

PHYSICIAN BARRIERS TO ACKNOWLEDGING NEAR-DEATH EXPERIENCES IN CLINICAL PRACTICE

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Background: Near-death experiences (NDEs) are altered-state experiences that some individuals report during life-threatening events or medical crises. NDEs are not uncommon in certain medical circumstances, such as cardiac arrest, and tend to have lasting psychological impacts on patients who experience them. Despite their frequency and impact on patients, as well as decades of academic research, NDEs remain underrecognized in clinical settings, with the topic largely missing from medical education and training.

Aims: Assess physician attitudes and barriers toward acknowledging NDEs in clinical settings and competence and perceived appropriateness in providing support to patients reporting NDEs.

Methods: Attitudes of 215 University of Virginia School of Medicine attending physicians (23% response rate) were evaluated via an online survey, assessing self-rated knowledge of NDEs, attitudes toward NDEs, and 18 potential barriers to acknowledging NDEs in clinical practice (rated on a scale from 0=not significant to 3=very significant). Barriers were grouped into broad categories related to knowledge, logistics, ethics, personal attitudes, and pathologization or dismissal of these experiences, and assessed on an ordinal scale.

Results: Twenty percent of physicians had prior exposure to NDE-related education and 25% had encountered a patient who reported an NDE. Although 90% viewed providing support as appropriate, only 43% felt confident doing so, revealing a significant gap between willingness and competence ($p=0.0006$). Knowledge barriers were most frequently endorsed (1.8 ± 0.9), suggesting inadequate training as the main limitation, followed by logistical barriers such as lack of time (1.1 ± 0.8). Pathologizing or dismissive attitudes related to perceptions that an NDE is not real or is a manifestation of mental illness or dysfunction were the least endorsed (0.3 ± 0.5). Notably, self-reported prior NDE education was associated with greater endorsement of the appropriateness of providing support to NDE patients and higher self-rated confidence in doing so.

Conclusions: Physicians demonstrate openness but limited competence in addressing NDEs with patients. Targeted education and training on NDEs could improve physician preparedness and support empathetic, informed clinical care. While cross-sectional and correlational, these findings suggest that NDE education may be associated with more supportive attitudes among physicians.

Keywords: Near-death experiences, Physician education, Physician barriers, Patient support

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