CASE REPORT

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DISTRESSING NEAR-DEATH EXPERIENCE WITH VERIFIABLE OUT-OF-BODY PERCEPTIONS WITNESSED BY THIRD PARTIES: A RARE CASE REPORT

ABSTRACT

A near-death experience (NDE) encompasses vivid perceptions and memories occurring during a state of unconsciousness in life-threatening conditions, such as cardiac arrest, severe trauma, or coma.
This case report describes a rare and distressing NDE in a 25-year-old woman who suffered a severe brain injury following a car accident.
During the coma (GCS = 3) and while under intubation, the patient reported a disturbing NDE with a Greyson Scale score of 28/32.

The experience included a verifiable out-of-body experience (OBE) with accurate descriptions of medical procedures, personnel, and events confirmed by third-party witnesses—including an involuntary injury caused during ambulance transfer.
The NDE led to a profound personal transformation, with the patient overcoming pre-accident suicidal ideation and reporting positive psychological change.

This case raises important questions regarding the nature of consciousness, suggesting it may persist and retain perceptual clarity even when brain function is severely compromised.

RIASSUNTO

Un'esperienza di pre-morte (NDE) comprende percezioni e ricordi vividi che si verificano durante uno stato di incoscienza in condizioni potenzialmente letali, come arresto cardiaco, traumi gravi o coma. Questo caso clinico descrive una rara e angosciante NDE in una donna di 25 anni che ha subito una grave lesione cerebrale a seguito di un incidente stradale. Durante il coma (GCS = 3) e sotto intubazione, la paziente ha riferito un'inquietante NDE con un punteggio della Scala di Greyson di 28/32.

L'esperienza includeva un'esperienza extracorporea (OBE) verificabile con descrizioni accurate di procedure mediche, personale ed eventi confermati da testimoni terzi, tra cui una lesione involontaria causata durante il trasferimento in ambulanza. L'NDE ha portato a una profonda trasformazione personale, con la paziente che ha superato l'ideazione suicidaria pre-incidente e ha riferito un cambiamento psicologico positivo. Questo caso solleva importanti interrogativi sulla natura della coscienza, suggerendo che possa persistere e mantenere la chiarezza percettiva anche quando le funzioni cerebrali sono gravemente compromesse.

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INTRODUCTION

Near-death experiences (NDEs) are subjective phenomena reported by patients who have survived life-threatening conditions such as cardiac arrest, suicide attempts, severe trauma, or deep coma. Despite apparent clinical unconsciousness, these individuals describe vivid, coherent, and detailed experiences.

These experiences often include common elements—typically 6 to 7 out of 12—such as the sensation of peace, separation from the body (Out-of-Body Experience, OBE), movement through a tunnel, or the perception of a bright light. [(1) (2)]

NDEs have been reported across all ages, cultures, and religions.2 One of the most comprehensive and recent studies on NDEs was presented in 2022 by Dr. Parnia at an American Heart Association conference. In the AWARE study, 102 out of 567 cardiac arrest survivors (18%) reported NDEs. Among these, 46% had detailed recollections, 95% described a sense of joy or peace, 86% saw a bright light, and 54% reviewed significant life events. [(3)]

Given their subjective and non-replicable nature, the Greyson Scale is often used to assess and compare NDE phenomenology and intensity. A score of 7 or higher suggests a genuine NDE. [(4)] (**Fig.1**)

Many people who report NDEs were in a state of clinical death—marked by cessation of cardiac, respiratory, and cerebral activity. During OBEs, patients often describe verifiable perceptions from a position outside their physical body, typically from above, while maintaining identity, emotions, vision, and heightened awareness.

Some report observing scenes at a distance, including accurate recollections of conversations occurring far from their body, which are later verified by witnesses. These experiences raise critical questions about the origins of consciousness and whether it can exist independently of normal brain function. [(5)]

While neuroscience attributes consciousness to integrated cortical networks—essential for memory, vision, and cognitive processing—there is currently no direct evidence explaining how subjective conscious experience arises from neural activity. [(6)]

Distressing NDEs affect only 1–3% of NDE cases.

Patients often find themselves in dark, terrifying environments, seeing frightening entities, hearing screams or disturbing laughter, and experience intense fear. These episodes typically lack any immediate positive emotion and may result in lasting psychological trauma.

Patients rarely report such experiences due to shame or fear of judgment. However, if they are accepted and processed, they may trigger positive personal transformation. In such cases, negative personality traits appear amplified during the NDE, allowing for later introspection and growth. [(7)]

Some accounts even include infernal scenes reminiscent of Dante's Divine Comedy. [(8)]

This article presents the case of a young woman who experienced a distressing NDE with a verifiable OBE during a coma induced by severe brain trauma, providing important clinical and scientific insights.

CASE REPORT

A 25-year-old woman was admitted to the Emergency Department in critical condition after a major road accident.

