Don't ask, don't tell – who should promote body donation programmes in the public domain?

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EDITORIAL

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Editorial

Cadaveric dissection has been used for centuries to examine human anatomy, with popular figures such as Leonardo Da Vinci and Andreas Vesalius utilising dissection to further knowledge in the medical sciences. The use of cadavers for teaching anatomy in medical schools remains popular, with many institutes still engaging active body donation programmes for this reason.¹ However, doctors are not alone in utilising this precious resource. At the University of Otago (Dunedin, New Zealand) in 2009 there were 25 courses that used cadaveric material for either teaching or research² although the vast majority of the user groups were medical in origin. All of the human tissue utilised for teaching and research purposes came via the Department of Anatomy's body donation programme, a scheme that has been in existence since 1943.

Currently, some institutes report a deficit in accessing cadavers because of increasing student numbers and competition with newly established medical schools for limited cadaver numbers – quite simply, the increase in tertiary institutes offering medicine as a course has strained available resources.³ Recently some medical schools have even moved away from using body donation programmes, citing the expense of maintaining these as a reason behind

their decision. Interestingly, many universities have reinstated their dissection and body donation programmes as they found the level of anatomical knowledge displayed by their students became compromised.

In terms of medical teaching, arguments for maintaining student contact with cadavers include realism, clinical correlation, practical skills, active learning, and the promotion of research.⁴ Those who object suggest that less time is wasted on superfluous dissection, and regard the removal of the social discomfort of facing 'death' as positive.⁵ However, many see such experiences as vital in the progression of medical professionals as they prompt the consideration of issues surrounding human morbidity, mortality, and altruism.^{6,7,8} It seems that in some countries, at least those that are privileged enough to have access to cadavers, there are strong arguments for maintaining robust body donation programmes. Most medical graduates are probably aware of the existence of such programmes, but what of the general public? Furthermore, who is responsible for promoting these programmes in the public domain?

Promotion of body donation programmes to the general public appears to be a sensitive subject. In a recent project at the University of Otago, 25 overseas institutions were asked to join a study that surveyed newly registered body donors - only two agreed to participate. 'Adverse publicity' was cited as a reason why many institutions rejected the request to join. But adverse for whom? The general findings of the study confirmed the altruistic nature of the individuals who donate, however if the existence of body donation programmes are withheld from the public eye this creates a paradox; people who do not know about such programmes are unlikely to register.

In New Zealand during 2009 and 2010 two screenings of the documentary 'Donated to Science'* played on national television. This documentary details the progression of body donors in their last year of life,



interviewing the subjects, their families, and the medical students who are involved with the utilisation of their body after they die. During 2010, 50% of newly registered donors at the Otago Medical School stated that they had first heard about the donor programme via television, an increase of 20% from previous investigations and more than 20% higher than institutions overseas report from this medium. No other form of advertising or mention of body donation programmes has been screened on television during this time. This hardly suggests that public promotion and display of the most intimate details of body donation programmes is off-putting. If anything, it appears to have had a positive effect on body donation numbers at the Otago Medical School.

However, television documentaries cannot be relied upon to provide advertisements and raise awareness of body donation programmes from year to year. It is up to the institutions themselves and the individuals who benefit from the provision of such a precious resource to find a level of promotion that suits their social, ethical, religious and moral environs. Given the challenge of maintaining donation numbers at teaching institutions, it is important that the existence of these programmes is promoted in some form in the public eye. Those individuals that have utilised this precious resource have a responsibility to consider how best to raise and maintain the public's awareness of body donation – to ignore this duty is to potentially deny future generations of health science students, researchers and medical professionals access to a wonderful gift.

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* Details about the documentary can be found at www.prnfilms.co.nz

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