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Near Death Experience in Terminally III Cancer Patients: A Pilot Study

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Abstract

Introduction: Near death experience (NDE) is usually profound and unusual experience mostly reporte dtobeexperiencedinpeopleatterminalillnessstages.Thispersonalexperienceisusually associated with death or impending death. Various studies have been reported in this regard. Cancerdiagnosisitselfbeingaharrowingexp erienceowingtoitsprognosisandpoorlycontrolled pain,functionaldeclineandconfusionusuallydistressesthepatient. Andinitsterminalstagesthe patient is likely to experience nearing death.

Material and Methods: Questionnaire based observational study using Greyson NDE score for assessing near death experience in terminally ill cancer patient conducted from January 2019 to May 2020. Descriptive statistics was used for correlationofNDEwithclinicalandsociodemographicparametersandpvalue of lessthan0.05was considered as statistically significant. We divided cases on the basis of mean NDE score of 4.92 into two groups ≤ 4.92 (low NDE score) and > 4.92 (high NDE score) for statisticalanalysis.

***Observation and Results*:** We identified 5.0 terminally ill cancer patients with mean age of 51.48 years and age range from 17 years to 82 years. Most were between 46 to 55 years of age. There waspreponderanceofmalepatients. WefoundmeanNDEscoreof4.92withmostofcaseshaving low NDE score of ≤ 4.92 (28/50). Higher NDE score was seen among females (81.2%), Christian religion (50%), widowed (87.5%) and ovarian/cervical carcinoma cases (100%). There was statistically significant correlation of NDE score with gender (p=0.0005), maritalstatus (p=0.009) and primary tumor diagnosis (p=0.008).

Conclusion: In accordance with the treatment process of the cancer patient there is need to also look into his mental health also. The mental stress the patient is going through should not be undermined rather should be timely assessed and intervened as required. There must be counselling facility and psychosocial support for all terminally ill patient to improve their quality of life.

Keywords: Near Death Experience; Terminally III; Cancer Patients.

Introduction

Since earliest times it has been known that people who are at terminal illnessstages may report profound and unusual experiences. Interest in these phenomena was largely in the province of religion and parapsychology until 1975, when the medical philosopher Raymond Moody's collection of people's experiences was published. His book, Life After Life, initiated an explosion of popular interest and has since been translated into more than 30 languages. He labeled this complex cluster of subjective changes the Near-Death Experience

(NDE).[1] In 1977 The Association for the Scientific Study of Near-Death Phenomena was founded, which became The International Association of Near-Death Studies (IANDS) in 1981 and publishes a bi-annual journal, Anabiosis.

NDE is usually considered as a personal experience associated with death or impending death. These set of experiences usually encompass variety of sensations including detachment from body, feeling of levitation, total serenity, security, warmth, experiences of absolute dissolution, and presence of a light.[2] NDEs are usually recognized to be part of some transcendental and religious beliefs in afterlife.[234]

The general features of the experience have been argued byBruce Greysonas experience that includes impressions of being outside one's own physical body, visions of deceased relatives and religious figures, transcendence of egotic and also spatiotemporal boundaries.[5]

NDE have been subdivided on a five-stage continuum by Kenneth Ring (1980). The subdivisions were:[6]

1. Peace
2. Bodyseparation
3. Enteringdarkness
4. Seeing thelight
5. Entering thelight

It was stated by him that 60% individuals experienced stage 1 (feelings of peace and contentment),while only 10% of those experienced stage 5 ("entering the light").[7] According to Alana Karran, the NDE stages resemble the so-called hero's journey.[8,9]

Kenneth Ring (professor of psychology) had identified consistent set of value and belief changes associated with people who have had a near-death experience. The changes can be noted as usually one finds greater appreciation for life, higher self-esteem, greater compassion for others, lesser concern for acquiring material wealth, heightened sense of purpose and self-understanding, strong desire to learn, also elevated spirituality, greater ecological sensitivity accompanied as well with planetary concern, and feeling of being more intuitive. The changes may also at times include need for being alone more often, increased physical sensitivity; diminished tolerance to light, sound, alcohol, or drugs; a feeling that brain has been "altered" to encompass more; and feeling that one is now using the "whole brain" rather than a smallpart.[10]

