

THE NEAR-DEATH EXPERIENCES OF HOSPITALIZED INTENSIVE CARE PATIENTS:
A FIVE-YEAR CLINICAL STUDY by Penny Sartori. Edwin Mellen Press,
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This book reports the results of the first long-term prospective study of near-death experiences (NDEs) to be undertaken in the United Kingdom. The project studied the NDEs of patients in an intensive therapy unit in a Welsh hospital over a five-year period. The author worked as a Staff Nurse on the ITU ward during the study period, allowing her to closely correlate the medical conditions of her patients with their near-death experiences. The research plan and protocols were developed with guidance from Prof. Paul Badham and Dr Peter Fenwick, two veterans of research in this area. The study produced several valuable findings, and the author was awarded a PhD degree by the University of Wales, Lampeter for this work.

The research represents an important contribution to Near-Death Studies because many valuable lessons were learnt that will strengthen the protocols for the large-scale long-term studies for which this work prepared the way. The technical findings of this research are more suggestive than definitive, since the sample sizes were too small to allow for useful statistical tests to be performed on the data. That said, despite the small sample the findings are of considerable interest, and likely to be influential in hypothesis formation for future research.

In this reviewer's opinion, the value of this book goes well beyond the findings of the prospective study on which it is centred. To anyone who wishes to enter into research in NDEs, or who would like to achieve a broad understanding of the current status of the scholarly debate about NDEs, there is probably no more comprehensive or more accessible reference work. Firstly, the book gives a comprehensive overview of the recent status of NDE research, presented in a usefully categorised, clear and succinct way. In my view, this is the best overview available to anyone wanting to take up research into NDEs. This section covers historical NDEs, kinds of NDEs (including negative ones), inter-cultural comparisons (12 cultures are considered), and other kinds of anomalous phenomena that exhibit characteristics in common with NDEs. These include religious and mystical experiences, and 18 contexts conducive to those altered states of consciousness that include comparable experiences. This section also includes an evaluative survey of competing explanations for NDEs, including 16 physiological models (one with four variants), and 14 psychological models. The material summarised in this section amply demonstrates the richness and complexity of NDE studies, and demonstrates that no simple defence of any view of what NDEs are is likely to be convincing.

Secondly, the book gives an illuminating account of just how challenging it is to do good primary research in this area, and how much effort and dedication it requires. In her five-year study, involving nearly 300 patients, the author was able to collect only 15 NDE cases. That said, the study also produced eight OBE cases, three death-bed visions, two 'Peak in Darien' cases (visions of a deceased person whom the experient did not know had died), two

anomalous healing cases and many revealing hallucination cases. The amount of effort required to collect and process the 300+ interviews was clearly stupendous. Not only did it require much effort to get permissions, conduct and transcribe the interviews, and analyse the data, but various sociological problems also complicated the research, such as confounding actions of some hospital staff, and patients' different attitudes to follow-up interviews. All this provides useful insight for those who would undertake such research, and a caution to those who would glibly dismiss the NDE evidence. A very significant amount of care clearly goes into collecting and analysing the data.

Thirdly, the book provides useful practical guidance for anyone who wishes to conduct NDE research. Sartori reports her procedures in detail, including the consent form, interview schedules, rating scales and questionnaires used. Unusually, but most interestingly, she includes in appendices transcripts of actual interviews from her study. These include all 15 NDE cases, including their follow-up interviews, as well as the three cases of death-bed-visions—the 'Peak in Darien' cases—two OBE cases, twelve cases of relevant hallucinatory experiences, and four of the more than 400 anecdotal cases reported to her in the course of her research. The transcripts are fascinating, and strikingly make the point that this is not just dry research but involves very real people caught up in deeply moving experiences.

Lastly, the research project produced many interesting findings with important suggestions for future research. Because the sample of NDE cases was so small (15), Sartori's results could not be subjected to statistical tests. Nevertheless, enough data could be collected to determine findings of considerable interest. Firstly, she found that NDEs are probably vastly under-reported. Of the 15 cases she collected, only two were reported spontaneously. Her research suggests that people are not only inhibited from making reports because they fear ridicule, but also because very often they do not recognise the experience as being an NDE.

Secondly, she found that the likelihood of someone experiencing an NDE increases in proportion to the seriousness of their medical condition, suggesting that the experience is indeed triggered by being, in some sense, 'near death'. In her sample of seven cardiac arrest patients who reported NDEs, 43% had asystole, which is the heart rhythm associated with the highest mortality rate. In contrast, in the control group of 32 cardiac arrest patients who did not report an NDE, only 25% had the asystolic rhythm.

Thirdly, she obtained interesting results in relation to the sceptical hypotheses that NDEs are the results of either lack of oxygen (anoxia) or an overload of carbon dioxide (hypercarbia). In the present study, there were two patients for whom their blood gas levels could be known with certainty at the time of their experiences, since they were at the time receiving continuous oxygen therapy. Interestingly, the blood gases of the OBE patient were normal, while the NDE patient had a normal oxygen level but a *lower* than normal carbon dioxide level. These are of course very small samples, but they do not support the anoxia and/or hypercarbia hypotheses.

Fourthly, she found important differences between NDEs and experiences generally regarded as hallucinatory. For instance, in contrast to NDEs, hallucinations were disorganised, and memories of them faded away. A detailed

tabulation of these differences has been published elsewhere (Sartori, 2004), and reproduced in the recently published *Handbook of Near-Death Experiences* (Holden, Greyson & James, 2009, p.202).

Fifthly, she made an important discovery in relation to the sceptical hypothesis that NDEs are post-traumatic confabulations or dreams based on lucky guesses and prior knowledge of hospital procedures. Sartori asked the eight patients who reported 'material plane' OBEs to describe the resuscitation procedures they underwent, and found them to be highly accurate. When she asked a control group of 33 patients who reported no consciousness during cardiac arrest, or had an NDE without a 'material plane' OBE component, to imagine how they were resuscitated, she found that 28 could not even hazard a guess. The narratives of the five who would attempt it contained many errors about the equipment used and the procedures employed. These last two findings suggest that it is indeed possible to distinguish between hallucinations, fantasies and the 'material plane' OBEs reported as part of NDEs.

Although these findings are not by themselves *statistically* significant, they are of great interest, and they can of course be added to results expected from the large-scale study led by Dr Sam Parnia, now under way at more than 25 medical centres in Europe, the UK, Canada and the United States.

In the final section, Sartori gives her personal views on the importance of NDE research. Since NDEs are still controversial phenomena, such views can only be highly speculative, and readers may find this section less grounded than the rest of the book. Nevertheless, it does emphasise the point that NDEs are potentially of key significance for developing a valid understanding of what we are.

The book is written in a clear accessible style. The content listing is very detailed, taking up 11 pages, and making it straightforward to go directly to a section of interest. The content is fully referenced, and the references run to 32 pages. There is also an index. However, the publisher appears to have gone to print without the benefit of a copy-editor, although the flaws are niggles rather than problems.

It is regrettable that the book is so expensive, as it is a very valuable general resource. One can only hope that it will become widely available in libraries, and that it will soon be re-issued in a more affordable edition.

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