’s discussion of Pam Reynolds’s NDE reported in my book *Light & Death* (Sabom, 1998). I would like to make a few additional comments.

First, Augustine wrote:

But just prior to standstill, anesthetic drugs are no longer administered, as deep hypothermia is sufficient to maintain unconsciousness. The effects of any remaining anesthetics wear off during the warming of blood following standstill (G. Woerlee, personal communication, November 8, 2005).

Reynolds was placed on cardiopulmonary bypass at 10:50 A.M. and cooling of blood was begun. At 11:10 A.M., the somatosensory cortical response evoked from her left median nerve was “flat line.” At 11:24

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A.M., her brainstem evoked response was documented to be “flat line.” At 11:25 A.M., cardiopulmonary bypass was shut off, blood was drained from her head, and the aneurysm was clipped. At 11:30 A.M., she was placed back on cardiopulmonary bypass and her blood was gradually rewarmed over the next 65 minutes.

Although anesthetics were discontinued during deep hypothermia and prior to standstill, isoflurane was reinstated 35 minutes into the rewarming procedure at 12:05 P.M., and nitrous oxide was reinstated at 12:50 P.M. Both anesthetics were continued without interruption until surgery ended around 2:00 P.M.

Second, Augustine wrote:

First, it is quite clear that Reynolds did *not* have her NDE during any period of flat EEG.... As Sabom’s own account revealed, her standstill condition had absolutely nothing to do with the time when we *know* that her near-death OBE began: A full two hours and five minutes before the medical staff even began to cool her blood, during perfectly normal body temperature (see Figure 1)!

The question here is not when Reynolds’s NDE *began*, but when it *ended*. Reynolds described her NDE as an uninterrupted, continuous experience perceived to be as real at the beginning, during her “out-of-body” experience, as it was throughout. According to her, the NDE ended at the close of surgery around 2:00 P.M., a time frame that included the period of “standstill” and “flat EEG.” Arthur Hastings pointed out:

In NDE research, the initial stage of leaving the body (an OBE) often involves perception of the physical location, such as an operating room or an accident scene. These perceptions can be verified, and thus can provide an external confirmation of the subjective OBE report. If it is assumed that the continuation of the NDE perception is just as valid as the OBE perception, then the implication is that the further visionary settings have some kind of independent reality that acts as a stimulus for the perception. However, there is no way of knowing at present whether the assumption of continuity is justified (Hastings, 2002, p. 94).

My reconstruction of Reynolds’s combined autoscopic and transcendental NDE as a continuous, unbroken encounter was based entirely on her testimony – testimony correlated at times with events in the operating room. Interestingly, Reynolds’s claim of continuity within her experience is consistent with virtually all other reports of combined NDEs that I have studied over the past 30 years.

Augustine asserted, on the other hand, that “it is quite clear that Reynolds did *not* have her NDE during any period of flat EEG.” This assertion – one which has been created out of nothing, assumes *discontinuity* within Reynolds’s NDE, and runs counter to Reynolds’s testimony and to other descriptions of combined NDEs – is anything but “quite clear.”

Third, Augustine quoted Gerald Woerlee as writing: “earplugs do not totally exclude all external sounds, they only considerably reduce the *intensity* of external sounds.” Steven Cordova, Neuroscience Manager at the Barrow Neurological Institute, who was the intraoperative technologist responsible for inserting small molded speakers into Robert Spetzler’s patients in the early 1990s when Reynolds’s surgery was performed, told me that after these speakers were molded into each external auditory canal, they were further affixed with “mounds of tape and gauze to seal securely the ear piece into the ear canal” (S. C. Cordova, personal communication, October, 10, 2006). This “tape and gauze” would “cover the whole ear pinnae” making it extremely unlikely that Reynolds could have physically overheard operating room conversation one hour and twenty five minutes after anesthesia had been induced.

Fourth, Augustine wrote:

Two mischaracterizations of this case are particularly noteworthy, as their errors of fact greatly exaggerate the force of this NDE as evidence for survival after death.... Despite accurately reporting the facts, Sabom himself encouraged these misrepresentations.

I offered Reynolds’s case with no life-after-death strings attached. From a scientific standpoint, I wrote:

Even if all medical tests certify her death, we would still have to wait to see if life was restored. Since she did live, then *by definition* she was *never* dead. Doctors can save people from death and rescue some who are close to death, but they cannot raise people from the dead. (Sabom, 1998, pp. 49–50)

From a theological standpoint, I wrote: “I conclude that modern-day descriptions of NDEs are not accounts of life after death” (Sabom, 1998, p. 198). The evidence suggests that

[t]here *is* no definable moment of death, but only a process of dying which starts with life and eventually ends in death. The journey through a near-death experience may best be understood as an experiential counterpart to this physical dying process. (Sabom, 1998, p. 51)

In *Light & Death*, I offered this disclaimer:

Further exploration of Pam's case continues to raise the same questions: If we accept what she "saw" or "heard" as being accurate, then could she have been told about it either before or after the surgery to allow for the correct description, could she have somehow known about it from her own knowledge, or could it have been just coincidence? These are all legitimate questions that continue to becloud the claim of the near-death experimenter that "I saw it from the ceiling." For some, evidence arising from cases such as Pam's will continue to suggest some type of out-of-body experience occurring when death is imminent. For others, the inexactness which arises in the evaluation of these cases will be reason enough to dismiss them as dreams, hallucinations, or fantasies.... [T]he promise of Pam's near-perfect laboratory conditions, with its detailed and accurate physiological data, gives us tantalizing clues, but no definite answers. (Sabom, 1998, pp. 189–190)

I am certain of the existence of life after death. This certainty, however, does not rest on "proofs" derived from NDE research, but on truths centered in my Christian faith.

References

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