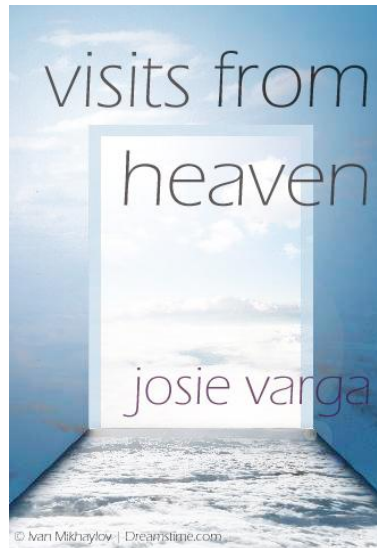


WHAT WE CAN LEARN FROM CHILDREN WHO NEARLY DIED

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The most remarkable lesson that we can learn from children who nearly died is that they are astonished that they are still alive! That is, alive during the time when not only did they expect to be dead, but the doctors resuscitating them also thought they were dead. And not just alive, but bathed in a loving light, a light that “has a lot of good things in it”, a light that “told me who I was and where I was to go”. And not just a light, but a light that these children, without the cynicism and cultural baggage that often shields us adults from the truth, clearly identify as “god”. Well, not always “god”, one three year old boy told me it was “the sun, the sun, I saw the sun and it had a happy face for me”. The fact of being alive, completely contrary to their expectations, is often disorienting and frightening. Fortunately, they typically describe some sort of companion who explains and reassures them throughout the experience. This companion presents itself in the form of a pet, a stuffed animal, a dead relative, or some other person or comfort object that has meaning to the child.

My favorite description of a comfort person was from a 12 year old girl who nearly died in a bathtub when her radio accidentally fell into the water. She accurately described her lengthy and complex resuscitation and told me it would have been frightening except for the nurse who held her hand throughout the procedure. She wanted me to find the nurse and thank her for her kindness. She was visibly disappointed when I told her that in fact our hospital does not provide a nurse to hold patients hands during resuscitation. It is too confusing already, and there is not enough room to have a nurse dedicated to sitting next to her and tenderly holding her hand, as she described. Perhaps a more religious child would have described this person as an angel.

My years as a critical care physician specializing in the resuscitation of critically ill children has made me aware of two very important things: 1) I am so honored and fortunate that I happened to hear dozens and dozens of critically ill children tell me what it was like to die, and 2) I feel an obligation to share this wisdom from children with others, especially grieving parents or really anyone struggling to understand the loss of someone they love. Most of these children who told me of “being sucked back into my body”, and “I saw you stick a tube in my nose” while they thought they were floating out of their bodies were my own patients who I personally resuscitated or knew the physician who did resuscitate them. They are real life flat-liners, returned from clinical death to teach us not just what it is like to die, but how to live as well.

The fact that these were either my own patients, or patients resuscitated at my hospital Seattle Children’s Hospital is so important, as it resolves instantly for me the issues that trouble other scientists about near death experiences. For example:

1) Are near death experiences just dreams? Absolutely not. Dreams happen to healthy people while they sleep, with characteristic brain wave functions, not to my patients who were profoundly comatose while they had their experiences.

2) Are they making it up, to reassure themselves and their families that they were not really close to dying at all and that a heaven and a god exist? Perhaps they are unconsciously conforming to the expectations that others have that they see something dramatic to account for why they survived.

I actually used to believe this myself, until patient after patient told me detailed descriptions of what actually happened to them in the emergency or operating room. They would recount incidental conversations, saying things like “then the nurse whose cat had just died came in”, or “I saw my mother and grandfather hugging each other in the lobby of the hospital”, events that they should not have been able to remember or have seen.

3) Don’t drugs or a lack of oxygen to the brain cause this experience? Again, no. Emphatically no! I also used to believe this, as a Johns Hopkins trained physician steeped in conventional medical science. The gods of science that I worship, Plum and Possner (who wrote a textbook about coma) state that “coma wipes clean the slate of consciousness”. I always assumed these patients therefore were not really in coma, but suffering hallucinations from drugs or brain dysfunction. We did our own study of this issue at Seattle Children’s Hospital, in 1990-2000, and showed to our surprise that drugs, a lack of oxygen to the brain, and the psychological stresses of nearly dying do not cause this experience. My research partners included the heads of the departments of Child Neurology, Neuropsychiatric and the Intensive Care Unit at the University of Washington. Our research design was so excellent that we published our findings in the American Medical Associations Pediatric journals.

