

Case Study #1 (Part A)

Dr. Timothy Cox, a 42 year old anatomist, recently accepted a job at the University of Metropolis to teach anatomy and run their body donor program. After settling in for the first few weeks, one of his colleagues in the body donor program mentioned a closet full of “specimens”. Dr. Cox investigated and found a small room with 100’s of fetuses in jars and buckets of human hearts and human brains. His colleague had no idea how long they had been there or who collected them. He presumed that the hearts and brains were from previous body donors, while the fetuses could have been from still births and / or abortions. There were no labels on any of the human remains. Dr. Cox has no planned use for any of these remains in his teaching or research.

What should Dr. Cox do?

- 1) Should he close the door and leave the remains there to be dealt with in the future?
- 2) Should he add preservative to the jars and buckets, clean and straighten up the room and store the remains for some unknown future use?
- 3) Should he contact colleagues in the field and see if anyone else would have use for these tissues? If so, he would transfer them to their new home.
- 4) Should he attempt to determine the provenance of the fetuses and the human organs?
  - a) If the human organs are from consented body donors, what should be done with them?
  - b) If the provenance of the fetuses cannot be determined, what should be done with them?
- 5) Should all the organs and fetuses be cremated and respectfully buried? Should he “clean house” and not mention the presence of these remains to anyone?

Case Study #1 (Part B)

Continuing Case Study #1, should Dr. Cox photograph and CT scan the 100’s of unidentified fetuses, so that there is a digital record of the fetuses that could be used in the future? Is this appropriate?

If he does this, who should have access to these data and how should these data be described in publications?

Case Study #2

Dr. Sonja Hastings, a 30 year old anatomist, was hired by a very old, prestigious university to help run their anatomy teaching program. Upon arrival, she noticed a large, prominent display of highly detailed prosected human body parts arranged along the walls outside of the anatomy laboratory. Each prosected part was in a clear plexiglass container filled with preservative. Outside of each container was a card describing the structure, the individual(s) who performed the prosections and the date of the prosection – with some of the prosections over 40 years old.

Dr. Hastings had misgivings about the public display of these prosections and was concerned about the origin of these body parts. She asked a senior anatomist, Dr. Jim Cranston, about them and he mentioned that they were completed by graduate students in the program for well over 50 years. He was unsure of the origin of the body parts. He mentioned that the body donor program at the university had been in existence for only 25 years, so that any prosections older than that would have come from unidentified or unclaimed bodies.

What should Dr. Hastings do?

- 1) Ignore her concerns about the prosections and work on establishing her research and teaching.
- 2) Inquire with the other faculty and staff about the prosections and initiate a dialogue about the appropriateness of having these on display – especially with some of them being from unconsented individuals.
- 3) Contact her IRB and her research ethics office to inquire about mechanisms to remove the prosections from display and appropriately dispose of them.
- 4) Contact her local newspaper and start public demonstrations to highlight these prosections to try and force their removal.

### Case Study #3

An anthropology professor, Dr. Patricia Guyton, wanted to train her students in bone identification, aging and dating. She contacted her affiliated medical school and asked the anatomist in charge if she and her students could examine the human bones in the anatomy laboratory as a learning exercise. The senior anatomist, Dr. Jon Hildebrandt, agreed and Dr. Guyton's students examined all of the human bones in the laboratory.

After the examination, Dr. Guyton realized that the majority of bones her students had examined came from the Indian subcontinent – probably from the human bone trade of the last half of the 20<sup>th</sup> century. She contacts Dr. Hildebrandt and they discuss how to approach the bone collection.

What should they do?

- 1) Ignore the findings and keep using the bones for medical education.
- 2) Mention to the students who use the bones the history of the human bone trade making them aware of the ethical concerns surrounding their acquisition and use.
- 3) Cremate all of the human bones in the laboratory – providing them with a respectful disposition. Use plastic bones or bones from properly consented donors for medical education.