

# GUIDANCE FOR INSTITUTIONS/ANATOMISTS WHEN UTILISING CADAVERIC MATERIAL FOR ONLINE TEACHING SESSIONS

## Justification for digital use of cadaveric images and/or live-streaming

The Covid-19 pandemic has forced medical educators to adapt the delivery of teaching sessions to online platforms. This has raised some challenges for medical educators in the UK, where the distribution of cadaveric images is widely considered to breach the dignity of the donor. Anatomists do, however, frequently share images of sensitive, cadaveric material (including plastinated and potted specimens) with healthcare professions students when delivering face-to-face teaching sessions. Concerns are thus mounting as to how to ensure *online cadaveric* anatomy teaching is as safe and secure as possible and causes no detriment to the donor, the donor's family, the wider profession, and the licensed educational institution providing anatomical instruction.

Utilisation of cadaveric images is *not specifically* regulated by the sector regulator (Human Tissue Authority, HTA - [HTA guidance document](#)), leaving the recommendation to ensure donor dignity open to interpretation by the presiding institutional Designated Individual(s) (DI), with a consequent wide range of practice across institutions. Clear explicit guidance is required by both individual educators and institutional DIs to ensure the sharing of images with sensitive/cadaveric material for online teaching sessions (including live online streaming teaching sessions) maintains the highest professional standards through facilitating an understanding of what maintaining donor dignity entails. Students accessing such material also need to have very clear guidance on what is appropriate professional and ethical behaviour.

These guidelines have been created by anatomists for anatomists/medical educators through an informal working group consisting of Heads of Anatomy and Designated individuals across the UK anatomy sector, and aim to set a common understanding for how cadaveric material can be shared for online teaching sessions while maintaining ethical and professional standards. The guidelines have been created using a three-pronged approach (consent, dignity, probity) to ensure that the dignity of the donor remains paramount and professionalism standards are upheld. The term '*images*' includes any image taken as a 'photograph' 'video-recording' or 'live streamed cadaveric content'.

## Recommended institutional approach when utilising cadaveric content

Institutions and educators are recommended to consider the three areas - consent, dignity, probity - relating to utilising cadaveric content in online teaching. These are interlinked and interdependent; each area should have measures in place to ensure the highest standards are maintained and all angles are considered when implementing institutional guidance.

### **I Donor Consent**

Utilising images from the donor should only be recommended for educational, and research and training purposes with limited access, and not for wider dissemination with the wider general public through social media. While many donors consent to use of images, these are primarily with education in mind and not intended for widespread sharing. No identifying features should ever be shared through imaging modalities due to the potential breach of confidentiality, compromising the dignity of the deceased and the potential to cause upset to surviving relatives. As healthcare students often have their first experiences of death and dying in the Dissecting Room through cadaveric anatomy, it is the opportune moment for developing a professional approach where donors are considered 'first patients' and are due a professional duty of care, even in death, to ensure patient confidentiality and dignity. Further, developing compassion and empathy towards surviving relatives ties in with the donor consent process and, ultimately, patient care. An understanding of the impact of a breach of confidentiality should ideally tie in with explaining the consent process to students.

1. Informed signed consent from donors should be received for using images for educational, and research and training purposes. This should be linked to healthcare professions-specific professional codes of conduct and clearly articulated to those viewing the consented images.
2. Images should only be used for the purpose for which the consent was given – i.e., education, research and training. Images should not be used for any purpose not directly linked to education, research and training, e.g., sharing via social media or any public platform, unless consent has been specifically sought from and given by the donor (e.g., in the event of a public broadcast of images).
3. Images should be respectful towards the donor.
4. Images should be anonymised/made unidentifiable as much as possible.
5. Images should be captured and stored on a University device, where possible, but if images have to be captured on a personal device, they should only be stored on a secure *password-only-entry* computer and, where possible, an encrypted storage system (e.g., iCloud should not be used and memory sticks should be encrypted).
6. Images should only be shared with undergraduate students on secured, non-public, online learning platforms that require the students to login for access (e.g., a Virtual Learning Environment) via an institutional email address.
7. Images shared in postgraduate education should only be used via institutional accounts (e.g., institutional accounts for Zoom, Teams, Starleaf) and/or with sufficient encryptions (i.e., an encrypted private YouTube channel). Institutions should ensure security measures are in place prior to using images.
8. Images should be accompanied by a statement stating that informed consent for taking images was received from the donor to educate students on the appropriate handling of cadaveric images.

### **II Learner Digital Code**

Many institutions have a Code of Conduct for students receiving cadaveric education to sign prior to the start of their educational journey. While this may satisfy the regulatory and/or institutional requirement to comply with the code, in theory, the online environment poses unique ‘threats’ to ensuring donor dignity. These are related to the fact that, where the Dissecting Room is a closed environment with limited access, the digital learning environment can potentially be anywhere the learner is, even environments where viewing of cadaveric content can be deemed completely inappropriate and in breach of the consent awarded by the donor. Further, the online environment offers easy opportunity to screen-capture and share recorded cadaveric material, again, potentially breaching donor consent and confidentiality. For this purpose, it is insufficient to have a single code of conduct that is more appropriate for the Dissecting Room. Students should be reminded at the start of every online educational event of the specific digital code related to cadaveric content. Anatomists and healthcare professions -related students have a duty of care towards donors to ensure their dignity and the dignity of their families is upheld. Other individuals, however, are not obliged to adhere to the same professional standards as anatomists and healthcare professions -related students, meaning the security of cadaveric images is at risk, if images are viewed or obtained by inappropriate individuals.