However, not all after-effects are beneficial[11] and Greyson describes circumstances where changes in attitudes and behaviour can lead to psychosocial and psychospiritual problems.[12]

Near death experience of life for patients with cancer is characterized by functional decline and poorly controlled severe pain and confusion in terminally ill patients. Moody anticipated that the NDE would be a multidisciplinary area of research, and contributions have come from psychology, neurology, medicine and psychiatry, as well as anthropology, theology, parapsychology and philosophy. The cancer patient in its terminal stage at times is bound to have such experiences that are at times unusual which could be a mix of the varied sensations and mental process the patientisin relation to the disease. These experiences are also a result of the cognitive and spiritual thought process in the patient developed during the entire course of cancer diagnosis and treatment.

In the present study we attempt to analyze near death experience interminally ill cancer patients.

The near death experience of life for patients with cancer is characterized by functional decline and poorly controlled severe pain and confusion. However, patients increasingly prefer comfort care and peace as they near death, many die in severe pain. High-intensity end-of-life care is expensive and may not be consistent with patient goals. Families of patients dying with cancer incur significantfinancial burdens and emotional stress, most significantly during the terminal illness. Palliative care has important role in terminally ill patients. Palliative care being the treatment to relieve, rather than the cure, relieving symptoms caused by cancer and emphasizing at the same time to improve the quality of life of patients and their families. It becomes an urgent humanitarian need for people worldwide with cancer and other chronically fatal diseases and is particularly needed in places with high proportion of patients living and battling advanced stages of cancer where there is little chance of cure and at the same time is painful for the patient nearing end. A relief from physical, psychosocial, and spiritual problems can be achieved in over 90% cases of advanced cancer through palliative care. Therefore, it is important to study near death experiences to improve the quality of care and palliative care in terminally ill patients with cancer.

Material and methods

Study Design: Questionnaire based observational study for assessing near death experience in terminally ill cancer patient.

Duration of study: January 2019 to May 2020.

Case Definition: Terminal illness is decline in functional status of patient. It is an advanced stage of a disease with an unfavourable prognosis. Terminally ill cancer patients shows evidence of progressive malignancy, and in which therapy cannot realistically be expected to prolong survival significantly [13]

Consent: An Informed consent was taken for the study, explaining them the whole procedure and the aim behind conducting the study. Patients not giving consent were excluded. A total of 50 patients were included in the study.

Greyson NDE scale questionnaire based observational study for near death experience in terminally ill cancer patients was conducted. Each case was asked to fill apre-structured proforma regarding general information, standard questionnaire and validated Hindi version questionnaire and relevant information was collected for various scales to be used in study for computing and assessing near death experience in terminally ill cancer patient. Descriptivechi-square statistics was used for the analysis of near death experience in terminally ill cancer patients with p value less than 0.05 considered as statistically significant. Statistical analysis was done with IBM SPSS Statistics version 24.0.

The study was carried out after clearance from the ethical committee. (SAIMS/RC/IEC/73).

Observation and results

We identified 50 terminally ill cancer patients attending department from January 2019 to May 2021. Patient ageranged from 17 years to 82 years with 51.48 ± 14.60 years mean (Figure 1).

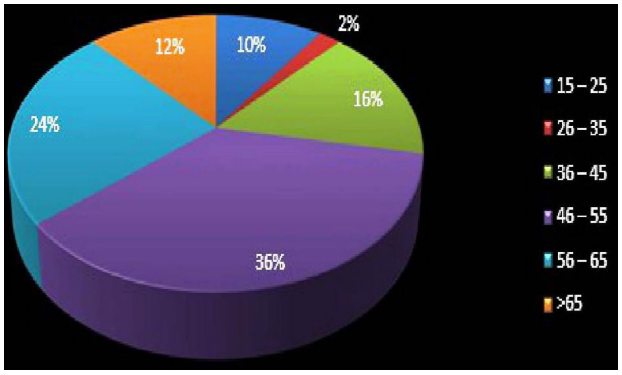

Fig. 1: Distribution of Patients According to Age

Most of the patients were aged between 46 to 55 years of age. There was preponderance of male patients who comprised of more than two third of the study population (Figure 2).

