

Bioethics in Anatomy Education Resources:

Legacy Anatomical Collections

Description:

These PowerPoint slides provide information on the ethical concerns associated with the use of legacy anatomical collections. They contain a summary of the American Association for Anatomy Seminars on Legacy Collections. Feel free to use or modify the text.

The topics covered by this resource include:

Anatomy

Informed consent

Provenance

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Further reading:

Summary of AAA webinars on legacy anatomical collections:

<https://www.anatomy.org/AAA/Resources/Webinars-Folder/Roundtable-Discussion.aspx>

Legacy Anatomical Collections

Legacy Anatomical Collections are human tissues that are stored in institutions (universities, medical schools, museums) that have little or no information about their origin or their provenance. These tissues were generally collected before informed consent was more widely utilized in the second half of the 20th century. Many of these tissues originate from unidentified individuals and marginalized or colonized populations.



The types of tissues in these collections can range from fetal remains to preserved organs, body parts and skeletal remains. While such collections had an important educational role in the past, they may now be housed in less-than-ideal conditions with little to no thought about their usefulness in education or research.

The American Association for Anatomy (AAA) has delivered three webinars to consider the ethical implications of these collections. The links for each webinar are on the following slides with a summary of the webinars along with case studies and poll questions highlighting issues in this topic. A goal of these webinars is to help facilitate the development of guidelines for the storage, use and disposition of these collections.

First Webinar:



Webinar Series

ANATOMICAL

LEGACY COLLECTIONS

presented by



**Ethical Concerns about the Origins of Legacy
Anatomical Collections**

Thursday, July 15, 2021, 4:00 – 5:00 pm EST

<https://www.anatomy.org/AAA/Resources/Webinars-Folder/Origins-of-Legacy-Anatomical-Collections.aspx>

Second Webinar:



Webinar Series

ANATOMICAL

LEGACY COLLECTIONS

presented by



AMERICAN
ASSOCIATION FOR
ANATOMY

Ethical Concerns about the Disposition of Anatomical Collections

Thursday, July 29, 2021, 4:00 – 5:00 pm EST

<https://www.anatomy.org/AAA/Resources/Webinars-Folder/Disposition-of-Collections.aspx>

Third Webinar:



Webinar Series

ANATOMICAL

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presented by



“Skeletons in the Closet”

**Ethical Concerns about Legacy Anatomical Collections
Roundtable Question & Answer Session**

Thursday, August 12, 2021, 4:00 – 5:00 pm EST

<https://www.anatomy.org/AAA/Resources/Webinars-Folder/Roundtable-Discussion.aspx>

REMINDER: WEBINAR SERIES

Ethical Concerns about the Origins of Legacy Anatomical Collections

Happening Tomorrow! Thursday, July 15 at 4:00 PM ET

Presenters will describe the issue of legacy collections and the need to inventory and report on human remains in their care (ethical stewardship, duty of care). Perspectives will include anatomical museum and teaching collections, known and unprovenanced remains, effects of colonialism, slavery, and marginalized populations. An emphasis will be placed on inventory and understanding the source of remains.

Anatomical Legacy Collections Webinar Series: Ethical Concerns about Disposition of Collections with Unknown Origins

Thursday, July 29 at 4:00 PM ET

Presenters will describe a spectrum of options for storage, use and disposition of legacy anatomical collections from continued ethical use to repatriation to mass burial. Perspectives will include museum and teaching collections. An emphasis will be placed on the ethical use, storage and disposition of unprovenanced remains.



▶ Webinar Series

ANATOMICAL LEGACY COLLECTIONS



- Structural violence
- Preying on the marginalized
- Nonconsensual harvesting
- Legislation and access (often manipulated)
- Restoration of identity, humanity (enlightenment practice)



- Standardized definitions and terms
- Dilemmas around collections
- 'Do more that is tangible for acknowledgement'
- Considerations around knowledge / diversity / comparative value / historical value
- San Code of Research Ethics
- Suggestion IFAA contributes guidance



- History of the Warren Anatomical museum, 1816
- Exploration of collections in US 1888-1911 (62 collections)
- Reflections from Flexner report (1910)
- Decisions made yesteryear affect people in the future
- 'Who am I to be the arbiter of whether or not I should publicly name this individual?'

