

An NDE to sink your teeth into

One of the better known reports of veridical perception during a near-death experience is the "dentures case." Briefly, a Dutch patient was brought to the hospital in critical condition. During the course of his resuscitation, his dentures were removed. Days later, he saw the male nurse who had taken the dentures and instantly recognized him, recalling that he had seen the nurse take the dentures out of his mouth. The nurse was stunned, as he did not think there was any way the patient could have seen him -- or seen anything -- in his condition.

Naturally, many questions have been raised about this case, and attempts have been made to debunk it. But in a 2008 [article](#) in the *Journal of Near Death Studies*, Rudolf H. Smit reports on a follow-up investigation that lays to rest most of these questions and casts doubt on the debunkers' efforts.

I became aware of this article when Trev brought it up in a comments thread. It makes very interesting reading, and I can only summarize it here.

Smit's main concern is responding to skeptic Gerald Woerlee, an anesthesiologist who has written extensively about NDEs. Woerlee wrote:

The patient van Lommel and colleagues described was conscious as a result of efficient cardiac resuscitation. He could see and he could hear, because when resuscitation is this efficient, the senses of hearing and sight are restored. The residual effects of extreme oxygen starvation on his brain paralyzed him, making it impossible for him to move or speak, so he was unable to tell those resuscitating him to continue. The effects of oxygen starvation meant he felt no pain, and also aroused his OBE. He felt his dentures being removed, and he heard them being placed in a metal drawer; a metal drawer opening and closing makes a very typical sound, and metal bedside cabinets are standard hospital furniture in The Netherlands. His eyes were partially open, or were opened every now and then to check pupil size as an indication of brain oxygen starvation; so he was able to see [the nurse] and others in the room.

Smit tracked down the original interview with the nurse, and eventually located the nurse himself. Through these sources he was able to determine that Woerlee's conjectural reconstruction of the event *did not match the facts as reported by someone who was there*.

First, the patient does not appear to have been conscious at all in the early stages of the resuscitation, when the dentures were removed. He was brought in on a cold night, comatose and suffering from hypothermia. Asked by the original interviewer if the patient showed any responsiveness at this stage, the nurse replied emphatically:

No, no! Truly, the man was brought in more dead than alive. He even showed post mortem lividity [pale bluish discoloration] and we all had the feeling: what for heaven's sake are we doing here? because the man was ice cold, had been outside in that meadow for no one knows how long, and he looked very bad. He also had no pupillary reflexes whatsoever, which is a clear sign that the supply of oxygen to the head had stopped....

After about 15 minutes of reanimation we all were convinced that we were working on a dead man. There was no life in the body. Then one gets the feeling: what am I doing here? This patient is actually dead.

Note that the nurse made the point that the patient had no pupillary reflexes - i.e., his pupils were fixed, dilated, and unreactive. Smit summarizes:

... the patient's eyes were closed from the time he arrived comatose at the hospital until after his transfer to the ICU except when medical personnel opened them occasionally to check for pupil response and found none, indicating that even then he could not see.

What about Woerlee's conjecture that the patient could have *heard* a metal drawer sliding shut, and thus known that the dentures had been placed in a drawer? Besides the fact that the patient was reportedly comatose, showing no signs of life whatsoever, there is an additional problem with this thesis - namely, the dentures were not stowed in a drawer at all.

In the original interview, the nurse explained:

At the time when he had to be intubated so to as to apply artificial respiration, it appeared he still had his dentures in. So I took those dentures out and put them onto the crash cart, that is, a small cart that is always in that reanimation room and onto which all sorts of infusion bottles and medicines are placed. Yes, actually all you need for a reanimation can be found on that crash cart. The reanimation required, in all, more than an hour.

So the dentures were removed prior to the commencement of serious efforts at resuscitation. Moreover, they were placed on the crash cart, not in a drawer. But **could the patient have heard a drawer sliding shut in the cart? No, said the nurse; there was no drawer; the dentures were deposited on a shelf on the cart.**

Because it was a sliding shelf, the interviewer asked a useful follow-up question:

Q: This sliding shelf, did you pull it out? Could he have heard that?

Nurse: No, that sliding shelf was already pulled out. We used it for preparing syringes, bottles, that sort of thing. I distinctly remember to have smacked the upper and lower dentures upon that wooden sliding plate only to get rid of them and next continue with the intubation and reanimation.

The cart in question was "unique in the entire hospital," according to the nurse.

"Nowhere else in the hospital was such a crash cart available." Nevertheless, days later, the patient described the cart in accurate detail. The nurse remembered the exchange:

He said: "You were there when I was brought into the hospital, and you removed my dentures from my mouth and put them upon that cart that was there." And he described the cart exactly as it was: "Yes, there were all sorts of bottles on it, and it did rattle a lot, and there was also a sliding plate upon which you put the dentures."

That wasn't the only detail the patient recalled. Smit summarizes:

During [the nurse's] conversation with him, [the patient] described the resuscitation room in detail. It was a very small room. At the right side of the bed was a small niche containing a wash basin, with disinfectants and related things. Next he could also describe where a mirror was. At the left side was the cart containing various equipment. There was also a narrow metal cabinet wherein infusers and infusion pumps were stored. Apparently [the patient] could remember everything perfectly well.

From the original interview:

He described this as seeing his body lying on the bed. He found that very strange. He saw his body from the spot where that steel cabinet was, and that was in the corner of the room. He also said that he was floating above us and saw us being busy with his body. But at the same time he also saw me sitting on top of him, and he also felt that. He had truly felt the pressure on his body and the pain it caused.... Yes, indeed he felt me sitting upon him. I certainly did that while administering heart massage. But we also made use of a heart massage pump. And that is a machine that causes enormous pain. And that is what he told me. He felt the pain, and did try to tell me that. But I saw no reaction in his body; his eyes were shut and during checking the pupils they did not show any response, let alone any sign of fear.

The fact that the patient felt pressure on his chest indicates that he did have some sensory perception in his physical body, which could help the skeptics' case. But remember that all this happened *after* the dentures had been removed and the resuscitation was under way.

In the more recent interview, the nurse restated his story to Smit's colleague Titus Rivas and clarified a few points. Smit summarizes:

[The nurse] was adamant in stating that [the patient] had not shown any sign whatsoever of being conscious at the time [when he arrived at the hospital] . He was clinically dead, period: no heartbeat, no breathing, no blood pressure, and “cold as ice.” The ambulance personnel had tried to carry out some reanimation while driving to the hospital, but without result. Most importantly *immediately* after [the patient] entered the hospital, [the nurse] removed the dentures from [the patient's] mouth and intubated him before starting up the entire reanimation procedure. Therefore, [the nurse] categorically stated, *any “normal” observation by the patient of his dentures being removed from his mouth was simply unthinkable.* [Italics are Smit's]

Smit also makes the point that when this case occurred, twenty years ago, the general public in The Netherlands was largely unaware of NDEs, and the patient -- a steelworker -- seemed to have no knowledge of the subject. In fact, he did not even seem to realize he had had an NDE.

Of course, a case like this can never be airtight, especially after so much time has passed. But the more facile skeptical objections do seem to be belied by the nurse's own testimony.

By the way, the patient's dentures were misplaced in the confusion, and he never did recover them.