

Cadavers are Indispensable Teachers: The Cadaveric Oath and Human Dignity

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ABSTRACT

Cadavers are very difficult to procure especially in a society like India where many religious groups with different ideologies and belief systems believe that the soul of the dead does not achieve salvation if the body is not cremated in its intact form at death. This belief system plays an important role for people to decide whether or not to do body or even organ donation, for that matter, for the purpose of anatomical dissection. However, growing awareness in the lay population is now changing this situation slowly and gradually the number of voluntary donors may rise. Body donation must be encouraged as it is the only ethical means of procuring cadavers. Body donation units must be established in all medical schools and hospitals which work with cadavers routinely, to overlook whether the procedures of cadaver procurement, study and final rites are being carried out in an ethical manner.

Key Words: cadavers, body donation, cadaveric oath

CADAVERS AND THEIR EDUCATIONAL SIGNIFICANCE

The word “Cadaver” is derived from the old Latin phrase “cadere” which means ‘to fall’. In legal context, it means a corpse. In medical context, cadavers are referred to as the bodies of deceased human beings used for purposes of learning anatomy and surgery, or for research.

Cadaveric dissection plays a vital role in the Anatomy curricula in various parts of the world. Dissection helps in understanding the spatial relationships, textures, consistencies and anomalies in various body organs and structures, and helps in providing a clear picture of human anatomy. It is of particular significance for surgical trainees who may practice complex procedures on the cadaver before operating on a patient. Cadavers have thus remained important for learning anatomy and surgery.

A Brief Timeline of Unethical Sources of Cadavers

From c.300 BC to early 17th Century, executed persons' and grave-robbled bodies were the only source for dissection [1]. Academic dissections were frequently fully public and thus became a great dishonor for the dissected and their families as the dissection was felt to "violate [d] both its [the corpses] personhood and its social identity by rendering it unrecognizable and unsuitable it for a conventional funeral" [2]. Due to this stigma associated with cadaveric dissection, instead of addressing this issue of much sensitivity, various governments of the early 17th Century Europe used dissection in a death sentence in addition to capital punishment¹, making dissection of the convict's body after execution a much more ignoble punishment than capital punishment itself as considered by many at that point in time [3]. In the early 18th century, unclaimed bodies of "paupers", inmates of prisons, psychiatric and charitable hospitals became a source for cadavers [4]. By the end of 18th Century, any unclaimed bodies were used for purposes of dissection [5]. The most glaring example of unethical practice in anatomical dissection in the 20th Century perhaps was the directive of the Ministry of Education of the Third Reich of Germany (1939) to deliver bodies of all the executed to nearby anatomy departments.

Cadaver: A Grey Entity in Bioethics

Various ethical dilemmas shroud cadavers, especially with respect to their procurement and dissection. A number of questions come to surface when ethical treatment of cadavers is considered.

(1) Autonomy versus Anatomical knowledge?

Until late 1960s, no consideration to autonomy of cadavers was given by many societies [6]. Later on, autonomy of the deceased and whether he/she was willing to donate his/her remains for dissection during life was considered. However, whether our knowledge of anatomy is a "trade-off" for the autonomy of the deceased is still questionable.

(2) Depriving proper final rites?

A cadaver, once dissected, ceases to remain in the intact form. Its identity is distorted and as such, the cadaver cannot be given a final resting place in intact form, which is considered by many societies to be a deprivation of final rites in a proper manner. This is true of certain Hindu communities in India and some other communities in the world, such as the Native Americans [7].

(3) Rich versus Poor?

The cadavers procured mostly belong to the socioeconomically deprived members of the region, as unclaimed bodies are still used in India and other parts of the world for purposes of dissection. It is questionable whether only the poor are required to provide us with fruits of anatomical knowledge and that the wealthy, who can afford to perform the final rites of their dead, are excluded from the purpose. Thus, it seems that the poor alone donate their mortal remains for the purpose of furthering our knowledge of anatomy and surgery.

(4) Breach of Privacy?

The Article 9 of the Universal Declaration on Bioethics and Human Rights upholds that the privacy and personal information of human subjects be respected [8]. However, we are unsure

whether this is also applicable to cadavers, as they are no more living persons. This dilemma is felt by those of us who routinely handle cadavers and as such dissection of cadaveric remains are performed in groups of students which may or may not be considered to be a breach of privacy.

(5) Respect for Human Life?

All of the concerns raised finally converge to one important question: Do we respect human life that is the very essence of the principles of Autonomy, Beneficence, Non Maleficence, Equity and Justice? This is a sensitive question, because we, the healthcare providers, who work for furthering health and improving patients' lives, must possess an inherent compassion and respect for human life as we strive throughout our careers for improving patients' health. Thus, it seems that cadavers have extrinsic value in that learning anatomy is facilitated by them, but the intrinsic value that they were once living human beings just like us is not to be forgotten.

These dilemmas have brought a change in modalities of teaching anatomy in some parts of the world. Various methods (quote them) have been used as to decrease or completely do away with cadaveric dissection from the curricula of anatomy in medical schools.

However, it is still believed that cadaveric dissection is the best means of learning anatomy and its pedagogical value trumps over the prejudice associated with it [9]. However, others have argued that these are only emotive arguments, which are yet unsubstantiated as far as evidence-based medicine is concerned [10]. In most of the world, however, it is still a practice of cadaveric dissection that holds a place of prominence in anatomy curricula, which also is true in India. Hence, we all need to treat the cadavers with dignity, a sense of gratitude, empathy and compassion.