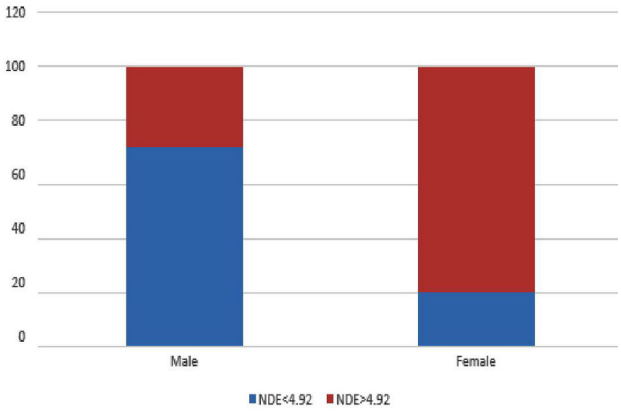

Fig. 2: Distribution based on Gender

The most common site overall among male was head and neck cancer, and breast as well as ovarian and cervical cancer in females and is in consistence with the more prevalence amongst the respective gender wise distribution (Figure 5).

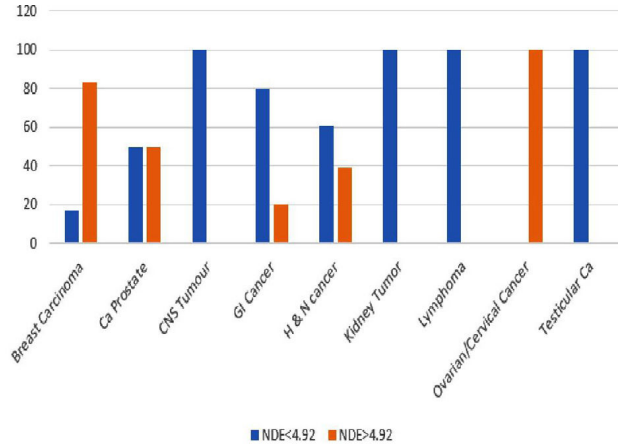

Fig. 5: Distribution based on Diagnosis

Most of the study population was married accounting for more than two third of the overall study sample (Figure 4).

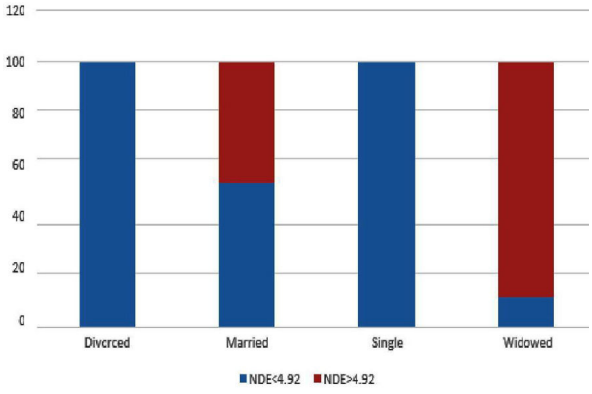

Fig. 4: Distribution based on Marital Status

The study sample was also divided based on duration of illness. Most individuals with more duration of illness had more of transcendental component or the paranormal components owing likely to the duration of suffering, undergoing treatment with constant fear of recurrences the mental status might have been accustomed to these thoughts and hence more likely chances of experiencing them.

Most of the sample population were followers of Hinduism, in accordance with the demographic distribution (Figure 3).

