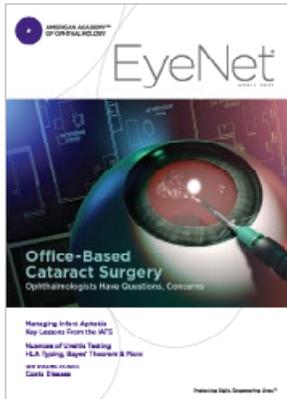


# Letters



## A Suggestion for Retirees

I write in response to Dr. Williams' lovely piece on retirement through the ophthalmologist's lens (Opinion, April). I would like to see some of our retired colleagues get involved in our state ophthalmology societies' advocacy efforts—the Academy's Governmental Affairs division

could certainly use the help. One noted obstruction to participation in political advocacy is the daunting pressure from referring optometrists, but that goes away with retiring from active practice. (For those in practice, the interest in protecting patients and the profession of ophthalmology must not wane due to referral concerns.)

Retirees: You have no reason not to participate in advocacy efforts. Your seniority will garner respect and admiration from politicians who look to you as sage advisors schooled by years of respected practice. I am happy to chat with anyone who might be motivated by this letter. We need your active participation, for no one else can bring to the field what you alone possess: years of accumulated knowledge and caring for patients within the field of ophthalmology.

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## Dealing With the Near-Death Experience

I am interested in near-death experience (NDE) and recently edited a book about the science of such events. I write this letter to help elucidate this poorly understood phenomenon.

NDE is not well understood perhaps because it is underreported. Several prospective studies show that when patients resuscitated from cardiac arrest are asked if anything unusual happened while they were unconscious, 18%-20% report the clinical syndrome of NDE. When not queried, less than 1% report it. Those who do report NDEs are often told by their physicians that the experience was imagined, a drug reaction, or a hallucination of an oxygen-starved brain.

This may cause the patient, especially if the patient is a child, distress. To mitigate this, physicians should adhere to the following:

1. Consistent, thoughtful inquiry, asking "Did anything unusual happen while you were unconscious?"
2. Sympathetic listening and validation of patients' feelings

3. Referring patients and their families to books on the subject or to support groups such as the International Association for Near-Death Studies

All medical schools and residencies should teach about recognition and treatment of NDEs, but few do. Though these experiences date back to antiquity and are even depicted in Renaissance art such as that of Hieronymus Bosch, NDEs were not scientifically described until 1975 when Raymond Moody, MD, PhD, reported 150 cases and named the syndrome. Currently, neuroscientists are studying NDEs to determine how consciousness persists

in the clinically dead and what this tells us about the brain as the source of consciousness. The "positive" NDE occurs in 90% of cases and is usually redemptive, uplifting, and removes the person's fear of death; conversely, a "distressing" NDE with perdition, damnation, and a malevolent theme occurs in 10% of cases. The type of NDE a person experiences does not seem to be associated with the life a person is leading.

As ophthalmologists, we should be interested in blind patients who are able to "see" the resuscitation, giving details such as type and color of clothes physicians were wearing. As I noted earlier, I just edited a book on NDEs.<sup>1</sup> In Chapter 5, Jean R. Hausheer, MD, FACS, clinical professor of ophthalmology at the Dean McGee Eye Institute, describes an NDE she had during a respiratory arrest when she was a medical student. As a person of great integrity, intelligence, and observational powers, Dr. Hausheer experienced most of the 10 elements of a classic NDE, including verification of events occurring while she was being resuscitated (veridical perception). The book should help physicians recognize and effectively treat NDE patients, and I hope that it will serve as a guide for research on the brain as the source of consciousness and as the end organ of vision. The book does not speculate on the religious meaning of NDE content.

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1 Hagan III JC. *The Science of Near-Death Experiences*. Columbia, Mo.: University of Missouri Press; 2017.

Note: I have no financial interest in this book. Profits go to the Missouri State Medical Association for use in the Physician Health Program.

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