

Introductory Anatomy Session

Introductory Quote:

"...The dissection lab has more commonly been used to develop an attitude of detached concern rather than as a venue for fostering humanistic values. The premise is that, when clinicians become emotionally involved, their clinical judgement may become clouded...Unfortunately, the reactions of students to dissecting a human body are often treated as though they are abnormal or inappropriate. Absent any guidance, students imagine they must toughen up if they are to act professionally. At worst, faculty encourage them to become emotionally detached. After all, the donor is gone; these are only the remains. The paradox is that the students' reactions are normal and healthy. The normal inclination is to talk about their feelings to relieve their stress, but they are afraid to expose weakness to faculty or peers and fear family or friends will not understand. Often, students hide their anxieties behind a false bravado or gallows humor lest they appear weak or unprofessional..." (*Rizzolo, L. J. (2002), Human dissection: An approach to interweaving the traditional and humanistic goals of medical education. Anat. Rec., 269: 242–248. doi: 10.1002/ar.10188*)

Outline of speaker presentation:

The speaker for this meeting might consider addressing him or herself to the topic of the dualism and cognitive dissonance experienced in anatomy. As a general topic in medicine there is perhaps no larger and more important topic for the humanistic physician to investigate.

In addition to the cognitive dissonance experienced in the anatomy lab, many physicians find that precisely this same challenge of cognitive dissonance arises in the practice of medicine. The hope is that whomever speaks will have some story to tell where he/she was confronted with this dualism, and recognized the impulse to see the patient as their pathology, and as more of an anatomical structure than a human. From there, maybe the speaker can tie that into the seeds of that dissonance in their own anatomy lab, and how that has shaped their approach to medicine. Is it necessary sometimes? How do you walk that line? How can we, having just emerged from anatomy lab for the first time, process it in a way that recognizes both the value and danger of the experience? Basically, there is dualism that starts in the lab where the student is forced to objectify the donor/cadaver to do his work and pass the course. The question is will we recognize that happening, can we do anything about it, and does it extend to other areas in medicine?

Some helpful facilitating questions:

1. Open ended questions:
 - a. How do you expect anatomy to feel or happen as a course? Afraid? Happy?
 - b. What are your experiences surrounding death or the dead? What cultural backgrounds impact that understanding?

- c. Do you expect this course to change you in any way? If so, how? How can you prevent some unwanted changes? How can you encourage those changes that you would like to happen? Do you want the experience of anatomy to stay *weird*? If so, why or why not? How do you plan to maintain that sensitivity? Are there similar areas of medicine where these feelings can arise?
 - d. Is there an “invisible curriculum” in medical school? In anatomy? If so, what is it? Why do we do anatomy in this way- is it because it’s a tradition that has “always been this way?”
 - e. How can one cope with things that are “existentially upsetting” in medical school? Is simply ignoring them or plowing through them a valid strategy? Can one simply “not think about it” and emerge on the other end? If so, how far can this type of cognitive dissonance be taken?
2. More specific:
- a. Would you donate your body before the course starts? Would you donate your body after the course? What if a family member wanted to donate their body- what would you tell them? Explain. Do you expect that your outlook will change?
 - b. What would the curriculum look like if it was focused on patients as opposed to science? How would you design anatomy were you to do so from the ground up and given modern technology? Would it be so focused on the dissection of human remains?
 - c. What do you expect from your instructors? What should or can they expect from you?
 - d. Is there such a thing as dignity after death? Is it owed to the donor? If so, what is the origin of that dignity?
 - e. Would you take anatomy again (ex. As an elective? As a peer tutor? As a physician? Etc.) If so, what would you tell yourself before you took the course? What would you do differently? What would be the same?
 - f. Can you do anything, given the constraints of the system to preserve the dignity of the person before you (perhaps consider using their name, trying to cover them, write them a letter, keep in mind that they are someone’s mother/father etc.)?
 - g. How did you feel about the body with the skin on versus with the skin off? Is there a difference? Should there be a difference?
 - h. How can one communicate these feelings with other members of the group given that not all members share the same sensitivities? How much of one’s feelings in general is it appropriate to share with one’s patients and colleagues? Is it unprofessional to share certain types of feelings?