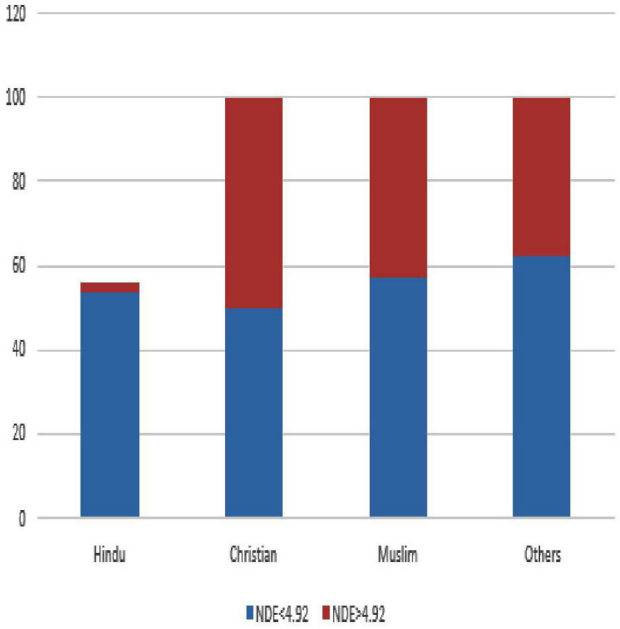

Fig. 3: Distribution based on Religioin

However, there was no particular relation found with any religious background

The mean NDE score was analyzed to be 4.92. and the sample was considered to be as significant. There was presence of cognitive components among most of the patient; very few patients had presence of paranormal and affective components. On basis of mean NDE score, study population was dichotomized into two groups, one having lower NDE score (≤4.92) and another with higher NDE score (>4.92). The study population did have most of the individuals in the category of mean ≤ 4.92, however in the >4.92 group majority of individuals turned out to be female.

The data was further classified into groups with NDE ≤ 4.92 and >4.92. And data was analyzed regarding various factors and if they have any significance. The various parameters analyzed were gender of patient, religion of patient, marital status of patient and diagnosis i.e. primary tumour site (Table 1).

Table 1: Correlation of NDE score with various parameters

		NDE		Total	P Value
		< 4.92	< 4.92		
Gender					
	Female	3(18.8%)	13(81.2%)	16(100%)	P=0.0005
	Male	25(73.5%)	9(26.5)	34(100%)	
Religion					
	Christian	1(50%)	1(50%)	2(100%)	P=0.974
	Hindu	14(53.8%)	12(100%)	26(100%)	
	Muslim	8(57.1%)	6(42.9%)	14(100%)	
	Other	5(62.5%)	3(37.5%)	8(100%)	
Marital status					
	Divorced	1(100%)	0(0%)	1(100%)	*P*=0.009
	Married	20(57.1%)	15(42.9%)	35(100%)	
	Single	6(100%)	0(0%)	6(100%)	
	Widowed	1(12.5%)	7(87.5%)	8(100%)	
Diagnosis					
	Breast carcinoma	1(16.7%)	5(83.3%)	6(100%)	*P*=0.008
	C.a prostate	1(50%)	1(50%)	2(100%)	
	CNS tumor	1(100%)	0(0%)	1(100%)	
	GI cancer	8(80%)	2(20%)	10(100%)	
	H and N cancer	11(61.1%)	7(38.9%)	18(100%)	
	Kidney tumor	1(100%)	0(0%)	1(100%)	
	Lymphoma	3(100%)	0(0%)	3(100%)	
	Ovarian/ cervical Carcinoma	0(0%)	7(100%)	7(100%)	
	Testicular Ca	2(100%)	0(0%)	2(100%)	

The gender of patient in correlation with the NDE experience was found to be significant p value 0.0005. There were more female population (81.2) in NDE>4.92 group while more male patients (73.5) were there in ≤4.92 group.

Marital status of the patient in correlation with NDE experience was also found to be significant p value 0.009.

Primary tumour site and the whole disease course related with it was also found to be significant factor playing role pvalue 0.008.