4) Do you have to nearly die to have the experience, or can it occur at other times in one’s life? Our research team concluded that we all have an area in our brains, our right temporal lobe which facilitates and interprets the experience for us. This very same area of the brain is responsible for similar experiences during meditation, child birth, times of severe pain or

psychological stress such as being tortured, or as happened to one patient of mine, simply spontaneously occurring while he was in typing class.

So what exactly have I learned from over 20 years of studying the experiences of dying children?

First and foremost, I learned that it is not scary to die. As one child put it, as she condescendingly patted me on the hand, “you’ll see, Dr. Morse, heaven is fun”. This fact is of enormous comfort both to myself, and for parents who have been through the agonizing and brutal experience of seeing their child die with the assistance of modern medical technology.

I am proud of my skills as a critical care physician. If it was not for modern medical technology, almost all of these children would have died. Yet only a small percentage of patients survive clinical death (the loss of heart beat and spontaneous breathing) with the aide of modern medicine. For every child who survives to tell me of angels and tunnels to golden fields where they can run and “double jump with god”, there are hundred who suffer all of the trauma and invasive techniques of the modern intensive care unit. Their parents suffer horribly as well, simply witnessing these events.

The childrens’ testimony is clear that during the times I am starting IVs in their arms and putting tubes into their lungs, they think they are floating above us. Often they want to reassure us. One child told me her parents were so sad, she knew she had to return to life just to tell them that she had been okay throughout the entire experience of resuscitation.

Children, who die suddenly, such as victims of car accidents, murder, or suicide, still have this same experience of dying painlessly and peacefully. Even if someone doesn’t buy into the more profound spiritual implications of my research, it is enormously comforting to know that the process of dying protects us from the pain and invasive medical procedures associated with dying. For example, children who fell from great heights and amazingly survived, similarly describe the experience as “pleasant” and “peaceful”. For example, they typically do not describe feeling pain on hitting the ground, but rather being “taken out of my body and being safe with god all the time I was falling”.

As stated above, typically children are accompanied throughout the dying process by a guardian angel, dead relative, beloved pet, or some comforting image from their own life. Many children do not know a loved relative who has died, so they will often describe, as one boy did, the family dog “who nagged at me to go somewhere with him”. One little girl told me that her “lammie”, a stuffed animal she had since infancy, was in the tunnel with her. This comforting presence can even take the form of living teachers, or friends. My favorite example is that of a four year old boy who told me that a bumblebee accompanied him as he traveled in a “huge noodle that had a rainbow in it”, to the “human heaven”. He stated that he knew the bumblebee liked him as it “gave me some bread to eat”.

All of my scientific research has clearly documented that we die conscious, awake, aware of spiritual realities such as angels, a “god” (whatever god is and frankly I personally do not know) and that we learn lessons of love when we die. Patients who appear to be completely unconscious, or in coma, or die in their sleep, will have this experience. When I am at the

bedside of a dying unconscious child, I encourage the family and medical staff to talk to the child as if he or she can hear everything as my research documents that they usually do.

Our results have now been replicated in adult studies in both Europe and the United States and published in the world's most prestigious medical journals. Even studies from the United States National Warfare Institute validated our findings. There is no longer any doubt, the near death experience is in fact the dying experience. It documents that we do not have to have a functioning brain in order to be conscious and aware.

I will never forget the first child I ever resuscitated who told me of her near death experience. I had never heard of these experiences before, as this was back in 1983 before they were commonly written about.

"Can this child be saved" I thought to myself, when Krystal, age seven was rushed to the emergency after nearly drowning in a community swimming pool. The medics told me that she had no heartbeat for at least 19 minutes. I gritted my teeth and thought to myself that I had to start to prepare myself to tell yet another set of disbelieving and horrified parents that not only would their child die, but that their lives would never be the same again.

I quickly and efficiently started the many varied life saving procedures that I knew had to be done. I was proud of my team, even in a case like this where there was no chance of survival, they were thorough professionals and gave the same excellent care they always did. Satisfied that all that could be done was either done or initiated, I spent a few moments in the hallway with the parents. It is not my job, or my nature to shield others from the medical situation as I knew it. Furthermore, these parents might soon have to make difficult decisions about organ donation, how aggressive to pursue end of life care, and preparations for funeral services. I told them to prepare for her "immediate demise", as I unfortunately put it.

Yet Katy did not die. She lived to tell her parents several weeks later that she was mad at me for putting a tube in her nose, and that one of the reasons she wanted to stay in "heaven" was that she could look down on her body and see all the painful and terrifying things we were doing to her. "I told my guardian angel that I didn't want to go back to my body as it looked all messed up, but she said I had to go back to help my mother, . . .as my baby brother would soon be born with a heart problem". Her mother knew she was pregnant, but the child was not yet born. He did in fact have a heart problem diagnosed after birth. In fact, everything Katy described about her own resuscitation, including trivial conversations with nurses, or that I went to the phone and called my superiors and asked them what to do next, as she was surely dying.

