

Perspective

Anatomists' perspective on boosting bioethics in medical education

 1 Dinesh Kumar V, MD, 2 Magi Murugan, MD, 3 Rema Devi, MD, MNAMS, PGD (human bioethics)

¹Assistant Professor of Anatomy, Jawaharlal Institute of Postgraduate Medical Education and Research, ²Associate Professor of Anatomy, Pondicherry Institute of Medical Sciences, and ³Professor and Head of Anatomy and Head, UNESCO Bioethics Unit, Chair of Haifa, Pondicherry Institute of Medical Sciences, Puducherry

Corresponding Author:

Dr Dinesh Kumar V, Department of Anatomy, JIPMER, Puducherry - 605006, India Email ID: dinesh.88560 at gmail dot com

Received: 08-SEP-2018 Accepted: 03-JAN-2019 Published Online: 11-Feb-2019

Abstract

The last few decades have witnessed the emergence of the field of bioethics and its incorporation into the fabric of medical education. Students entering medical college face unique challenges and ethically charged situations. Cadaveric dissection is one such activity that carries ethical uncertainties in it. Studies have shown that an appropriate orientation towards the values inherent in a doctor's relationship with patients, colleagues, and society might help medical students in learning how to navigate ethical dilemmas that they face. The aim of this article is to examine the feasibility of incorporating ethics teaching in preclinical anatomy education, and to emphasize the crucial role of professional identity in shaping the inner image of the "to-be" physician. We also discuss the ways by which professional identity can be emphasized right from the first year of medical school. Such endeavors may help learners in finding ways to respond ethically in their professional life. Understanding the role of bioethics in anatomy education with regard to professional identity formation can help guide policy makers and medical educationists.

Keywords: Anatomy; Cadaver; Cadaver ceremonies; Ethics; Professional identity; Professionalism.

Introduction

In the previous century, anatomical education was regarded as noble and humanitarian and medical students had a special privilege which was not available

to the lay public. Now, however, owing to scarcity of cadavers and with reduction in the time available for dissection, the 'professional identity' of anatomy has started to wane.[1] It has been posited that anatomy prepares one for later,

Cite this article as: Kumar VD, Murugan M, Devi R. Anatomists' perspective on boosting bioethics in medical education. RHiME. 2019;6:21-6.

when one actually begins to deal with patients.[2] From a humanist perspective, anatomical education can be said to guide students to appreciate their roles and responsibilities relative to others, moral values, establish and create meaning from experiences - these are perquisites for future essential physicians.[3,4] In addition, separating the body into parts can contribute to an understanding of the sense of the death, while dismantling the body can play a part in the taming of death.[5] An ethical anatomical education should, thus, not only help the students focus on the anatomical structures, but also make them think about the human being to whom the body once belonged.[6] In a utopian sense, the curriculum of anatomy can be broadened to provide insights into the emotions towards disease, death and dying.[7] The aim of this article is to examine feasible ways in which ethics teaching can be incorporated into preclinical anatomy education with a particular emphasis on professional identity formation.

Professional Identity

The society in which we live demands certain core attributes (such competence, compassion, honesty integrity) in a physician.[8] A critical element of medical education is to foster the formation of a professional identity that encompasses these core attributes and which become an integral part of the identity of learners.[8] Professionalism, being intrinsically related to the social responsibility of the medical profession, can be defined as a set of innate behaviours and responses to contextual phenomena. They are based upon individual cognitive or personality dimensions gained over the course of learning and practice and vary even within the same individual because humanistic elements of medicine are considered complex and uncertain. [9,10]

In today's context, training in and assessment of professional values is necessary to ensure that medicine does not become a 'trade'.[11]

Promoting Professional Identity formation in medical education. The explicit teaching of professionalism coupled with outlining the process of professional identity formation has been found to help students develop their own professional identity in collaboration with role models and mentors.[12,13] The process involves a number of transitions with the learner moving from a self-centered perspective to one where the expectations of others are selflessly fulfilled so that society's needs are served.[13]

Professional identities can be developed by effective interaction with members of the medical profession and with peers and seniors who demonstrate role-appropriate behaviours.[14] Identity formation can occur at two levels: psychologically, at the individual level; and through socialization of persons into appropriate roles.[15] Upon entering incoming medical college, students socialize to develop the identity of a student. Thereafter, medical proceeding to the clinical part of the their multiple professional identities intersect and they develop a mix of the identities which is modulated by the discipline they opt for.[8,15]. At this stage, self-reflection and patient interactions play an important role in professional identity development.[16,17]

