

# Declaration for Integrative, Evidence-Based, End-of-Life Care that Incorporates Nonlocal Consciousness

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*This Declaration, as you will see below, follows up the Manifesto for a Post-Materialist Science, which we reprinted in Network Review 115, Summer 2014, pp. 4-6. A volume based on this will be published early next year, with 18 contributors and entitled **Expanding Science: Visions of a Post-Materialist Paradigm**.*

## Introduction

In February 2014, a group of internationally known scientists from a variety of scientific fields (biology, neuroscience, psychology, medicine, psychiatry) participated in a summit on post-materialist science. Co-organized by Gary E. Schwartz, PhD and Mario Beauregard, PhD, of the University of Arizona, and Lisa Miller, PhD, of Columbia University, the summit was held at Canyon Ranch in Tucson, Arizona. The purpose was to discuss the impact of the prevailing mechanistic-materialist ideology within science and the emergence of a post-materialist paradigm for science, spirituality, and society. The resulting Manifesto for a Post-Materialist Science was published in *Explore* [2014; 10 (5): 272-274] and on the Open Sciences website, which also resulted from the summit (<http://opensciences.org/about/manifesto-for-a-post-materialist-science>).

In September 2015, a second meeting was held in Tucson, called The Final Transition Conference. Organized by consciousness researcher Stephan A. Schwartz, the purpose of the meeting was to explore the questions: What happens when we die, and what constitutes humane, decent care of the dying? The conference faculty was composed of therapists, clinicians, scholars, and researchers from the US, Europe, and Asia all of whom are involved in some way in the processes of human death. Many of those who attended felt that an exclusively materialist model of consciousness — the view that consciousness is produced entirely by the brain and that physical death annihilates it — cannot account for the rich and variegated experiences they see in the dying who are the focus of their research and healing service.

Their views were nuanced but on the existence of a nonlocal aspect of consciousness they agreed, and there emerged from the faculty of the Final Transition Conference the *Declaration for Integrative, Evidence-Based, End-of-Life Care that Incorporates Nonlocal Consciousness*. It was first drafted by Stephan A. Schwartz and Gary E. Schwartz (no familial relationship), who invited Larry Dossey to become the third drafter. They then submitted it to the faculty. This Declaration represents a consensus view of the undersigned faculty of The Final Transition Conference and others.

This Declaration is an application and extension of the 2014 Manifesto for a Post-Material Science to the greatest issues anyone faces: the origin, destiny, and nature of human consciousness, and how these considerations affect the care of humans at the end of life.

Anyone interested in joining us, and affixing their name to the Declaration, please contact Stephan Schwartz at: [saschwartz@earthlink.net](mailto:saschwartz@earthlink.net)

## Declaration for Integrative, Evidence-Based, End-of-Life Care that Incorporates Nonlocal Consciousness

1. Twenty-first-century medicine and healthcare pride themselves on being evidence-based. Whether the therapies are conventional, complementary, or integrative, in all instances the explicit philosophy guiding their use is their grounding in the best available scientific theories and outcome research. This same philosophy ostensibly guides end-of-life care.

2. And yet, the nature of consciousness has been largely explored only from the assumption that it is a poorly understood neurophysiological process entirely resident in the human organism. Its inherent physicality has become an ironbound axiom. However, a growing body of experimental and clinical research now challenges this assumption. The conference faculty was composed of therapists, clinicians, scholars, and researchers from the US, Europe, and Asia all of whom are involved in some way in the processes of human death. Many of those who attended felt that an exclusively materialist model of consciousness — the view that consciousness is produced entirely by the brain and that physical death annihilates it — cannot account for the rich and variegated experiences they see in the dying who are the focus of their research and healing service. Although the consensus of the authors and co-signers of this Declaration is that the collective evidence points toward this conclusion, other consciousness scientists believe that the current evidence is not definitive enough to conclude this with certainty.

3. Today, there are seven stabilized experimental protocols used in laboratories around the world, each of which requires the existence of nonlocal consciousness to be successful. All seven protocols have independently produced six-sigma results, meaning that the odds against a chance explanation of the experimental finding are roughly a billion to one, or above a 99.999999 percentile of certainty.

4. In addition, there are now five areas of consciousness science that are directly linked to the processes of death that also support the existence of a nonlocal, non-physiologically dependent consciousness. This research includes (1) near-death experiences (NDEs); (2) after-death communications (ADC); (3) death-bed vision and physical phenomena at the time of death; (4) laboratory studies with research mediums; and (5) reincarnation research, particularly involving young children.

5. We believe that the question, can consciousness exist that is not physiologically based? has been answered in the affirmative, and that it is time to move on — time to incorporate these findings into clinical applications and public policy, and integrate them into evidence-based, end-of-life care.

6. We believe that everyone involved in end-of-life care — patients, providers, loved ones, administrators, insurers, policy makers — should be educated in a non-sectarian, evidence-based manner concerning these findings, and how they can be integrated in the care of individuals at the end of physical life.

7. Programs should be developed that prepare patients and their loved ones for the journey following death, based on the evidence provided in 4. This can have major effects in reducing the fear of death in both patients and their loved ones.

8. The current practice of keeping severely ill patients alive, against all odds of meaningful recovery as judged by medical experts, needs to be rethought in light of this research. Important factors in this decision also include a patient's Living Will, the quality of his or her final days, and the desires and wishes of loved ones when a patient is no longer conscious or responsive.

9. The new consciousness research points to the existence of an individual's immortal, nonlocal consciousness, a perspective affirmed by many philosophical and religious traditions for millennia. If consciousness pre-exists physical birth, and continues after corporeal death in a cycle whose dimensions we do not yet know, then liberty, respect, and justice require that an individual have autonomy over when to terminate their corporeal existence. We believe this process is best served when every aspect of end-of-life palliative care representing the integration of sciences and humanities is available to that individual.

10. We emphasize that all of the above considerations have substantial economic implications for family members, health care providers, insurance companies, and societies.

11. We see nonlocal consciousness as existing within the broader context of the emergence of a new paradigm Science, one which incorporates consciousness. We recognize, however, that acknowledging non-physiologically based consciousness has the potential to evoke emotional responses that challenge deeply held beliefs in both mainstream science and religions. It will take a commitment of courage, compassion, and integrity to address the wealth of implications and opportunities afforded by integrating the research findings supporting a consciousness inclusive model with end-of-life care — more accurately, end-of-*physical*-life care. Now is the time to advance this integration.

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