▶ Webinar Series

ANATOMICAL LEGACY COLLECTIONS



- Social license developing 1800-1900
- Alder Hey – ‘betrayal public trust’
- Transition to ‘personhood’ from items
- ‘Any gestational age’
- Very political
- ‘Quiet disposition became the norm’



- Why repatriate: past injustice, deal with history
- Repatriation required research to see how this was undertaken
- Records / politics / law / government
- AUS/NZ – specialized repatriation agencies
- Questions around unprovenanced remains



- Exploitation and criminality in Nazi Germany
- Discovery of collections of interest and other unidentified remains
- Development of conversations with affected persons
- Establishment of Vienna Protocol and Committees

Common Themes

Exploitation: often from positions of privilege and power, via dominant colonial (and often) western perspectives

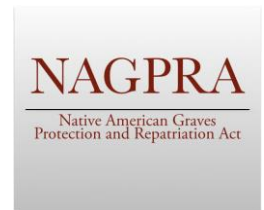
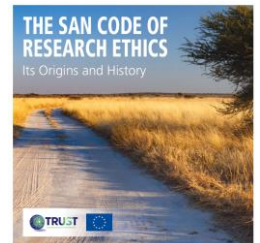
Questions around humanity, community, identity, personification

Common issues for various fields.....museologists, anatomists, bioanthropologists

Voice: social awareness and public sentiment, demand for change

Experience: contemporary, growing, providing exemplars

The desire and necessity **to do better**





Webinar Series

ANATOMICAL

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Where to from Here?

- Times change and are changing
- Law: often lags behind needs of society until a crisis presents
- Retention and promotion of tissues' context: humanity, identity, personification
- Address issues around trust
- Optimism, willingness across multiple professions
- Partnership: finding voices of descendants and affected communities; learning to listen to individuals, communities

Case Study 1

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 hundreds of fetuses in jars, and buckets filled with 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?

Case Study 1

What should Dr. Cox do?

- 1) Should he close the door and leave the remains there to be dealt with in the future by someone else?
- 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

Continuing Case Study #1:

Should Dr. Cox photograph and CT / MRI scan the hundreds 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?

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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?

Case Study 2

What should Dr. Hastings do?

- 1) Ignore her concerns about the prosecutions and work on establishing her research and teaching.
- 2) Inquire with the other faculty and staff about the prosecutions 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 prosecutions from display and appropriately dispose of them.
- 4) Contact her local newspaper and start public demonstrations to highlight these prosecutions 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 20th century. She contacts Dr. Hildebrandt and they discuss how to approach the bone collection.

What should they do?

Case Study 3

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 – providing them with a respectful disposition. Use plastic bones or bones from properly consented donors for medical education.

Poll Question 1



Discarded Appliances

Valuable Art

Living Insect

Living Animal

Living Human

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2

3

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7

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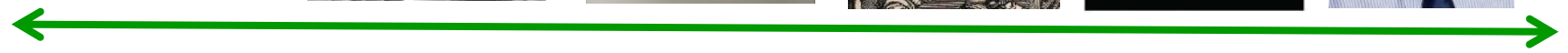
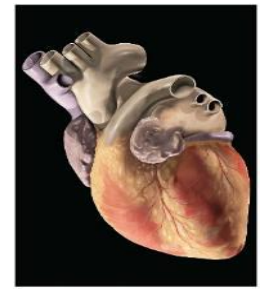
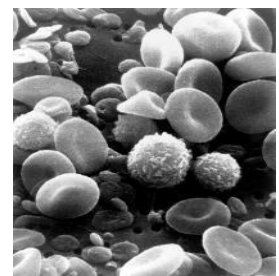
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12

Where on this ethical continuum would you place anatomical legacy collections?

Poll Question 2



Human Hair

Human Blood /
Sperm / Ova /
HeLa Cells

Human Bones

Dead Human

Live Organs /
Live Embryos

Live Human

1

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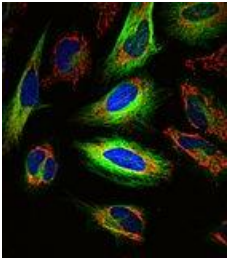
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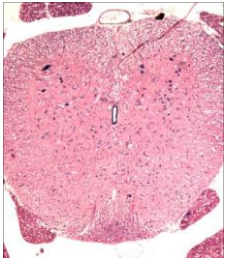
Thinking of anatomical collections, from what point on this continuum should ethical guidelines be applied?