The Cadaveric Oath

In order to imbibe the values of respect, empathy and compassion towards the cadaver, the Cadaveric Oath has been prescribed to be taken by first year medical students on the first day of their Anatomy class. While the exact wordings differ based on different settings, the following principles are the keystone of the Cadaveric oath [11]:

- Moral obligation to treat the human remains with respect and dignity
- Compassion and Gratitude towards the cadaver
- Gratitude to the next of the kin of the cadaver for their endeavor to serve selflessly
- To Emulate the act of the donor

The cadaveric oath serves as the first tool to teach Bioethics, as encounter with a cadaver in the anatomy dissection hall is one of the first incidents where the new healthcare student has the opportunity to learn ethical treatment of these human remains. It also facilitates to imbibe empathy, compassion, and respectful treatment to the deceased in the minds of medical students which shows the path to "treating cadavers as people" and thus is the first step to good practice.

"Treating" the First Patient

Certain set of dissection room etiquettes are of much significance when handling and dissecting human remains because a thin line separates ethical from unethical conduct. Students sometimes mock the expression of the cadavers and try to improperly treat them. These innocent errors must be avoided, as they may develop into a trait to mistreat the cadaveric remains. Also,

photography is not to be done unless required for scientific and/or learning purposes, and when done, must not reveal the identity of the deceased. No misdemeanor is vital for respecting the remains. Dissection is to be performed only for learning; no mutilation to be resorted to. Defaulters must be duly penalized. Covering the parts not being dissected with gauze is important to preserve the remains and to protect the dignity of the dead. Dissecting only under the supervision of the tutors is also necessary so that the anatomical aspect is equally appreciated by the students as the teachers, which is the ultimate aim of cadaveric dissection.

The “Great Teacher”

One solution to the current ethical dilemmas that have limited cadaveric dissection can be learnt from the example of Thailand. In Thailand, the sole source for cadavers is body donation.¹² Cadavers are regarded as “Ajarn Yai” [12] (the Great Teacher in Thai language) and immensely respected for their unselfish donation of their bodies after death. Students know the name, medical history and cause of death of the ‘Ajarn Yai’ which helps build empathy, compassion and understanding of students and develop a bond with his/her Ajarn Yai. Elaborate Dedication & Cremation ceremonies according to Buddhist rituals take place and the remains are cremated after the course of dissection is over. This presents a moral aspect in that cadavers are treated as teachers rather than as patients.

Life after Death: A Conclusion

Body donation must be encouraged as it is the only ethical means of procuring cadavers. Body donation units must be established in all medical schools and hospitals which work with cadavers routinely, to overlook whether the procedures of cadaver procurement, study and final rites are being carried out in an ethical manner. Whether cadavers are the best modality for learning anatomy as held by many is yet debatable, in the centers where cadaveric dissection is a part of the curriculum, cadavers must be treated with due care, dignity and compassion. The Cadaveric Oath is the first tool for teaching Bioethics and also imbibing altruism and respect for the deceased in the minds of the students. Etiquettes in dissection room are of great significance in shaping the mindset of medical students to become doctors of good moral fiber and the ones who respect human life.

REFERENCES

1. Hildebrandt S. Capital Punishment and Anatomy: History and Ethics of an Ongoing Association. *Clin Anat* 2008;21:5–14.
2. Park K. *Secrets of Women: Gender, Generation, and the Origins of Human Dissection*. New York: Zone Books ; 2006.
3. Hunter RH. *A Short History of Anatomy*. London: John Bale, Sons and Danielsson Ltd L ; 1991.
4. Pauser P. Sektion als Strafe. In: *Körper ohne Leben*, editor. *Begegnung und Umgang mit Toten*. Wien: Böhlau ; 1997.
5. Stukenbrock K. Unter dem Primat der Ökonomie? Soziale und wirtschaftliche Randbedingungen der Leichenbeschaffung fuer die Anatomie. In: Helm J, Stukenbrock K, editors. *Anatomie: Sektionen einer medizinischen Wissenschaft im 18. Jahrhundert*, Stuttgart: Franz Steiner Verlag ; 2003.
6. Shaikh ST. Cadaver Dissection in Anatomy: The Ethical Aspect. *Anat Physiol* 2015;1:S5-7.

7. Jernigan M, Fahrenwald N, Harris R, Tsosie U, Baker LO, Buchwald D. Knowledge, beliefs, and behaviors regarding organ and tissue donation in selected tribal college communities. *J Commun Health* 2013;38(4):734-40.
8. Universal Declaration on Bioethics and Human Rights. UNESCO, 19 October 2015.
9. Hasan T. Is dissection humane? *J Med Ethics Hist Med* 2011;4:4
10. Winkelmann A. Anatomical dissection as a teaching method in medical school: a review of the evidence. *Med Educ* 2007;41:15-22.
11. Lala M. Cadaveric oath and its relevance in anatomy. *Int J Adv Case Rep* 2016;3(6):282-5.
12. Winkelmann A, Gldner FH. Cadavers as teachers: the dissecting room experience in Thailand. *BMJ* 2004;329(7480):1455-7.

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