

Meet the donors: a qualitative analysis of what donation means to Danish whole body donors

Maria Olejaz, Klaus Hoeyer

University of Copenhagen, Department of Public Health, Section for Health Services Research

SUMMARY

For centuries, gross anatomy teaching and anatomical dissection have been fundamental elements in the training of medical doctors and surgeons across the world. Anatomy education and research rely on a stable and reliable supply of bodies in order to take place. Based on qualitative in-depth interviews with 13 whole body donors in Denmark, this article explores what donors think about donation and thus offers a supplement to previous primarily quantitative work on donor motivation. The article presents how interviewed donors relate to three topics: their body, their social relations and their societal relations. In doing so the article places the decision to donate as part and parcel of the way donors live their lives and sees donation as a meaningful act resonating with the experiences and values held by donors. The decision to donate is thus seen, not as the outcome of a set of defined motivations, but rather as something made meaningful in the light of how donors understand their bodies; their social relations; and their societal position and experiences as patients in the healthcare system. The article thus contributes to the field by investigating the nature of the relationship between donors, medical schools and society at large.

Key words: Body donation – Willed donor – Donor programme – Motivation – Dissection – Anatomy education – Qualitative research

Corresponding author: Maria Olejaz. University of Copenhagen, Department of Public Health, Øster Farimagsgade 5, 1014 Copenhagen K, Denmark. E-mail: maole@sund.ku.dk

INTRODUCTION

For centuries, gross anatomy teaching and anatomical dissection have been fundamental elements in the training of medical doctors and surgeons across the world. Anatomy education and research rely on a stable and reliable supply of bodies in order to take place. Today, in most of Europe, these bodies are obtained primarily through donation (McHanwell et al., 2008; Riederer et al., 2012). Based on qualitative, in-depth interviews with 13 whole body donors in Denmark, this article explores what the donors think about donation, and thus offers a supplement to important previous work, which has been primarily quantitative and focused on donor motivation. A number of these studies present background data (such as sex, age at death, education level, profession etc.) taken from body donation files in an attempt to reveal the profile of body donors at the specific program or across several programs (Fennell and Jones, 1992; Dluzen et al., 1996; Lagwinski et al., 1998; Labuschagne and Mathey, 2000; McClea and Stringer, 2010; Asad et al., 2014; Bajor et al., 2015). Some of these studies have focused on the motivation for donating through surveys targeted at potential (Richardson and Hurwitz, 1995) and registered donors (Fennell and Jones, 1992; McClea and Stringer, 2010; Bolt et al., 2010, 2011; Cornwall et al., 2012).

These surveys provide important knowledge in terms of what reasons donors generally give for wanting to donate their body to science. The surveys among donors find that they list wanting to aid the advancement of medical education and science (Fennell and Jones, 1992; McClea and

Submitted: 10 August, 2015. *Accepted:* 17 November, 2015.

Stringer, 2010; Bolt et al., 2010; Cornwall et al., 2012); being useful to others (Bolt et al., 2010) or wanting their body to be put to good use (Cornwall et al., 2012); gratitude to the medical profession (Fennell and Jones, 1992; Cornwall et al., 2012); as well as avoidance of conventional methods of body disposal (Bolt et al., 2012), including a dislike of funerals or concerns about their costs (Cornwall et al., 2012).

Whilst surveys are good for testing the prevalence of attitudes or motivations in a group of people, as well as investigating patterns between these and a number of background characteristics, they are less helpful in exploring what donation means for those who decide to donate their body to science. Studies of motivation to donate rely on the assumption that people have well-known and fully articulated reasons to donate. Anthropologist Sebastian Mohr (2014) has argued that people might relate in complex ways to their bodies and bodily donations, which cannot be fully captured by asking people to articulate a specified motivation.

Qualitative work has the potential to further understand how donation makes sense at an individual level. This has been much less studied. Exceptions include the publication of case reports from body donors in Hong Kong (Chiu et al., 2012), as well as work by anthropologist Eleni Papagaroufalas on perceptions of body and death rituals among organ and whole body donors in Greece (Papagaroufali, 1999, 2006), which both point to the complex interrelations between very different factors such as body perceptions, death rituals, cosmological outlooks, as well as social and societal relations which seem to all play a role in how donors think about donation. In the following pages, we seek to understand the reasoning and choices of whole body donors by searching for why, in their current situation and in light of their personal experiences, it is meaningful to become a post-mortem body donor.