1. Institutional/departmental signed codes of conduct / disclaimers should inform students that the onwards sharing and capturing of cadaveric images is prohibited. This should be followed by regular clear reminders delivered throughout the course or module.
2. Institutions/educators should educate students at the start of online cadaveric delivery to understand that it is not appropriate to share cadaveric images and that images should not be viewed by anyone else other than themselves, since this would put the donor programmes across the country at risk and could damage the dignity of the donor. Students should be encouraged to consider what was specifically meant and agreed on by the donor when consent for images was originally given.

3. Students should be advised to study online teaching sessions containing cadaveric in a private area where their screen cannot be viewed by others. For example, cafes and common rooms in the family home should be avoided, as cadaveric images can be viewed by individuals who are viewing the images for non-educational purposes (i.e., out of general interest) which is considered breaching the consent given by the donor.
4. Educators should utilise a clear digital code/statement, which should precede any online sessions containing cadaveric material. This can be in the form of a statement displayed or read aloud at the start of every online session or as a holding digital code slide used similarly before the start of a session.

**Example of a statement (or similar) to be displayed and read aloud at the start of every online session:** *The cadaveric images in this presentation must not be abused. They are for this teaching session only and must not be captured on another device for onward sharing or otherwise (e.g., taking a screenshot or photo of images, editing/saving images to your own device, screen-capturing and sharing such images on social media or elsewhere are all not permitted).*

**Example of a visual slide at the beginning of online sessions with the following information:**

1. *Do not view this session or material from this session in a public place*
2. *Do not breach donor confidentiality or compromise the dignity of the deceased*
3. *Do not take screenshots or photographs of the session in progress*
4. *Do not use any screen-recording or recording device to capture these sessions*
5. *Do not share material from these sessions with anyone*
6. *Do not post or discuss sensitive material relating to this content on social media*

### **III Institutional Probity and Professionalism Processes**

Healthcare professions students utilising cadaveric content are most often at the start of their professional journeys and the Dissecting Room can be utilised as an opportunity to both role model and instil professional behaviour. As part of this process, understanding and appreciating that donors are subject to the same duty of care afforded to future patients is key to gaining buy-in from students and adherence to institutional codes of conduct and digital codes. To do this, the process of consent and breach of consent, with an explanation of the consequences should be explained to students. They must understand that there are consequences for their actions, not just for themselves in terms of professionalism and probity concerns, but more far-reaching for the donor's living relatives, for the sector and for their own home institution. Without a proper induction process on this and clear measures that follow from a breach of professional conduct or probity concerns, it may be difficult to ensure that digital cadaveric teaching codes are followed.

1. Institutions should have a clear policy for professionalism standards, with a supportive process in place for any breach of these standards, bearing in mind that undergraduate students are learning and role modelling professional behaviour in their early years. These processes must be clearly articulated to students via the DI through dissemination by individual educators.
2. Institutions / educators should ensure students are educated and reminded regularly that any handling of cadaveric images considered unprofessional or disrespectful towards the donor will be investigated and could result in a profession-specific disciplinary process (e.g., fitness to practice) or institution-specific misconduct procedures, which can have far-reaching implications.

3. Institutions / educators must educate students to understand that the inappropriate sharing of cadaveric images online will form part of their future online footprint and may have implications for their future career as a healthcare professional doctor.
4. Educators should encourage students to consider the donor at every stage, which may be easier for students if they develop an empathic view towards the donor. This can be facilitated, for instance, by getting the student to think about someone they feel genuine affection towards and considering their actions in this light. A recommended question could be, *'Do I think this would be suitable behaviour from me towards or my parent/grandparent/other loved one?'*
5. Educators should role model professional behaviour by adhering to a professional code of conduct / digital delivery code, not sharing cadaveric images on social media, etc., with the understanding that students learn more from behaviours they witness than written mandates.
6. Educators should clarify to students that donors are people under a professional duty of care, so any breach of consent risks their dignity and, ultimately, the donor programmes and the ability to offer this privileged anatomical instruction. For this purpose, cadaveric images utilised institutionally differs from other images encountered on the internet from less regulated places.

It is hoped that these guidelines and the three-pronged approach will assist DIs in implementing in-house and tailored guidance to ensure the continuity of the donor programme without damaging the public image of the sector. Further, it is hoped that the guidance will aid institutions/educators to, at all times, seek to ensure the dignity of donors through educating healthcare professions students in a manner that models the highest professional standards and develops a compassionate future taskforce who put their patients' well-being and dignity at the forefront of all their clinical practice.

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