Deathbed Visions in Terminally Ill Patients and the Peaceful Death: An Integrative Research Review

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BACKGROUND & SIGNIFICANCE

- In the weeks, days and minutes leading up to death, as many as 62-87% of terminally ill patients experience a phenomena known as Deathbed Visions (DBVs) (Dos Santos, et al, 2017).
- DBVs can be "sightings" of apparitions such as deceased family members & religious figures observable only to the dying patient (Ethier, 2005).
- Broadhurst & Harrington explain that a "transcendence" befalls the dying patient who may experience "a dimension beyond the self" (2016).
- Evidence suggests that in most cases, DBVs provide a sense of comfort to the dying person as well as acceptance of death among patients and family members (Fenwick et al., 2009).
- The term "Deathbed Visions" has numerous synonymous terms found within searched literature: Deathbed Phenomena (DBP), end-of-life experiences (ELEs), end-of-life dreams and visions (ELDVs), visions of the dying & pre-death visions.
- DBVs are often mistaken for hallucinations amongst professional caregivers (Chang et al., 2017).

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RESEARCH QUESTION

- Do nurses involved in end-of-life care adequately provide supportive communication to terminally ill patients experiencing deathbed visions in order to facilitate a calmed state of being and acceptance of imminent death?

DIFFERENCES BETWEEN DBV'S & HALLUCINATIONS

DEATHBED VISIONS PROVIDE:	HALLUCINATIONS INVOKE:
COMFORT	FEAR
SENSE OF PEACE	RESTLESSNESS
CALM	AGITATION
ACCEPTANCE OF DEATH	ISOLATION
AND ARE ASSOCIATED WITH LUCIDITY	AND ARE ASSOCIATION WITH CONFUSION

(Adapted from Ethier, 2005)

Common Themes of DBVs

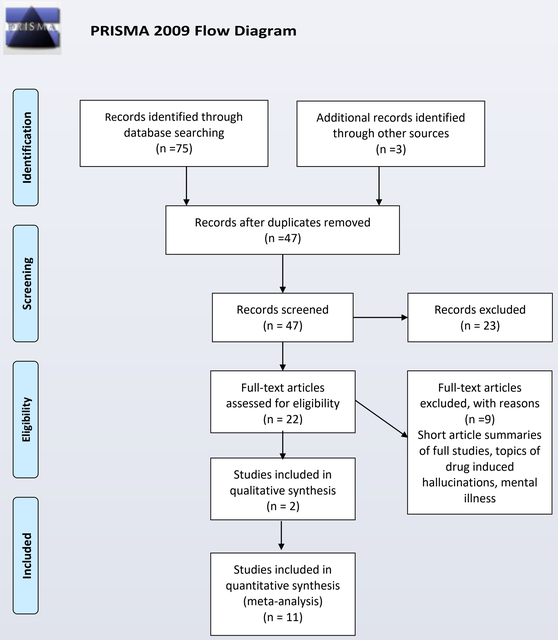
- **Support:** DBVs assist the dying person transitioning to death
- **Comfort** and acceptance of death.
- **Companionship** during the dying process, especially when a deceased family member is "seen".
- **Reunion** with those who have died before.
- **Prognosis** or "indication of impending death".
- **Choice and Control**: The patient becomes an "active negotiator" as to the timing of death.

(Kellehear, 2012)

METHODOLOGY

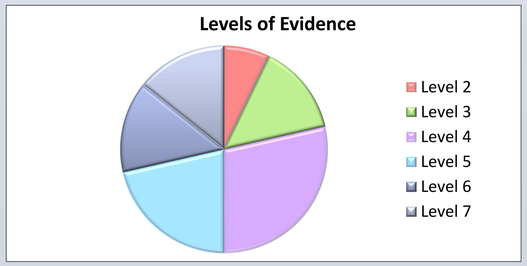
- An integrative research review of the literature was conducted using the methodology described by Whittemore (2005) and Brown (2018).
- Cochrane, CINAHL, Pub Med, Medline Complete, & Health Source: Nursing/Academic, were searched using the following terminology: "deathbed phenomena" or "deathbed visions" or "end-of-life" and "hallucinations" and "end of life dreams/visions"; search limited to full-text articles; years 2005-2017.
- Inclusion criteria included studies involving deathbed visions and terminally ill patients
- Exclusion criteria included studies with lack of sufficient information/evidence, summarizations in which original study was found, letter to the editor, and studies addressing drug induced hallucinations or mental illness.
- Findings from the studies were synthesized for comparative analysis of results.

LITERATURE SEARCH FLOW DIAGRAM



RESULTS

- Seventy-eight articles were initially identified; Thirteen included in final sample.
- Level of evidence rated using evidence pyramid published by Long & Gannaway, Polit & Beck and Appraisal Guides by Brown (2015;2012; 2018).



LITERATURE SYNTHESIS

- Clinicians should be aware that DBVs are not limited to apparitions of deceased family members. Other DVBs may include "going on a journey", perceptive dreams and sometimes even seeing pets (Broadhurst & Harrrington, 2016).

LITERATURE SYNTHESIS CONT.

- Documentation of DBVs dates back to ancient Egyptians as well as Medieval times (Wholihan, 2016).
- DBVs may be difficult to explain by traditional medical paradigms thus lending to the tendency of dismissing them and/or questioning their legitimacy (Fenwick, et al, 2009 &Wholihan, 20116).
- Chang, et al found that DBVs are not merely related to the human brain in a hypoxic state, "figments" of imagination, or drug induced hallucinations (2017).
- DBVs cross cultural boundaries with recent studies originating in India, United States, UK, Japan, Brazil, and the Republic of Moldova.
- 92% of caregivers agreed that end-of life experiences offered spiritual comfort to the dying patient and the family (Fenwick, et al, 2009).
- The importance of validating the dying patient's end-of-life experiences can be like "morphine for the soul" (Mazzarino-Willet, 2010).

CLINICAL IMPLICATIONS

- All studies found that DBVs are not uncommon and hold great significance in the dying process.
- Healthcare professionals that openly discuss DBVs with terminally ill patients may help facilitate a peaceful death (Mazzarino-Willett, 2010).

CONCLUSION

- Research proposes that nurses have little training and knowledge in dealing with DBVs (Dos Santos, et al., 2017).
- Further research is needed in order to educate nurses on DBVs and on how to appropriately provide therapeutic care and communication to terminally ill patients experiencing DBVs.

REFERENCES

Available upon request.

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