80% terminally ill cancer patients did present with the feeling of peace and pleasantness and joy. 70% presented with the feeling of sense of being in harmony with the universe. 20% individuals did present with the constant feeling of looking into their past records and experiences. 44% of the

individuals was of time speeding up, and a feeling of speeded up thoughts. 34% individuals agreed upon the fact of suddenly having a feeling of understanding things and trying to keep unity with it. 10% individuals did present with the experience of seeing the scenes from future coming to them. 6% cases had an experience of sometimes encountering hearing an unidentifiable voice and 4% reported of even encountering the mystical presence of a being.

80% of patients had feeling of peace and joy i.e. stage I & II, 10% had experiences of seeing in the past and 6% encountered the fifth stage of entering the light and hearing unidentifiable voice and presence of someone along.

Near death experiences have been reported in those persons suffering from terminal illness and have been documented since the earliest times. Cancer diagnosis itself has an impact over the psychological state of the patient owing to the long treatment process, disease pain and other symptoms, and still the fear of relapses and recurrences after the treatment process.

Some of the common traits that are being reported by NDEs are:

- A sense/awareness of being dead.
- Sense of peace, well-being and painlessness. A sense of removal from the world.
- An out-of-body experience. A perception of one's body from an outside position, sometimes also observing medical professionals performing resuscitation efforts.[14]
- A "tunnel experience" or enteringa darkness. Sense of moving up, or through, a passage way or staircase.[14]
- A rapid movement toward and/or sudden immersion in a powerful light (or "Being of Light") which communicates with theperson.[15]
- An intense feeling of unconditional love and acceptance.[16]
- Encountering "Beings of Light" or similar. Also, possibility of being reunited with deceased loved ones.[12,14]
- Receiving a life review, commonly referred as "seeing one's life flash before one's eyes".[12]
- Approaching a decision by oneself or others to return to one's body, often accompanied by a reluctance to return.[12,14]
- Suddenly finding oneself back inside one's body.[17]
- Connection to the cultural belief sheld by the individual, which seem to dictate some of the phenomena experienced in the NDE and particularly the later interpretation thereof.[18]

In the present study we assessed the feelings in terminally ill cancer using questionnairebased Greyson near death experience scale. The questionnaire was used validated version of both Hindi as well as English format. We studied 50 patients with mean age of 51.48 ± 14.60 years with male preponderance, comprising of more than two-third male patients. The most common primary site being head and neck cancer. Most of the sample population was married individuals (70%).

The mean NDE score was analyzed to be 4.92. There was presence of cognitive components among most of the patient, very few patients though also had presence of paranormal and affective components.

The study population did have most of the individuals in the category of mean ≤4.92, however in the >4.92 group majority of individuals turned out to be female. This finding was consistent with the study done by Ring where more females experienced with NDE of higher score. Also in a similar study by Sabom, female preponderance for such experience was noted. There indeed was found to be higher scores in individuals with pre-conditions or history of trauma.

According to one study (Greyson 2006) there was found to be no or little association between NDEs and either religiosity, or prior suicidal background suggesting the occurrence not influenced by psychopathology, by religious denomination, or by experiencer's prior expectations of pleasant dying process.[19] Greyson also found and recorded that the long term recall of NDE incidents was stable and did not change with embellishment overtime.[20] This was also established in our present study of no relation of NDE with religiosity or prior suicidal background. Also in study by Renz et al, there was observation of spiritual experiences of being independent previous religious affiliations[21,22,23] but rather being dependent on previous experiences.

In our series out of 16 females 81.2% had higher NDE score as compared to only 26.5% males with higher NDE score. There was statistically significant correlation between gender and NDE score with a p of 0.0005. Our finding are similar to van Lommel et al.[24] 2001, who reported deeper NDEs in women. This correlation may be owing to the irdiseasediagnosis and fear of disease outcome

and also complying with their responsibilities towards their family members.