Poll Question 3



HeLa Cells

1



Microscopic Slides

2



Ancient Bones

3



Mummies

4



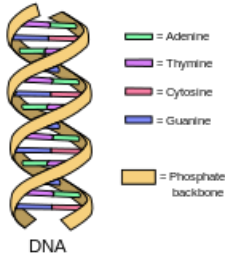
Embryos /
Fetuses

5



Digital Data / 2D &
3D Representation

6



Genetic
Information

7

Which of these human tissues / data should be considered as important elements within ethical guidelines for anatomical collections?
Choose all that you consider relevant.



Poll Question 4

Should there be an IRB-like committee at institutions that determines what to do with human remains?

(Yes or No)



Poll Question 5

Is it ethical to store anatomical collections even if there is no current need or use?

(Yes or No)



Poll Question 6

Should unprovenanced "colonial" remains be held waiting to be repatriated - or should they be respectfully disposed (cremated)?

(Yes or No)

Poll Question 7

Should samples of bone from unprovenanced skeletons be used to help ascertain origin?

(Yes or No)

In other words, how do you balance desecrating human remains in order to potentially find their proper home against the desire of some cultures that no sampling of human remains should be done?

Fetal Collection Questions

1. Per our own bioethical considerations, and upon review of Dr. Mussell's excellent ASE paper, we contacted our Anatomical Education Program to respectfully cremate and bury our embryo/fetal collection, and not use them for teaching. I am still torn as to whether we should publicly acknowledge that we had such a collection, and whether we should have a commemoration/plaque for the collection?
2. Are there ethical concerns around identification and repatriation of a stillbirth or abortion, would this retraumatize the individual?

Provenance and Repatriation Questions

1. How do you address the most ethical ways to identify descendant communities, especially where there are no laws or best practices available to guide this process?
2. When repatriation occurs, do you keep track of the disposition of the remains in that country, or do you assume that the representatives who assume custody will act ethically?

Funding & Operations Questions

1. What funding sources are there for performing studies of provenance? There must be many institutions with a desire to repatriate remains – but do not have the means to conduct the necessary research.
2. Are there considerations that should be contemplated regarding online instructional distribution of embryonic / fetal anatomy / pathology compared with museum display?
3. If we move towards redressing the injustices in the acquisition of these anatomical collections around the world - by interacting with the affected communities, repatriation or providing a dignified disposal - how would we mitigate the impact that this may have on the resources for educating future generations?
4. Is it ethical to photograph, CT scan, MRI scan and / or 3D reconstruct these legacy anatomical collections? For example, you are repatriating Native American skulls, would it be ethical to photograph, scan / 3D reconstruct these skulls prior to repatriating them? You would then have digital versions of these skulls (and in one case a plastic replica). Is this ethical? Do the digital remains continue to inflict “injury” on those individuals?

Where Do We Go From Here?

What should be done with anatomical legacy collections – especially in the absence of any legal guidance?

Who should decide what is done with anatomical legacy collections?

Does the age, the provenance or the type of human remains matter when making these decisions?

Does the use of the remains or the type of institution (university, museum, for-profit travelling show) matter when making these decisions?

What should be done in the short term, mid-term and long term with anatomical legacy collections?



Webinar Series

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Conclusions

The future goals are to utilize the information from these webinars to help develop a white paper on this topic and to develop guidelines on the storage, use and disposition of anatomical legacy collections in conjunction with other international organizations. We are hopeful that the comments and discussions generated from these webinars can be used to provide guidance to all those who possess anatomical collections and can further the ethical treatment of all collections of human remains.

Thank You

Thank you for attending and participating in these Webinars

If you would like to follow up on any of this information or have further questions, you are quite welcome to contact any of the speakers or Sabine Hildebrandt, Jon Cornwall or Tom Champney.



Bioethics Unicorns



Bioethics Unicorns