As I heard her story in total disbelief, Katy patted my hand condescendingly and said, "you'll see Dr. Morse, heaven is fun". She looked me in the eye, and laughingly told me "when you thought I was dead, I thought I would be dead too! But I wasn't! I was alive!. When you are dead, you're still alive, isn't that weird?"

These children grew up to adults who were not afraid to die. As one young woman told me, "I am not afraid to die, because I feel I know a little bit more about it (Death). I am not in a hurry to die, my near death experience taught me that life is for living, and the light is for later". Another boy impassionately told me that not only was he no longer afraid to die, but that I had to

"tell all the old people not to be afraid".

After 20 years of hearing these experiences, I can confidently state I am not afraid to die. I know this because I was recently on a airplane flight when we unexpectedly hit severe turbulence. As the plane was bumping up and down around the sky, my instinctive very first thought was "this isn't too bad. Now I will see for myself what the children have been telling me" and I had absolutely no fear whatsoever of dying.

So much of our lives are dominated by our fear of death and concern that all of who we are will end someday. This fear of death is so prevalent, that the American Medical Association has estimated that much of the wasteful and invasive medical care we inflict on the dying is directly because of our fear of death. Conservative estimates indicate that as a society we spend over 6 Billion dollars a year on medical care that does not prolong life one minute. All who have investigated this situation agree that the reason for this is that our fear of death paralyses our ability to make rational choices about end of life care. As one commentator stated "End of life care, unfortunately is all about what we can do in terms of aggressive medical care, but not what we should do".

Studies have shown that doctors feel they have to over-treat and medicate the dying because patients expect it. Ironically, interviews with patients document that they often do not want this invasive care but feel the doctors want it. Even worse, studies of dying children show that children often know they are going to die, and yet they won't tell their parents or talk about it as they don't want to upset the adults.

Children who have had near death experiences often feel passionate about this problem, and take it upon themselves to educate the dying. One girl I know nearly died of a severe brain infection. She told me that to her great surprise, she floated out of her body and met "Jesus", a nice man who wore a red hat and was sitting on a rock. She saw a rainbow, which was "the light that told me who I was and where I was to go".

As a teenager, she started visiting Children's Hospitals, and talking to children with life threatening diseases. She told them what to expect about dying, and what happened to her. Just these informal contacts with hospitalized children resulted in enormous benefit to the children and their families.

It is my experience that when we educate people about the "facts of death", they will on their own have powerful understandings and insights that can help with the dying process, and the horrific grief that can follow the death of a child. One mother told me with tears in her eyes that now she understood why her son abruptly woke up out of a coma, and smilingly said to her "Mom, the moon, the moon, I am taking a rocket ship to the moon. They are taking good care of me Mom, so you don't have to cry. I am okay Mom", He then lapsed into coma again and died within 24 hours. Prior to hearing about our near death research, she had assumed that this was some sort of hallucination caused by drugs or the high fever he had at the time.

One reason we as medical professionals are afraid to tell patients about the spiritual aspects of the dying process is that we fear we will be criticized for bringing religion or excessive

spirituality into the medical environment. We are trained not to intrude on a patient's religious or spiritual beliefs, or complete lack of such beliefs. We are afraid we will seem unprofessional or even pandering to the patient's grief and fear of death if we bring spirituality and/or religion to the bedside. This is so true that a recent study of nurses on a cancer ward showed that they rarely discussed death and dying, religion, or spirituality during their working hours with patients. Yet those same nurses would often return and simply spend time with parents and patients discussing those very same issues, which they felt they could discuss more comfortably person to person rather than nurse to patient.

There perhaps was once a reason for this strict separation of spirituality and science, however, it clearly no longer exists. Teaching patients about what to expect about the psychology of dying is just as important as telling them what to expect about side effects of medications, their treatment courses, and what their treatment plan is. We have an obligation to give patients informed consent about all aspects of their care, and this includes a discussion of the spiritual aspects of dying.

Specifically, proper informed consent of the treatment of critical patients includes 1) A recognition of the fact that dying patients are frequently alert and aware of what is going on around them, even if they seem profoundly comatose, and 2) Dying patients, as well as their medical caretakers, family, and other loved ones will typically experience a wide variety of visions before death, shared dying experiences, after death visions, and spiritual dreams. 3) The process of dying is typically joyous and spiritual and often involves the facilitation of "spiritual helpers" who care for and assist the dying patient.