On arrival, she was comatose (Glasgow Coma Scale = 3), with a non-operable deep left parietal cerebral hemorrhage, multiple facial fractures with brain exposure, a right orbital blowout fracture with retrobulbar hematoma, and zygomatic and maxillary fractures. Initial neurological assessment revealed: unresponsive sensorium, reactive miosis on the left and non-reactive pupils on the right, absent Babinski reflex, generalized hypotonia, flexor nociceptive response on the left, decerebrate posture on the right, and complete right pyramidal deficit.

The patient was intubated and placed in a medically induced coma. After 20 days, she began to awaken slowly. At discharge, she exhibited significant neurological deficits: right hemiparesis, dysphasia, and sensorimotor impairments in the limbs.

While unconscious and intubated, the patient later reported a distressing NDE with a Greyson Scale score of 28/32, including an OBE with verifiable and accurate perceptions. [(9)]

She described an involuntary altercation between a doctor and the anesthetist during ambulance transport that caused a minor nasal septum injury—an event subsequently confirmed by both witnesses.

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She also provided precise descriptions of the operating room, the instruments used, the medical staff, and conversations, stating that her perception and awareness during the event were far clearer than in ordinary life.

The patient reported that the distressing NDE prompted her to reflect on negative aspects of her personality, leading to meaningful personal growth.

Before the accident, she had experienced suicidal ideation.

Following the event, she reported an increased appreciation for life and other psychological changes consistent with the literature on post-NDE transformations.

FIGURE 1:
GREYSON NEAR-DEATH EXPERIENCE SCALE (NDE SCALE)

#	Question	0 = No	1 = Moderate	2 = Strong/Definite
1	Did time seem to speed up or slow down?	No	Time seemed faster/ slower than usual	Everything happened at once / time lost meaning
2	Were your thoughts speeded up?	No	Faster than usual	Incredibly fast
3	Did scenes from your past come back to you?	No	Remembered many events	Past flashed before me
4	Did you suddenly seem to understand everything?	No	Everything made sense	Understood everything about the universe
5	Did you have a feeling of peace or pleasantness?	No	Relief or calmness	Incredible peace or pleasantness
6	Did you have a feeling of joy?	No	Happiness	Incredible joy
7	Did you feel a sense of harmony or unity with the universe?	No	No separation from surroundings	Felt united with the world
8	Did you see or feel surrounded by a brilliant light?	No	A bright light	Overwhelming brilliant light
9	Were your senses more vivid than usual?	No	More vivid than usual	Incredibly more vivid
10	Did you seem to be aware of things going on elsewhere (ESP)?	No	Possibly	Definitely aware of unknown events
11	Did scenes from the future come to you?	No	Scenes from the future	Specific future information
12	Did you feel separated from your body?	No	Felt separated	Clearly left the body
13	Did you seem to enter an unearthly world?	No	A different place	Mystical or unearthly realm
14	Did you encounter a mystical being or voice?	No	Sensed presence or heard voice	Clearly encountered a being/ voice
15	Did you see deceased or religious spirits?	No	Sensed presence	Clearly saw them
16	Did you come to a border or point of no return?	No	Came to a barrier	Reached a clear point of no return

Scoring: Add the values from each question.

Total Score Range: 0–32

Threshold for NDE: ≥ 7 points

This scale is used to evaluate near-death experiences (NDEs). Each item is scored from 0 to 2, with a total score ranging from 0 to 32. A score of 7 or higher is considered indicative of a near-death experience.

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DISCUSSION

This clinical case raises several questions about the physiology of consciousness. In conditions where cortical function is severely impaired—as confirmed by imaging and clinical findings—one would expect a complete absence of conscious awareness and memory formation. Yet, the patient reported vivid, structured, and verifiable experiences, suggesting a possible "residual" or "disconnected" form of consciousness.
Such observations challenge the purely materialistic view that consciousness is solely a product of organized cortical neural activity.[10] [11]

Prospective studies on cardiac arrest survivors have documented similar phenomena, but this case is particularly notable for the intensity and independent verification of the OBE. [10] [12]

Another relevant aspect is the distressing nature of the NDE.
Though negative at first, the experience led to profound psychological processing and a shift in personality. Literature suggests that even distressing NDEs can initiate processes of inner growth and transformation. [13]

CONCLUSION

This case report demonstrates that consciousness can be experienced even when brain activity is severely compromised. It suggests that consciousness may persist independently of a normally functioning brain and can be vividly recalled years later.
The accuracy of the reported out-of-body perceptions, confirmed by third-party witnesses, presents critical challenges for current scientific models of consciousness.
Distressing NDEs, while rare, can have a powerful positive impact on psychological well-being, even in the context of serious trauma, and deserve careful consideration in both clinical and neuroscientific fields.
Further interdisciplinary studies are needed to explore these phenomena at the intersection of medicine, neuroscience, and psychology.

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