

# Experiences of the Dying

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You can find much more information on Susan, her wonderful books, and her work at <http://susanschoenbeck.com>

*Facts do not cease to exist because they are ignored. (Aldous Huxley)*

**B**ecause the packing of death has changed dramatically in the past decade, patients have arrived at the edge of death or crossed over only to be pulled back through medical intervention. LPNs/LVNs may be the one closest to the patient. . . the ones at the bedside when the patient tells what has just happened.

Because patients receive vital treatment so quickly, their mental faculties often are not impaired. They tell stories that in the past have been lost either to death, to permanent brain damage or, perhaps, to fear of telling the tale.

What happens when we die? Is there, as some believe, simply nothing. . . an eternal void? Or is there an afterlife? Few among us have not struggled with this question, for death is as certain and natural a process as life itself.

Although death has been around as long as life has, much less is well known about the dying process. Nurses can gain a picture of what dying is like by listening to patients who are at the edge of death and/or have crossed over and returned. Armed with this knowledge, LPNs/LVNs can comfort patients, their families, and loved ones.

## Deathbed Talks

There are commonalities people exhibit when close to death. Patients start talking to people not present. A nurse may hear a patient call out to their mother, as if she were in the same room, saying, "I will be there soon." Sadly many a nurse may document such a statement as a hallucination, although evidence suggests that dying patients talking with people on the other side is not unusual and not frightening. Rather it is what it is. The nurse may

explain this to loved ones at the bedside. In this way, the LPN/LVN comforts loved ones left behind.

*See sidebar 1 (below).*

## Visits by Spirits

Nurses also may experience a subconscious knowledge of the departure of patients. When leaving a shift, nurses may consider saying "good-bye" to patients that they recognize are close to death. Also people report they have been visited by someone as the person was dying even

though the person was far away at the time. In fact, one hospice nurse told me that she recognized the presence of a patient in her home as the patient was dying at the hospice.

*See sidebar 2 (following page).*

## The Final Entrance

They say that all the world's a stage. If that is true, it is from that stage that we make our final entrance. Research and clinical experiences with patients who have clinically died and have been resuscitated

### 1. Deathbed Talk

*This story comes from a nurse who began to revisit and re-look at experiences she has had with dying patients after hearing about deathbed talks from me at a nursing conference.*

"It's sometimes hard to talk about this because in a way, I feel guilty. I was not with this patient when she died. I did CPR on her when I found her without a pulse and not breathing. But when I did CPR, I sensed she had already left.

"Mildred was more than 90 years old. She was admitted for congestive heart failure. I checked on her hourly or more because her blood pressure was unstable.

"When I entered the room I asked Mildred how she was. I expected to get an answer of "comfortable" or "not so good." Instead she surprised me. 'Oh, I'm fine,' she said calmly. 'Mom and pop are sitting here with me.' There was no one present except Mildred and me.

"Each time I came in this evening, Mildred insisted her parents were there with her. When making rounds just before entering her room, I could hear her say, 'I'm ready to go. I'm done waiting.' She continued to talk to her parents while still answering my questions and following my directions as I put the blood pressure cuff on her arm. But by the end of the shift Mildred had died.

"I learned only later that dying patients may have conversations with relatives on the other side. Maybe, if I had believed at the time that the dying actually talk to people who have already died, I could have been more helpful. I might have said, 'Good-bye, see you later.' I might have asked if she really wanted CPR to be done."

## 2. Visits by Spirits

*This story comes from an experienced hospice nurse. She takes her profession seriously while seeking balance by consciously trying to leave thoughts of work, however melancholy, separate from her home life.*

"I cared for Joan since she arrived on our unit. We all knew there was nothing more we could do but comfort her. There was not hope for recovery. I became close to her. We talked a lot about her life, her dreams, and what was to come. We did the little things that made her happy, like having vanilla ice cream in the afternoon.

"But still it surprised me when I smelled Joan's scent at my house. I was just doing little household chores when a smell I knew to be Joan's came out of nowhere. It would not be so significant except that when I reported to work the next day I discovered that Joan had died at the same time the scent came upon me at my home."

have taught us that there is a powerful experience of undetermined origin that occurs when a patient dies. The experience is called a near-death experience and contains the elements that are common despite differences in religions, cultures, age, gender and social status. This experience is called a near-death experience.

## Near-Death Experience Characteristics

### Sense of Peace and Well-Being

During a near-death experience a patient is detached from physical life. The person feels comfortable. No pain or other unpleasant bodily sensations are felt. People report joy, warmth and comfort. Many say they feel secure "as if they had come home." People report feeling connected to a higher power,

### Spirit Floating Above the Body

During a near-death event, people find themselves floating in another form above their bodies. They look down and see what is occurring. A person can hear the words people are saying and see an image of himself or herself as their body lies in clinical death. Many times, car accident victims have told of watching others pull them from the wreckage. Heart attack victims say they have watched as CPR is performed on them. Patient will tell of watching their own emergency surgery from a vantage point above the operating table.

### Tunnel

People report moving very quickly through a cylinder-like tunnel. This tunnel

is described as a dark and empty region. Children have said they were scared as they entered the tunnel, but this fear went away quickly. There is a bright light at the end of the tunnel.

### Time

People report that time either speeds up or slows down during the near-death event. It is not an uncomfortable change. . . merely different.

### Being of Light

People meet a light they describe as golden. The light surrounds them. They say the light has a personality. This "being of light" is said to be loving and forgiving.