The marital status of the patient did have an impact on the irmental condition. Strongest experience of NDE was among widowed cases with 87.5% of them having higher NDE score followed by married cases (42.9%). There no cases with high NDE score who were either single or divorced. There was statistically significant correlation between marital status and NDE score with a p value of 0.009. The presence of family caregivers who continuously provide support to the patient did sufficiently helped in comforting the patient and preventing increased mental stress to the patient, also the presence of family members did provide motive to the patient regarding the responsibility he/she owes towards the family members and this may be the reason that widowed cases had higher NDE score. We recommend greater sensitiveness towards such cases and also psychosocial motivation for them.

Also the primary tumour site was found to be play ingarole in the experience related to NDE, this could be as a result of primary disease site related long disease duration, long treatment and associated conditions such as pain and other experiences and their impact on mental condition of patient. Cases having ovarian/cervical carcinoma had higher NDE score in 100% patients followed by breast carcinoma (83.3%), carcinoma prostate (50%), head and neck cancers (38.9%) and GI cancers with only 20% cases having NDE >4.92. Contrary to this cases of CNS tumor, kidney tumor, lymphoma and testicular carcinoma all had 0% cases with NDE score >4.92. This diversified experience among patients with different cancers had statistically significant correlation with NDE score with a p value of 0.008. However, in our extensive literature search we could not find study correlating similar parameters. We hypothesise that this may be due to demographic diversity in cancer epidemiology and availability of resources and treatment modalities for specific cancer types. Further larger studies encompassing diversified population and treatment centre scan reveal strong ercorrelation if any exist between NDE and primary tumor type.

We observed that individuals did present with the constant feeling of looking into their past records and experiences. Looking into the past memories and remembering excerpts from their past in context with the past excerpts that could be cherished by them, past excerpts to help them motivate to look forward for the will to recover and also looking into some past experiences that they would like to change. The concern for most of the individuals was of time speeding up, and a feeling of speeded up thoughts. Also many individuals did recognise their feeling or sense of being in harmony with universe.

Most of the individuals did have a sense of joy or happiness at present, and also agreed to having a desire of enjoying their present the most that was possible with the wish of being around their family and loved ones. The individuals did wish for situations to be well and they could enjoy the moments. Similar experiences were also found in study by Renz et al.

The individuals agreed to the feeling of peace or pleasantness, with acceptance of the situation and keeping peace with it. Similar to our study, in a study by Renz et alaround 81.3% patient did present with the experience of peace or pleasantness. Some individuals also agreed upon the fact of suddenly having a feeling of understanding things and trying to keep unity with it. Some individuals did also present with the experience of seeing the scenes from future coming to them, and having experienced that they did develop a sense of peace in their presence and with zeal of enjoying the present.

However very few individual also had an experience of sometimes encountering hearing an unidentifiable voice and even encountering the mystical presence of a being or being surrounded by such presence. Similar experiences were also reported by study by *MoushumiPurkayasthe et al*.

Conclusion

Despite of newer treatment modalities cancer still has high morbidity and mortality rates. Terminally ill cancer patients can also present with near death experiences which have been thought of as unusual experiences. Various theories have been put forward regarding accomplishing the reason for the NDE and understanding the mechanism behind experiencing the same by some individuals. In the present study it was accounted for the presence of near death experience in terminally ill cancer patients. While most the individuals presented in the cognitive components. The individuals at present did present with the sense of joy or happiness, agreed to the wish of enjoying them oments the most and also being around their family members. They did had a constant feeling of looking into their past records. The individuals had a concern of time passing too soon and also speeding up of their thoughts. However some of the individuals did put forward their experience of at present constantly listening to unidentifiable

voices and also mystical presence of being.

In accordance with the treatment process of the cancer patient there is need to also look into his mental health. The mental stress the patient is going through should not be undermined, timely assessment and intervention into it is required. Also the mental stress for the caregivers needs to be assessed and intervenedtimely.

The treatment course for cancer patient should be accompanied with counselling sessions for the patients so that their needs be understood and their problems and thought process be dealt with. Counselling centers for the cancer patient be set up in all the hospitals.

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