

1,400 Words

“As I Lay Living” is a personal essay about wanting to donate your body to science, but with caveats. Anonymity is the standard across gross anatomy classes and research labs throughout the Western world. Even though Ana Ceron wants to donate her body after death, this is not how she wants to end up. She believes that anyone dissecting her physical body should have to learn about her metaphysical one too.

Ana explores the history and some of the reasons behind anonymous cadavers, and the different donation programs that are using the identity of donors as part of the learning curriculum in anatomy courses.

## AS I LAY LIVING

By

Ana X. Cerón

Today I told my mother I want my body donated to science. I am not dying. I am not morbid. I am just practical.

If I probe a little deeper, though, maybe it feels like the right time to commit. Truth is, death has been a frequent visitor lately. Last spring, I was forced to put my two cats to sleep. Three weeks into a new job I started over the summer, my aunt died. Then, in September, I lost my last living grandparent. Her name was Elia Artigaray and she was a beautiful, stubborn, proud woman.

One day I, too, will die. I know this, yet there’s still so much unknown. When will it happen? How? Is it going to hurt?

If the trends of my life keep going as they are – childless, single, and nondescript beyond my small fold of friends and family – there won’t be much of a legacy to leave

behind when I die. I am ordinary. My credit score is pretty OK, but after that my bragging rights putter out. My work has never been featured in a museum. The Great American Novel I never did cross off my bucket list. I have nary an invention to my name.

Perhaps selfishness is the one thing I can see lasting beyond my death. Yes, I want to give away my body. I just don't want to give away my identity. If you're getting my physical corpse, I say you're getting my metaphysical one too.

That's not the way whole body donation traditionally works, though.

For the majority of medical training programs in the Western world, anonymous cadavers are the standard. The reasons vary. They can be logistical – it could be difficult to keep track of a body's identity if ends up in different programs. Or maybe it's about demand. Why undo tradition if no one is asking for a change?

So here I am asking for it.

Talking about death is hard. Which makes talking about what happens to your body after death hard too.

Nobody wants to think about getting their body hacked, no matter the cause. Then there are those who oppose the idea of body donation over religious concerns that the dissection happening in this life could affect their chances in afterlife. Cultural reasons can also play a role.

For many who do register to donate their body, the issue over anonymity is hardly a thought.

Research shows that for these people, the sense of purpose that has shaped their life also influences the decision about what happens after death. Many believe body donation is simply a way to help others.

Among those who need this particular kind of help are the medical students who slice their way through the tendons, organs, and flesh that make up human anatomy. Add in the surgical trainees who must practice a thousand cuts before refining the perfect incision. Also the future paramedics who need to rehearse the emergency procedures required to save a life, such as opening airways during a severe allergic reaction. And don't forget the researchers who are looking for a subject on which to test a new medical device.

I want to help them too. It's just that I have conditions.

Anonymity is so much the norm in body donation, few scientific studies have questioned its purpose, let alone quantified its benefits – or, for that matter, shortcomings.

I reached this conclusion after spending countless hours scouring peer-reviewed journals in hopes of finding any information that would support my cause. It's been a mixed bag.

Anonymity has hung its cloak in the realm of death and science for hundreds of years. Ever since human cadavers were dissected in ancient Greece, medical practitioners discovered the value of a precious commodity. Procurement was so difficult, desperate anatomists looked for the bodies most likely to go unmissed. Like

those of the poor left to die at a hospital doorstep. Or executed prisoners. Even the recently buried became the trade of grave robbers.

For these bodies, names and identities were not available. Or intentionally hidden.

Thankfully, nobody needs to resort to these dubious tactics any more. Most of the cadavers used for science in the U.S. today come from donations to medical schools or nonprofit organizations, although, yes, “unclaimed” (read: unidentified) bodies are still used.

Data on donations is hard to pin down. There is no federal entity that keeps statistics on body donations, but a 2016 National Geographic article reported that fewer than 20,000 human cadavers are donated a year. And for most of them, the path from first slice to cremation progressed on without an identity.

What sounds like my worst nightmare is apparently reassurance to those relying on corpses to learn. According to some of the studies I found, many students find comfort in keeping corpses anonymous. In these reports, students say they avoid emotional trauma by not knowing the personal details of what’s essentially their training material, highly respected as it is.

There are, however, medical schools that are questioning the value of anonymity.

In 1999, Indiana University School of Medicine - Northwest professor Ernest Talarico launched a gross anatomy program that requires students to work with the

donor's family to learn the medical and personal background of their so-called "first patient."

Donors' family members meet with students to share stories about their loved ones, and students, in turn, get to explain how much the donation means to them.

"The gift of one's own body is the most profound gift a person can offer," Talarico was quoted as saying in a Chicago Tribune article about the program.

The program is similar to one practiced in the island of Taiwan since 1995, when the Buddhist Compassion Relief Tzu Chi Foundation started its Silent Mentor program as a way to increase the supply of human cadavers needed for its anatomy and surgical courses. The campaign was so successful, more than 30,000 residents of the small state pledged to become "volunteers" in the program's first ten years.

All professions have their trends, and in medical pedagogy, one buzz word going around is *personalization*. First patient or silent mentor, they're both part of a paradigm shift to "humanize" medical training.

There's a counter argument to keep the metaphysical distance, however. Instructors believe that not knowing a cadaver's personal history helps students focus on their curriculum, hone in on technique.

It's true I have not yet died, nor gone to medical school, but in my experience, combining one subject with a seemingly distant discipline can only enrich learning.

For instance, my past job as a newspaper reporter shaped me as a pastry chef. Whatever I put on a plate I considered a story, only presented with food and textures –

and a lot less fear of corrections. As a technical writer, I use my experience as a chef training staff to inform the way I approach my documentation. Sure, the quality of the snacks has gone down, but I'm here to tell you the multi-disciplinary approach works.

Personalization could only help students, and their profession. And they just might need that help.

A 2008 study of Irish medical students found that after finishing their anatomy classes at University College Dublin, more and more of them turned against the idea of donating their bodies. Before dissection, about a third of students in the study reported they were willing to donate. After nine weeks of study, only about a fifth of the group still felt the same.

If medical students aren't willing to donate their bodies -- even knowing firsthand the value of cadaver dissection -- isn't it a bit rich to expect anyone else to jump on the donation bandwagon?

I'm going to proffer my own lesson in dissection, but these are cuts of the etymological kind. Take notes.

The word anonymity traces its roots to the Greek *anonymos*, meaning "without a name."

Can't tell you what heaven is like, but I do know hell would be someone dressed in scrubs and plastic goggles cupping my heart in their hands and not knowing my name.

I will give away my body to this person. I will find a way to tell them about me. It will be this:

Laughter is my favorite sound. In my 20s I became asthmatic. I love black raspberries and the taste of the saltwater when I'm at the beach. Doctors took my gall bladder in 1999, so don't bother looking for it.

Not long ago, my name was Ana Ximena Cerón Ponce. Now I am yours.