Near-death experiences

Sir—Many of the elements of the near-death experiences described by Pim van Lommel and colleagues (Dec 15, p 2039),1 are also described by patients after episodes of awareness or unintended consciousness occurring during general anaesthesia.2–4

These episodes of recovery of consciousness are invariably attributed to an insufficient supply of anaesthetic, for various reasons, and are not generally associated with hypoxia. They occur despite the fact that patients have received a cocktail of potent, centrally acting drugs—specific general anaesthetic agents, opioids (eg, fentanyl), benzodiazepines, and other psychotropic drugs (eg, droperidol)—given with the object of preventing consciousness. Many of van Lommel and colleagues’ patients received a similar cocktail of drugs during resuscitation. I suggest that their patients’ near-death experiences were simply an episode of consciousness modulated by drugs, hypoxia, hypocarbia, or other physiological stressors.

There does seem one element of such near-death experiences, however, that is not so commonly reported during anaesthesia, namely the out-of-body experience. Given the circumstances of their awareness, the anaesthetised patient generally has a clear insight into their situation and their role in it. Is it possible that patients with a cardiac arrest have a poorer understanding of their predicament and impose a different interpretation upon events, possibly one that the subsequent interview and the subsequent interview may have inadvertently molded?

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Sir—Pim van Lommel and colleagues1 ask, how could a clear consciousness outside the body be experienced at the moment that the brain no longer functions during a period of clinical death with flat electroencephalography? Evidently, they assume that the brain may not function at this time. This assumption, however, is erroneous. Normal electroencephalography techniques can detect electrical activity in only one half of the area of cerebral cortex. Possible activity in the other half and deeper structures cannot be observed.

Electroencephalography is not a reliable indicator of brain death.2 Before clear consciousness has been proven to occur in people without cerebral blood flow, there is no need to reconsider the nature of mind-brain relation.

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Sir—In his Dec 15 Commentary, C C French1 states that any report of veridical perception during out-of-body experiences would represent a strong challenge to any non-paranormal explanation of the near-death experience. Another context in which out-of-body experiences have been described is the dissociated rapid-eye-movement (REM) sleep state, defined as sleep paralysis. Cheyne and colleagues2 reported 17 cases of autoscopic experiences associated with sleep paralysis, in which the individuals viewed themselves lying on the bed, generally from a location above the bed. I previously reported the results of a survey of people experiencing sleep paralysis.3 Of 264 participants (88% had had some kind of out-of-body experiences. Some of them reported recurrent episodes of such experiences. I invited these people to do...