For some, development of professional identity is not easy, as their personal identities remain divergent from their new professional role (identity dissonance).[18] These students, if not mentored in the right way, may develop haphazard coping mechanisms such as dropping out from medical school or

inappropriate dressina. The medical profession demands team work and interprofessional interactions. Complexity in these established identities manifests as varied communicative patterns in these settings. For example, a doctor who considers himself belonging to a dominant group and maintains that hierarchy in his professional groups, may tend compartmentalize the team and consider others as out-groups. This might be detrimental not only to the team, but can also unconsciously affect the doctor's feeling of affiliation towards his patients.[19]

The discrepancy between the existing personal identity of a student and the desired professional identity may induce stress in some learners. This stress can be mitigated if medical educators emphasize the satisfaction of becoming a physician socialization encourage the process. [15, 20] Considering professional lapses as a part of the learning process, learning experiences must be provided that will ensure that 'to be' physicians can identify and correct lapses so as to foster their professional growth.[21]

Promoting Professional Identity formation during the anatomy course

The dissection hall is a supportive learning environment where students work in groups. In doing so they benefit from collaborative learning and develop team building skills. Effective role modelling and mentoring can potentially take place this environment because the demonstrator knows the students personally, can monitor their progress, can share significant events in their medical career and use them to inculcate professionalism skills in novice learners. Such ad hoc, interpersonal transmission of information between experienced teachers and debutante students are important

elements of the 'informal curriculum'.[22]

Since the cadaver is the first "body" upon which students lay their hands, establishing the student-cadaver relationship may serve as a simulation for the doctor-patient relationship of the future. In western countries, the cadaver is bestowed with additional personal qualities and is regarded as the student's "first patient" [23] In contrast, medical schools in Thailand confer the status of "ajarn yai" (meaning 'great teacher') on cadavers.[24] The Thai approach places the medical student in the already familiar role of ''student' rather than in the potentially intimidating role of a "doctor".[25]

Cadavers have an important role in ethics education.[26] A model of "detached concern" has been described regarding the emotionality of a student in the dissection hall.[27] During the first exposure to a cadaver, the student may feel certain emotions (concern) that tend to diminish over time until a degree of This detachment develops. detached concern, similar to that seen in clinical years during patient interactions, is essential if the student is to learn without getting emotionally overwhelmed by the human aspect of the cadaver. In the course of the dissection, most students latently adopt a perspective between the concept of the cadaver as a learning tool (rational aspect) and of it as a human being (sensitive aspect).[28]

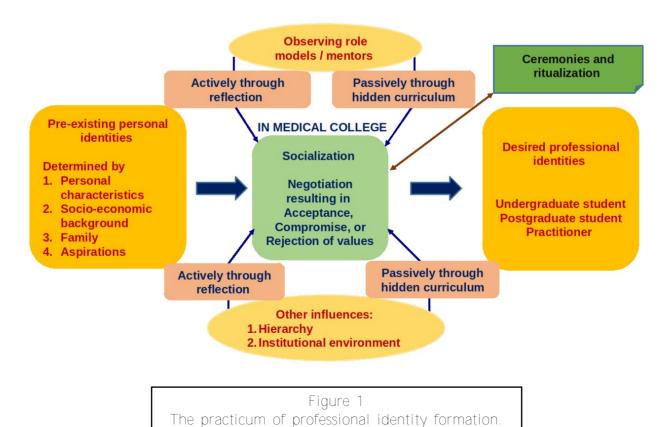
As dissection brings students in contact with the deceased in the early part of their careers, this encounter can be used as a foundation for the exploration of humanistic goals of medical education. [29] Undertaking an oath prior to cadaveric dissection is one of the ways to ensure that medical students fulfil their duties in a professional manner regardless of personal feelings or emotions. [30] Cadaver

ceremonies, by encouraging student reflections, have reaffirmed the discipline of anatomy as a profoundly humane enterprise.

