Science, Death, and Consciousness

Stephan A. Schwartz

The demographic bump we know as the boomer generation, those born in the post-World War II world between 1946 and 1964, are beginning to die. If you are part of this cohort, even if hale and healthy yourself, the death of parents, siblings, and friends is having a greater impact on your life. Just as the boomers with their great numbers changed the world with their birth, so they are transforming it again with their death.

According to the Centers for Disease Control in 2011 the death rate in the U. S. was 799.5 per 100,000. In 2013 it was 821.5 per 100,000. The latest annual death data is 2013. More than two and a half million of us (2,596,993) died that year.[1] In 2015 the number will be larger.

With the dawn of the age of antibiotics, death was less a feature of daily life and stopped being a subject of comfortable public conversation. It would seem creepy in the 21st century to wear brooches woven from the hair of the deceased as was the fashion up until the 19th century.

The regular death of children from scarlet fever, whooping cough, diphtheria, and small pox is thankfully in the past. We talk instead about extending life. Will deleting genes boost our lifespan by as much as 60%, as scientists at the Buck Institute for Research on Aging and the University of Washington recently reported?[2]

Is physical immortality possible, since only the continuance of physical life in the materialist view makes consciousness possible. Can genetics or cryogenics get us there? Medicine largely sees death as failure. We speak of wars on diseases that produce death, a war against cancer, a war against heart disease, a war against drugs. Death is a failure. The end.

But what if that is not correct?

Suppose there is a nonlocal nonphysiological aspect to consciousness? To quote myself, "Today there are six stabilized parapsychological protocols used in laboratories around the world …. Under rigorous double or triple blind, randomized and tightly controlled conditions, each of these six has independently produced six sigma results. Six sigma is one in a billion—1,009,976,678—or the 99.9999990699 percentile."[3] And to that must be added the large and growing near-death experience (NDE)/resuscitation medicine literature.

Dutch cardiologist Pim Van Lommel estimates that 4.2% of the American public has experienced a NDE and reported it. The actual number is much larger since many NDEs go unreported to medical records, but that is still over 13 million people.[4] And as resuscitation medicine advances with closer and closer monitoring, physicalist arguments about dying brains and hallucinations seem out of date, and not consistent with the observed evidence. One thing is certain, as more physicians become sensitized to near death, the more aware they are of NDEs, the greater the likelihood of cases being recorded. The data just keeps piling up.

My own view in this regard is Planckian. I think the evidence is overwhelming, as I have described elsewhere, that nonlocal consciousness is a fundamental that must be understood for there to be any complete comprehension of both spacetime and the nonlocal domain.[5] I know from my own experimentation that nonlocal consciousness is not electromagnetic in nature. We also know through the remote-viewing research that it is possible to obtain information that can be objectively verified about essentially anything.[6] I think this data is telling us that consciousness is informational in nature, and that informational architectures are created in nonlocal consciousness by intentioned acts of awareness. I have gotten to this not through theories but through experimental studies concerning the nature of consciousness.

In international physics serious researchers have also begun to theorize essentially the same based strictly on physicalist considerations, concluding that nonlocal consciousness has to exist.

Professor Hans-Peter Dürr, before his recent death the head of the Max Planck Institute of Physics, took dualism to its conclusion arguing that body and the soul were, like wave and particle dualism, part of a quantum code that is the fundamental structure of the all that is.

He is quoted as saying, "What we consider the here and now, this world, it is actually just the material level that is comprehensible. The beyond is an infinite reality that is much bigger. Which this world is rooted in. In this way, our lives in this plane of existence are encompassed, surrounded, by the afterworld already. When planning I imagine that I have written my existence in this world on a sort of hard drive on the tangible (the brain), that I have also transferred this data onto the spiritual quantum field, then I could say that when I die, I do not lose this information, this consciousness. The body dies but the spiritual quantum field continues. In this way, I am immortal."[7]

There is much more that could be said about how and why nonlocal consciousness is becoming a central part of many scientists' worldview, but let what I have just outlined stand for the larger corpus.

The Schwartzreport tracks emerging trends that will affect the world, particularly the United States. For EXPLORE it focuses on matters of health in the broadest sense of that term, including medical issues, changes in the biosphere, technology, and policy considerations, all of which will shape our culture and our lives.

The point I want to make to the healthcare community is: given this, how does this change in worldview, this inclusion of consciousness and its continuity, help people die?

We know as Atul Gawande, a practicing surgeon at Brigham and Women's Hospital in Boston and author of three bestselling books on death, the latest being *Being Mortal*: *Medicine and What Matters in the End*, observes, "We are reluctant to talk about the topic of death. But as soon as you open the door and make it OK to discuss, it's amazing how frank and honest people are. When my father was being asked: 'When you die, what would you want to have happen to your body?' he immediately had an answer. He told us which funeral home he wanted and the three places where he wanted his ashes spread. To us as a family, it was shocking. You felt that to ask such questions meant you were giving up on him. But he would been thinking about it for a while."[8]

But we also know this reticence is changing, perhaps because once again we are experiencing death more frequently, and it is bending the narrative arc of American culture.

We can see it in the rise of the Death Cafes movement, whose first meeting in Columbus, Ohio, has grown in one year to a network in 40 U.S. cities. The actual number is almost certainly larger. A Google after one year of "Death Cafes" resulted in 19,800 hits, mostly about meetings.

These are gatherings where freewheeling, dogma-free discussions take place concerning a subject that is of increasing interest to a generation for whom death has become a regular factor in their life. It is the fast-growing American version of a long-standing tradition in Switzerland, known as "cafés mortels."

We can see it by doing a Google on "fear of dying" and discovering the query comes back with 427,000 hits a great number of which are counseling services.

