NDE Research Impact on Educational settings

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Objectives

- Describe selected results of NDE research in educational settings.
- Discuss ethical implications of NDE research for educational settings
- Suggest areas for future NDE research in education

Educational Settings

- Formal
  - Schools
  - Universities
  - Hospitals
  - Training Programs
  - Churches
  - Meetings
  - Support Groups
Educational Settings

- Informal
  - Airplanes
  - Malls
  - Parties
  - Dinner Table
  - Confessional

An educational setting is anywhere learning/understanding takes place

Looking Back

- 1986 Strom-Paikin
  - 1984 the first IANDS Conference
  - Group goal: to “educate other professionals about how to help NDEers integrate the experience into their lives”
  - Also discussed that “NDEers cry frequently, express their emotions openly. And many need to be hugged”.
Selected Results of NDE Research

126 NDE research articles reviewed

Results:
- Disclosure issues noted
- Need for professional education regarding NDEs
- Few suggested educational methods or settings

Selected Research Review of Nursing Articles

- 1981 (Orne) also 1994 (James)
- Nurse is chosen for disclosure.
- Orne, R. (1994). 70% of nurses familiar with NDE
- 56% limited knowledge (gained from the lay media).
- ER nurses had the highest knowledge base
  OB/GYN the least
- 69% of the nurses stated they offer support
Other interesting results included:

- Of 912 nurses in the Orne study:
  - 28 report having an NDE
  - 74 knew someone
  - 65 cared for someone who had an NDE
  - Nearly 100% stated they “wished to learn more”

Nursing Articles (continued)

- 1981 – Oakes, “Topics in Critical Care Nursing”
  - “Survivors stated they would select a nurse to talk with rather than a clergy member, physician, psychiatrist or psychologist”.
Nursing Articles (continued)

- **1997, Bucher et al**
  - More patients survive resuscitation efforts.
  - Explored critical care nurses’ interest in, knowledge of, and attitudes toward the NDE.
  - Identified 8 Nursing Interventions that nurses can use during and after resuscitation.

- **1985 Freeman, *Occupational Health Nursing***
  - Medical personnel “listen and support the patient despite their own beliefs”.

Nursing Articles (continued)

- **1992 Olson, *Holistic Nursing Practice***
  - Found “richness in the description of the NDEs of the elderly”.
  - “it is not uncommon to find elderly people who have never talked about NDEs that occurred early in their lives”.

- **1993 Olson, *Journal of Holistic Nursing***
  - Nurses should “listen carefully to develop new techniques that help the whole individual move toward integration”.
Additional Nursing Articles

- 1988 Corcoran, *Nursing*
- 1988 Byl, *The Kansas Nurse*
- 1989 Serdahely/Drenk/Serdahely, *Geriatric Nursing*
- 1989 Walker, *Death Studies*
- 1990 McEvoy, *Nursing Education in Thanatology*
- 1990 Hayes/Orne, *Nursing Education in Thanatology*
- 1991 Shoenback/Hocutt, *Journal of Near-Death Studies*
- 1993 Shoenback, *American Journal of Nursing*

Additional Nursing Articles

- 1994 Martinson, *Journal of Pediatric Nursing*
- 1993 Shoenback, *American Journal of Nursing*
- 1994 Martinson, *Journal of Pediatric Nursing*
- 1994 Callanan, *American Journal of Nursing*
- 1995 Milne, *CACCN*
- 1996 Manley, *Journal of Emergency Nursing*
- 1996 Papowitz. *American Journal of Nursing*
- 2001 Hayes, *Nursing*
- 2003 Morris/Knafl, *JNDS*
- 2006 Tutka, *American Journal of Nursing*
Why is this information not routinely included in the curriculum of all Nursing programs?
Educational Settings

In many medical settings death is considered the enemy...

or professional defeat

1997 Greyson, “NDE as a Focus of Clinical Attention”

- Patients “benefit from referral to NDEr support groups”
- Many “need counseling to address dissolution of the previous lifestyle or the reconstruction of a new, compatible one”.
- “Couples or family therapy may be indicated when changes in the NDEr demand complementary changes in close relationships”.
- Need for awareness—“to minimize or prevent suffering from misdiagnosis and inappropriate care”.
Medical

1977 Moody

“A greater awareness on the part of physicians of the possible occurrence of such experiences is indicated.”

1994 Morse

- Noted rich anecdotal literature on adult NDErs, but no specific articles discussed counseling children and families
- Pediatricians have been described as not being able to handle children’s deaths.
- Residency training often provides a model that death occurs b/c either we have failed or our medical systems have failed”.
- “Experienced physicians acknowledge that there is a faith or a spirit or vague undefined something that motivates the human body to heal or to die”.
- Clinicians make decisions based on clinical research.
- Medical professionals and society can benefit from learning about NDEs.
1985 Herzog/Herrin, *Critical Care Medicine*

Quotes Pediatric Section of the Society of Critical Care Medicine: “more attention should be paid to the critically ill child’s emotional condition during procedures and after recovery”.

1978 Sabom/Kreutziger, *Theta*

1980 Sabom, *Journal of Religion and Health*

1995 Hoffman, *JNDS*
Question

How many medical schools today include ANY discussion regarding NDEs?

Other Disciplines

- 1987 Furn, JNDS
- 1991 Insinger, JNDS
- 1992 Bechtel, JNDS
- 1997 Horacek, JNDS
Does the training of psychotherapists, clergy and counselors address these issues?
NDE research ethical implications for educational settings

- Patients deserve respect
- Providing healthcare based on principles of ethics discussed in the first session
- Is difficult … without a foundation is impossible

Ethically speaking, if we know hundreds of NDEs have been reported by people who:

- have questioned their own sanity
- are reluctant to share because no one would believe them
- lack comfort
- are unsettled or unresolved

What are we doing to train healthcare providers to assist these individuals?
Ethical Principles

- Autonomy
- Justice
- Beneficence
- Nonmaleficence
- Veracity
- Respect for individuality and diversity
- Competence

Future Research
To address community attitudes detailed by Kellehear in 1989, public educational activities need to be more available.

The Future

Think...

Just imagine...
Imagine

ACLS Courses (and textbooks) incorporate interventions for Care of the Patients Post Resuscitation.

Imagine…

Nursing school curricula would include required courses which address appropriate response to disclosure regardless of their own beliefs and content of information received.

*Certainly this would include NDE disclosure.*
Medical schools would offer courses which include discussion of NDEs within other required curriculum.

Imagine...

All seminars and training programs for clergy and pastoral caregivers would include required course work regarding the care of persons following a close brush with death or disclosure of an NDE.

Imagine...
Imagine…

Interdisciplinary meetings that include considerations of NDEs in the discussion of Plan of Care for patients.

Imagine…

Preparation of teachers of all ages and grades would learn how to “hear” children who are impacted by an NDE.
Imagine…

Medical personnel and counselors in the VA hospital system would collaborate because of their awareness of NDE data.

Imagine…

A nurse in an educational setting is moved by knowledge of the NDE and decides to make a difference by collaborating with IANDS to produce a patient teaching pamphlet specific for M. D. Anderson
Imagine…

An environment of acceptance or “attitude of trust” where individuals like Nancy Evans Bush would have felt “more ready to disclose sooner” because we “found the words”.

Imagine…

The educational setting…
… is an IANDS conference …
with funding and resources to provide all caregivers with the knowledge base and awareness to truly care for NDErs.
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