In our institution, we have incorporated the cadaver disrobing program whereby we ask the students to reflect on their emotions upon gradual exposure to the cadaver for the first time. Similarly, at the end of the dissection course, we have a gratitude ceremony, whereby students offer the last rites to the disintegrated cadaver. The entire phenomenological qualitative analyses of the students' responses upon the first exposure to a cadaver has been described elsewhere and can be classified into four cardinal types of responses.[31] The process may induce affective responses (pity, respect), cognitive ones (speculating on cuts, callouses or sutures on the body), behavioural (demonstrating fear) moral responses (gratitude, sacrifice). The reflections of the students during the gratitude ceremony demonstrated their commitment to honor the cadaver's role in their learning, with some being inspired to become good doctors and others committing to take up the practice of surgery.[31]

The role of the institution -'ritualizing' professional identity As identities are constructed from within, institutions play a crucial role in shaping the identity held by the students within specific practices [32]. Transition from one identity to another can be marked by a "rite of passage" ceremony such as the described in the precedina paragraph. The role of ceremonies in professional identity formation is depicted in Figure-1. Students entering medical college have their own presumptions which determines their personal identities. They undergo the natural process of socialization which determines their professional identities. The ceremonies and ritualization along with the hidden curriculum helps in sharpening desired professional identity.

Institutions worldwide already conduct



Adapted from Cruess RL, et al (2015)[12]

white coat ceremonies, oath ceremonies and stethoscope ceremonies to mark transitions along the journey to becoming a professional.[33-35] Cadaver ceremonies, too, can be ritualistically conducted for incoming medical students to help them cherish the privilege of dissection which is not available to other professionals. They may also serve as a powerful means to define the atmosphere and provide an ethical framework around dissection.[24] Portfolios can be used to assess the transformative learning as a result of these ceremonies. These portfolios can help learners reflect on the lived experiences (like their first sight of the cadaver) and they may benefit from considering how the process informs their and behavior as future attitudes physicians. If competence helps a student in "doing", then identity formation helps " being" him or her in like

physician.[36]

Conclusion

The evidence in the literature as well as own experience with cadaver ceremonies suggests that the dissection hall is eminently suited to incorporation of ethics training. address the area of professional identity formation, and to ensure character development and analytic skills for ethical and humanistic dilemmas, each institution should try to develop a program that embraces all phases of education, encourages reflection, and starts right after admission to the course. transformation of learners' epistemologies over time and under different situations be aided by rite-of-passage can ceremonies that are known to boost professional identity formation.

References

- 1. Bolender DL, Ettarh R, Jerrett DP, Laherty RF. Curriculum integration = course disintegration: What does this mean for anatomy? Anat Sci Educ. 2013;6:205-8.
- 2. Sinclair D. A student's guide to anatomy. Oxford: Blackwell Scientific Publications; 1961.
- 3. Pratten MK, Merrick D, Burr SA. Group in-course assessment promotes cooperative learning and increases performance. Anat Sci Educ. 2014;7:224-33.
- 4. Veugelers W. Education and humanism: linking autonomy and humanity. Rotterdam: Sense Publishers: 2011.
- 5. Helman C. The dissection room. In: Helman C, editor. Body Myths. London: Chatto & Windus; 1991. pp. 114-23.
- 6. Treadway K. The Code. N Engl

- J Med. 2007;357:1273-5.
- 7. Rizzolo LJ. Human dissection: an approach to interweaving the traditional and humanistic goals of medical education. Anat Rec. 2002;269:242-8.
- 8. Cruess RL, Cruess SR, Boudreau JD, Snell L, Steinert Y. Reframing medical education to support professional identity formation. Acad Med. 2014;89(11):1446-51.
- 9. Knight LV, Mattick K. 'When I first came here, I thought medicine was black and white': making sense of medical students' ways of knowing. Soc Sci Med. 2006:63:1084-96.
- 10. Hodges BD, Ginsburg S, Cruess R, Cruess S, Delport R, Hafferty F, Ho MJ, Holmboe E, Holtman M, Ohbu S, Rees C, Ten Cate O, Tsugawa Y, Van Mook W, Wass V, Wilkinson T, Wade

- W. Assessment of professionalism: Recommendations from the Ottawa 2010 Conference. Med Teach. 2011;33:354-63.
- 11. Walsh C, Abelson HT. Medical professionalism: Crossing a generational divide. Perspect Biol Med. 2008:51:554-64.
- 12. Cruess RL, Cruess SR, Boudreau JD, Snell L, Steinert Y. A schematic representation of the professional identity formation and socialization of medical students and residents: A guide for medical educators. Acad Med. 2015; 90:718-25.
- 13. Bebeau MJ. An evidence-based guide for ethics instruction. J Microbiol Biol Educ. 2014;15(2):124-9.
- 14. Goldie J. The formation of professional identity in medical students: considerations for educators. Med Teach.