We can see it in the changes that are taking place in the palliative end-of-life care that is taking root in hospitals across the country. Amelia Martyn-Hemphill in the *Atlantic*, frames it very well, "What do you really want? It's the question that is slowly but steadily refocusing end-of-life care by champion (ing) patients' quality of life and help them prioritize their personal goals and values."[9]

A growing segment of the population is dealing with death, and there is a demonstrable hunger for information about dying, death, and beyond; a quest for the understanding of which science and medicine are capable. What are the social, and healthcare, implications of including consciousness in our understanding of life and death? How does including consciousness change things? I have been thinking about this and here are some issues I think need to be reconsidered.

Start when a person enters the bubble, either they have just received a terminal diagnosis, or someone they love has received one. How could incorporating consciousness into their health equation change things? Suppose educational material was offered that explained that the ancient ethno-historical belief in a soul and a post-corporeal after-life was not just an article of many faiths, but a scientific reality? Suppose that physicians, nurses, and caregivers treated patients not as people coming to an end, but as people going through a final corporeal transition in which their consciousness survives? How would you speak to your patients from that perspective?

We can see this interest in the continuity of consciousness in Eben Alexander's *Proof of Heaven*[10] being on the *The New York Times* Bestseller List for 97 weeks.[11]

We can see it in the success of books like Dutch cardiologist Pim van Lommel's *Consciousness Beyond Life*[4] or neuroscientist Sam Parnia's *Erasing Death*.[12]

But there is also a social level to this shift in paradigm. What effect should this new paradigm involving consciousness and its continuation beyond death have on the elected suicide debate? On October fifth 2015 Governor Jerry Brown signed into law the End of Life Option Act, an assisted suicide bill allowing California physicians to prescribe medications that can be used to end one's life. California was the fifth state in the U.S. to take this step. If you knew on the basis of the best scientific evidence that consciousness survives, how would you speak to one of your patients if the issue of assisted suicide arose?

This is not a hypothetical question.

Helping people die places one in a great moral vortex. It earned physician and pathologist Jack Kevorkian the opprobrious name, Dr. Death for assisting in requested terminal illness suicides. In 1999, he was arrested and tried for murder, convicted of second degree murder, and served eight years of a 10–25 year sentence.

And the problem is made even more difficult and complex when church and state confront one another.

A growing percentage of American hospitals are owned or controlled by the Roman Catholic Church. All Catholic institutions are required to follow a document called the Ethical and Religious Directives for Catholic Health Care Services (ERD). As it says the ERD provides "authoritative guidance on certain moral issues that face Catholic healthcare today." Directive number 60 states very clearly, "Catholic healthcare institutions may never condone or participate in euthanasia or assisted suicide in any way."[13]

This problem already presents horrible choices to physicians. What is the caring and responsible act when a patient in intractable pain with terminal illness asks for assistance?

Katherine Stewart writing in *The Nation*, presents just such a case, she describes how in 2014, a resident of Washington which six years earlier in 2008 had passed into law a Death with Dignity Act, requested assisted suicide. The man who was already in a hospice program, had terminal brain cancer that was projected to produce an excruciating and prolonged death. His physician and the other medical professionals charged with his care declined, Stewart says, "to provide him with information about aid in dying or referrals to other places that might be able to help him. Eventually, he decided to solve the situation on his own. He climbed into a bathtub and shot himself with a gun."[14]

Why, in a state that permitted assisted death, did this situation occur? Because the man had chosen to go for his care to a hospice affiliated with Providence Health & Services Catholic healthcare network.

Stewart says, "The medical professionals in this patient's case appear to have believed that they would be fired if they offered him referrals."[14]

Even worse, this case only came to light because one of the hospice nurses "found the incident so upsetting that she filed a complaint with Washington's Department of Health. The health department found no evidence of medical wrongdoing."

And if science says consciousness survives, if such a case happened again, as it has since then, how should it be treated? If the response from the institution and the caregivers was the same, how would that be different than torture? Paradigm change is not painless.

And what does one do with the growing evidence that not only does consciousness survive but episodically the eternal self manifests other personalities that become corporeal. Jim Tucker, the Director of the Division of Perceptional Studies, and Bonner-Lowry Associate Professor of Psychiatry and Neurobehavioral Sciences, has taken over from the late Ian Stevenson, who pioneered research on reincarnation at the University of Virginia Health System. This meticulously documented work has revealed that wound scars and birthmarks come across lives. In Stevenson's[15] ground breaking two volume work, *Reincarnation and Biology—A Contribution to the Etiology of Birthmarks and Birth Defects*, he presents compelling evidence of this transfer.

Tucker reports that their research also reveals that of the over 2500 cases they have in their database, the median length of time between incarnations, for people whose lives are cut short and left deeply uncompleted, is only 16 months.

Information like this requires thought. It is complex. It is not just the issue of continuance of consciousness, it is that you, your personality, is not coming back. In that sense sometime after physical death, something happens. All of the reincarnation research makes it clear that although people may have memories or even birthmarks from other lives, they are not the same personality as that life. Or even the same gender.

And what happens to the abortion argument? Abortion is a woman's right, but still a hotly contested issue. There is still passionate argument over whether a woman should be able to choose not to have a child because she is too young, or cannot properly raise it, or who has been raped, or her own life is threatened. If consciousness continues then consciousness exists before corporeal life begins and after corporeal life ends. What is abortion if this is true? What changes?

The evidence that consciousness is fundamental and enduring is just going to keep accumulating. It is not a question of whether it will be addressed, only of how long the old physicalist paradigm hangs on. Right now it seems that just as happened with smoking or marriage equality we are reaching a tipping point and long entrenched cultural practices are changing. Science, death, and consciousness have something to say to one another, and it is time the conversation began.

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