## 3. Near-Death Experience

*After I addressed a group of emergency room doctors and nurses, a man approached me in the conference center lobby. He introduced himself as an internal medicine physician. He said he came to my talk on death and dying because he wanted to know if other people experienced events similar to what he had while undergoing CPR. This is his story.*

"I was admitted to the intensive care unit because I had chest pain. All the tests and therapies I had learned in medical school were now being performed on me. I was a doctor but now I became the patient.

"Just like other patients whose hearts stopped, I was suddenly surrounded by a CPR team. This is when I felt myself rise out of my body. I was going out, but my body lay behind and my spirit was leaving out of the corner of the room into the open sky.

"A spirit—this they didn't tell me about in medical school or in my practice as a doctor in a big hospital. No one ever talked during CPR about the person whose body we were working on. We talked bodies. We talked about CPR measures. We discussed facts such as heart rate, rhythm, and blood pressure. We barked out orders. I don't recall any doctor I worked with ever mentioning a patient by the first name during CPR.

"When I was out of my body and watching as a spirit from a place near the ceiling as the medical staff performed CPR on me, I did not see a tunnel. But there was an open, peaceful sky. The sky shone brightly, radiantly. There was incredible calmness all around. And I was comfortable. Peacefulness, like I never experienced before, overtook me. I felt united with God.

"During this CPR episode, when my spirit floated above my body, part of my head was outside and part of my head was still in the room. I was about to go out through the corner of the room when my wife called my name. I looked back and down and when I saw her and heard her say my name again and again, I felt a tremendous pull. I instantly returned to my body.

"Since this event, I feel that the life I am living is a gift. I believe that at that particular moment—when I was about to leave the room—if my wife had not called me, I would not have returned. I sensed immediately that I am supposed to do something more for others in this life.

"In addition to this lesson, I learned that my patients may be watching me from a position above, near God, when I do emergency procedures on them. Patients think we doctors are the ones close to God. What a joke. I learned that a patient may be very close to God, especially when that person is in critical condition."

## Review of Deeds

When individuals enter the light, there is an instant playback of important events in their lives. Questions are asked. People who have gone over and come back tell of similar questions, including: What have you done with your life? Whom did you love? What experiences made you grow the most?

## The Border

A border is reached. Someone decides whether the person will remain or return. There are often others, frequently family members or friends, present at this time. The dead are kind and welcoming. Although the person may want to stay, there is a push to return to the earthly world.

## Guide

No one dies alone. People report that loving beings hovered with them at death. The guide was often the person who told the patient to return to life.

## Beautiful Scenes

Everyone says the atmosphere is beautiful. Beautiful to one person may not be the same as beautiful to another person. Just as in life, this should come as no surprise since people in this world look at the same scene and describe it differently than the next guy.

## Return to Body

In a sudden burst, people find themselves “popped” back into their physical bodies. When this happens they start to once again sense the feeling of the physical body such as pain and cold.

## Message

Near-death experiencers share common personal after-effects. They say that death is not an end as they had once thought. Those who return advise others, “Do not fear death.”

Not all patients who have near-death events experience all of the above experi-

ences. And not all people who go over to the other side and return say that the above experiences occurred in this order. But, studies indicate the near-death experience crosses all demographic data and does not apply to one religion, culture, age or social class.

## Summary

It is often a mystery to us how we have come to know and believe in certain things. Beliefs are like guests who come up to a door. They come in only if the host opens it and invites them in. Otherwise they are turned away, unable to enter. LPNs/LVNs are invited to reflect on their experiences and expand their knowledge and beliefs. There is growing recognition that bedside talks of the dying, spirit travel and near-death events are real events for the people who experience them. LPNs/LVNs are encouraged to expand their knowledge and beliefs about dying.

# Addiction in Nursing

## Objectives

1. Define the prevalence of substance abuse in the United States
2. Discuss the scope and prevalence of nurse addiction and impairment in the United States
3. Discuss signs and symptoms associated with addiction and or impairment in nurses
4. Describe implications of care by an impaired nurse to patient safety outcomes
5. Apply solutions to the problem of nurses practicing impaired which in turn will improve the healthcare outcomes

## Impaired Nurses-Fact or Fiction?

Joan, my co-worker and friend, seems different these days on the unit where we have worked together for years. She is so moody lately. She seems fine one minute and then next thing I know she is biting my head off. Not only that, but she takes so many breaks that I often cannot find her when she is needed. Recently she has begun to volunteer to work on her days off and is always staying late on her shift as well as arriving early. Her patients seem to complain frequently that they are in pain but Joan's charting indicates they are receiving all their PRN meds. I am also worried about her outside of work.

We have been close friends since nursing school and she was always outgoing. Lately she is reclusive to home and avoids going out socially claiming she is too tired. Her husband has confided in me several times there are days she will not even get out of bed.(6)

What is going on? What do these symptoms suggest?

Joan's profile indicates she is joining the ranks of the ever growing and staggering number of nurses that have substance abuse and chemical addiction issues.

## Scope of the problem

1. It is estimated that 300,000 nurses in the United States have a substance abuse disorder which is consistent with

the overall rate of substance abuse for the United States population. (7)

2. As high as 20% of practicing nurses and nursing students are estimated to have substance abuse and chemical addiction problems. That correlates to 2 out of every 10 nurses you work with are struggling with a substance abuse disorder or chemical dependency. (4)
3. Substance abuse issues are the number one reason behind state boards of nursing disciplinary actions in the United States. (1). A review of 383 disciplinary actions taken by the Texas Board of Nursing between June and September 2009 revealed 1/3 of the cases revolved around substance