- 2012;34(9):e641-8.
- 15. Jarvis-Selinger S, Pratt DD, Regehr G. Competency is not enough: Integrating identity formation into the medical education discourse. Acad Med. 2012:87:1185-91.
- 16. Niemi PM. Medical students' professional identity: self-reflection during the preclinical years. Med Educ. 1997;31:408-15.
- 17. Vagan A. Medical students' perceptions of identity in communication skills training: A qualitative study. Med Educ. 2009:43(3):254-9.
- 18. Costello CY. Professional Identity Crisis: Race, Class, Gender and Success at Professional Schools. Nashville, TN: Vanderbilt University Press: 2005.
- 19. Hewstone M, Rubin M, Willis H. Intergroup bias. Annu Rev Psychol. 2002;53:575-604.
- 20. Kalet AL, Sanger J, Chase J, Keller A, Schwartz MD, Fishman ML, Garfall AL, Kitay A. Promoting professionalism through an online professional development portfolio: successes, joys, and frustrations. Acad Med. 2007; 82:1065-72.
- 21. Pfeil SA, Paauw DS. Review of current models for remediation of professional lapses. In: Byyny RL, Papadakis MA, Paaus DS, editors. Medical Professionalism: Best Practices. Alpha Omega Alpha Honor Medical Society; Menlo Park, California; 2015. pp. 51-7
- 22. Hafferty FW. Cadaver stories

- and the emotional socialisation of medical students. J Health Social Behav. 1988:29:344-56.
- 23. Segal DA. A patient so dead: American medical students and their cadavers. Anthropol Q. 1988:61:17-25.
- 24. Winkelmann A, Guldner FH. Cadavers as teachers: the dissecting room experience in Thailand. BMJ. 2004;329:1455-7.
- 25. Bohl M, Bosch P, Hildebrandt S. Medical students' perceptions of the body donor as a "First Patient" or "Teacher": A pilot study. Anat Sci Ed. 2011;4:208-13.
- 26. Dyer GS, Thorndike ME. Quidne mortul vivos docent? The evolving purpose of human dissection. Acad Med. 2000:75:969-79.
- 27. Lief HI, Fox RC. Training for 'detached concern' in medical students. In: Lief HI, Lief VF, Lief NR, editors. The Psychological Basis of Medical Practice. 1st Ed. New York, NY: Hoeber Medical Division of Harper & Row; 1963. pp. 12–35.
- 28. Tseng WT, Lin YP.

 Detached concern of medical students in a cadaver dissection course: A phenomenological study. Anat Sci Educ. 2016;9:265-71.
- 29. Swick HM. Medical professionalism and the clinical anatomist. Clin Anat. 2006;19:393-402.
- 30. Morar S, Perju-Dumbrava D, Cristian A. Ethical and legal aspects of the use of the dead

- human body for teaching and scientific purposes. Rev Rom Bioet. 2008:6:65-83.
- 31. Kumar VD, Jayagandhi S, Nim VK, Phansalkar M, Alexander T. Cadaver ceremonies as a foundation step for bioethics: a phenomenological study. Int J Anat Res. 2017;5(3.2):4195-203.
- 32. Du Gay P, Evans J, Redman P, editors. Identity: a Reader. London: Sage Publications: 2000.
- 33. Dossabhoy SS, Feng J, Desai MS. The use and relevance of the Hippocratic oath in 2015-a survey of US medical schools. J Anesth Hist. 2018:4(2):139-46.
- 34. Brown RM, Donaldson JF, Warne-Griggs MD, Bagby Stone S, Campbell JD, Hoffman KG. Journeying to the white coat ceremony: A description of the people, situations and experiences that inform student visions of the physician they hope to become. J Med Educ Curric Dev. 2017;4:2382120517725506. doi: 10.1177/2382120517725506.
- 35. Belilos E, Oleske JM, Medow NB, Sadovsky R, Campese CL, Bello JA, Swan KG. The Greater Metropolitan Medical Alumni Council (GMMAC): the realization of a need. J Investig Med. 2013:61(6):967-71.
- 36. Merton RK. Some preliminaries to a sociology of medical education. Merton RK, Reader LG, Kendall PL, editors. The Student Physician: Introductory Studies in the Sociology of Medical Education. Cambridge, Mass: Harvard University Press; 1957. pp. 3-79