One huge problem is that we don't have a shared vocabulary to discuss these experiences. Often just the words alone that we use offend or alienate the very people we are trying to educate and help. I once gave a lecture in which I just blandly stated that dying children often see something they describe as "god" as part of the experience. I received a firestorm of angry questions and comments along the lines of "what do you define as god", "when you say god, do you mean the Judeo-Christian male authoritarian figure that is rejected by so many people", and fairly commonly "I don't believe in a god, but I believe in a higher power, and I wish you would have said that instead". I once had the head of a department of Pediatrics at a major Children's Hospital congratulate me on my lecture, and then shake his head and say "if only you wouldn't use the word "spiritual", your lecture would have been far better received.

I don't know any other way to describe the fact that dying comatose patients think they are awake, aware, are outside their body, see a "god", and are often comforted by "angels", "doctors who were 14 feet tall and had light bulbs in their bodies", or their family pets who had died!

The main lesson I have learned from these children is quite frankly, the first lesson I learned in medical school. Good patient care is not about me and my beliefs; it is about the patient and what they believe. When I counsel a parent who has a fussy infant with severe colic, my goal is to listen attentively and try to help the parent understand what a fussy infant means to them! For example, one mother might not really be concerned about the infant's crying, but is worried that others might think she is a neglectful mother. Another parent might only be concerned to be assured that there is nothing physically wrong such as an ear infection that can be treated. A

third parent might benefit from learning the natural history of colic, that it seems to be a precursor of language at times, and will spontaneously resolve. I don't have to review with the parent all the controversies over the "objective reality" of colic; I simply have to understand what colic means to them.

So it is true with spiritual experiences. I find that parents are fascinated to learn that the experiences are normal, natural, and even have a large area of the brain dedicated to allowing the experience to occur. One Dad commented to me that learning that our brain has a "spiritual insight area" just like the language area and the "move your leg area" made his experiences more real for him, as obviously there are not the results of hallucinations or brain dysfunction. This allowed him to believe his own experiences and trust what they mean to him, and not worry if "science" or "doctors" believe him.

Frank Oski, Professor Emeritus of Pediatrics at Johns Hopkins University, where I trained, taught us to trust our own intuition as the most important thing that dying patients can teach us. What an astonishing statements a ! As a medical student I didn't think the two had anything to do with each other. Furthermore, I was overwhelmed with just learning the hard science of medicine, and remembering all the drug doses and side effects, I didn't want to hear about intuition.

All of that changed one night when we resuscitated a critically ill infant who went on to die. I was devastated. We worked so hard for so many hours, and the baby died before he even had a life. As physicians we were exhausted and angry and tearful after the experience, and even started to blame each other for not doing everything perfectly. To our great shame, the parents overheard our conversation, as they sat in an isolated room silently grieving over their dead child, holding him in their arms one more time. They came out to the main area and took our hands and thanked us for all we had done, and told us that our fears and anxieties were the same as theirs, had they done enough, what could they have done differently or better.

Dr. Oski then told us about a similar experience he had when a patient of his died at an early age. He told us he had a dream that night, in which an angel in white appeared to him at his bedside and told him that children who die at an early age know secrets of living that cannot be learned in any other way. He told us that it stretches our humanity, and makes us better doctors and human beings to care for children who are less than perfect.

He concluded by telling us "don't believe me when I tell you what happened to me. I was a medical student once, and I know that I would never have believed someone who told me such a dream. I only ask that you be attentive to the ordinary miracles of your everyday life."

I never understood what Dr. Oski meant by that until I studied near death experiences in children. I had such respect and awe of Dr. Oski, who was otherwise an intimidating person because of his medical knowledge and experience, that I always remembered his comment. However, I could not get past the fact that he did not have an ordinary miracle in his everyday life, he had an angel in white appear at the foot of his bed.

The children have taught me differently. They learned from encountering this light at the end of

life that life is about love and finding pieces of the light in our everyday lives. One girl told me that she learned from her near death experience that she didn't mind waiting in line at the supermarket anymore, as the "light is there too you know". Another girl told me she brought the light back with her and she sees pieces of it everywhere, "even when my mom is mad at me, and in mean people too". Another boy told me he was told to go back to life as "I had a job to do". I asked him what he thought his job was, and he was astonished. "I just told you. I just got a job working construction, I am making good money \$18 an hour. I bet I can put myself through Junior College next year and help out my parents (by paying for his own school).

The message from the children is clear. Death is not to be feared, and life is for living. They tell me the hardest lesson for them to learn is that they have to accept the love that awaits us all at the end of life. One said it best, "I learned that we must bring this light into our ordinary lives, and anchor the light in this world, to learn to love in this life."