

Additional Analysis of the Pam Reynolds Case

In *The Book of the Soul* I emphasise that the verifiable and obscure recall in this and other similar cases is crucial, and that whatever general comments they might make about endorphins producing euphoria and so on, materialists' attempts to explain near-death experiences nearly always avoid these regular and critical aspects.

But this particular case has generated so much controversy that, since the book was published, I have come across various websites in which a number of sceptics have, for once, examined it closely (for example, [Gerald Woerlee](#)). In particular they suggest that Pam could still have heard conversations or music through the speaker-plugs in her ears – which were fitted to emit a regular pulse to check on her brainstem reaction – especially if her levels of anaesthetic were low at that point. On the face of it this may be a valid assertion, particularly given that these parts of the experience occurred when she was not clinically brain-dead.*

However, most crucially of all - and maintaining their typical selectiveness - *none* of them has even tried to explain how she was able to "see" the saw used to open up her skull. Remember that this had an unusual design that a non-expert could not be expected to guess at, and that Pam also described its accompanying "interchangeable blades" in a "socket-wrench case". Remember too that her eyes were firmly closed, lubricated and taped shut throughout the operation, and that the saw was being used on the *top* of her head, which would in any case have been out of range of her normal eyesight.

In my view, therefore, Pam's experience continues to provide highly convincing evidence for the independence of consciousness from the physical brain.

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** However the following contrasting input from a psychiatrist corresponding with NDE researcher Kevin Williams is highly pertinent to this point (taken from this [article](#) at his superb NDE investigation website):*

"I read with interest Gerald Woerlee's critique of Pam Reynolds' NDE documented by Michael Sabom, and found some inconsistencies with it.

Woerlee contends that anesthesia can be incomplete and a patient may still be conscious during surgery, and therefore, the patient will be able to perceive what's going on. He gives an example of where a patient might be inadequately anesthetized and be awake, yet appear to be unconscious and unable to move due to muscle-paralyzing drugs. He mentioned that such a patient would not feel pain due to pain-killer drugs. From this, he infers that NDEs occur while a patient is still conscious and that the effects of various drugs can cause an abnormal interpretation of bodily sensations to account for the OBE. From this, it follows that one cannot experience an NDE while unconscious.

I find this interesting, because if NDEs are due to patients being conscious from inadequate anesthesia, then it appears that a significant number of patients undergoing surgery are conscious and not fully anesthetized. This, as Woerlee stated, "is an event that all anesthesiologists try to prevent." It seems to me that they aren't doing a very good job if that premise is true. Now, if patients are awake during major surgery and don't feel pain due to pain-killer drugs, then I might ask, why bother with general anesthesia? But then, if such patients are given good doses of pain medications, from my experience with patients receiving these medications, they are likely to be groggy and not in a state of clear consciousness. This is not consistent with the state of clear consciousness reported in many NDEs.

Furthermore, Woerlee cites an example of a woman who was administered general anesthesia for a varicose vein operation, and was evidently awake during her operation, but remembered absolutely nothing of her period of awareness after awakening. This is in contrast to those who vividly recall their NDE during an operation, afterward.

In the case of Pam Reynolds, he states that she must have had her NDE just before going into hypothermic cardiac arrest or just after restoration of normal body temperature, but not during when her brain was flatline. If that's the case, then we would have expected Reynolds' NDE to be cut off when she went flatline, but according to her account it was continuous all the way through.

Woerlee states that the VEP monitor and EEG machine are not 100% reliable, implying that they could have been wrong during Reynolds' surgery and thus, she may not have been fully unconscious, even though they indicated no brain activity. That in the face of no heartbeat and her brain being drained of blood. If so, then she was conscious without a functioning brain, which would refute Woerlee's position!

Also, if Reynolds had an abnormal interpretation of bodily sensations due to anesthetics, that does not explain her accurately perceiving what went on in the operating room. We would also expect an abnormal interpretation of her sensations of the surroundings.

Woerlee claims that even though Reynolds had ear plugs, she would still be able to hear. But such sounds would be muffled and less clear. During her NDE she could see and hear more clearly as she pulled away from her body. I might add that her eyes were taped shut. Actual separation from her body would provide a better explanation.

In view of this, I find Woerlee's point of view to be flawed and that the afterlife hypothesis provides a better explanation. Of course, physiological changes are involved, but as I see it, they are the manifestations rather than the origin of the NDE, sort of like the electrical activity of a radio's components representing the manifestations of an outside radio broadcast."