In the course of an ethnographic study, M. Olejaz explored both the world of donors and the world of dissectors (the results of the ethnography of the dissection labs will be published elsewhere). She learned that having knowledge of, and relations with, both worlds put her in a position as a potential messenger or interlocutor between those worlds. When staff and students at the dissection lab learned that she, together with K. Hoeyer had conducted interviews with donors, they became curious and posed a variety of questions about donors: who they were and why they donated. These kinds of questions have also been reported in previous work on how medical students experience participating in anatomical dissection courses (Druce and Johnson, 1994; Weeks et al., 1995; Sanner, 1997; Bohl et al., 2011; Williams et al., 2014).

This article aims to address some of these questions posed by staff and students. Questions in the

dissection lab tended to focus on three topics: 1) how donors felt about their bodies being dissected; 2) the social relations of donors; and 3) why donors donate their bodies. This article therefore invites current and future students of dissection to *meet the donors*, and learn about their reasoning on these three topics.

We present these donor stories first and foremost as a supplement to existing quantitative work on donors, and because we believe that dissection students and staff may learn something important from donors. Secondly, in the discussion, we offer these findings as a ground for reflection on possible further development of usage of cadavers. More generally, we see this as a contribution to the field through an exploration of the nature of the relationship between donors, medical schools and society at large.

MATERIALS AND METHODS

In Denmark, as in much of Europe (McHanwell et al., 2008; Riederer et al., 2012) the bodies used in anatomical education and research are obtained through donation.

To bequeath your body to the anatomical institute you must be over 18 years of age and a Danish citizen. People who wish to donate their body to science must contact the university they wish to donate to and register their wishes with them. There are four medical schools in Denmark, three of which have donation programs and offer dissection courses. Donated cadavers are also sometimes used for research purposes, as well as for surgical courses. The procedures for donation, as well as for handling the bodies before, during and after use, differ slightly between the three schools but not in ways affecting the purposes of this paper.

M. Olejaz conducted ethnographic fieldwork in Denmark at the three anatomical dissection courses that are offered respectively at the three medical schools, as well as at two post-graduate surgical training courses. She also conducted interviews with four members of staff and four students. The questions from students and staff that guide this article come from this work. Further findings from this work will be published elsewhere.

To understand what donation implies and means to donors, both authors conducted in-depth, semi-structured interviews with dissection donors. Donors were interviewed as part of a larger project investigating how people make sense of bodily donations. We interviewed people who had decided not to donate anything; who had signed up as organ donors; who had bequeathed their body to science; or who were registered as both organ and whole body donors. This article builds only on the interviews with people who had signed up to donate their body to science. These constituted 13 people (out of 33 interviewed all in all). Ten of

these were recruited as informants through an advertisement we posted in two national newspapers. Three were recruited through online postings on donation homepages – primarily, a FaceBook page run by a special interest group named at that time “Transplantationsgruppen”, a union of nine patient-interest groups led by the Danish National Board of Health. Of these 13 people, 7 were women and 6 men, they had an age-span from 33 to 84 years, but with the exception of one all were past the age of 50 (see Table 1). Of the 13 people who had decided to bequeath their body to science, 9 were also registered as organ donors. Most interviews lasted around one hour each.

Interviews of this kind are not subject to ethics approval in Denmark according to the law governing ethics committees (§14). However, we have adhered to guidelines for good conduct of social science research (American Anthropological Association, 2012), treating our informants with respect, handling data to uphold confidentiality and anonymizing informants. All informants have been given pseudonyms which are typical Danish age-appropriate names. While we try to provide description of the circumstances of the conversations we had with donors, we avoid descriptions of physical appearance and omit or change details about medical history in cases where donors suffered from rare diseases.

Interviews were transcribed verbatim and then systematically coded according to the questions posed by the students and staff, and subsequently to a thematic structure (Attride-Stirling, 2001) reflecting the three broad areas of interest. The authors discussed and analyzed the data together. Quotes from the interviews used in this article have been translated by the authors. We do not perceive donor stories as one-to-one descriptions of reality, but rather as ways of reorganizing the past in order to make sense of the present (Bruner, 1987). Our aim in the following is therefore not to test the truth value of narrated events, but to understand how prospective donors make donation choices meaningful.

RESULTS

In the following we argue that donors do not have one definitive reason or a ‘motive’ for registering as donors; rather, it is a choice that makes sense when we understand how they situate themselves in social relations and in broader societal relations, and when we take into account how they think of their own body. When donors were asked how they had arrived at the decision to donate, some started off with very specific incidences: a specific conversation or event that had made them think about donating their body to science, such as hearing about the possibility from a family member or witnessing an autopsy and realizing how much

could be learned from a dead body. Others summarized their life story for us, starting from their childhood or even their birth and tying very different kinds of factors and experiences into their final decision. Even those who tracked their decision to a single event still explained to us how the decision to donate made sense as part of a larger story about who they were as a person and what kind of values they held. We now focus on three topics that emerged out of the questions asked by students and dissection staff.

Relations to body: How do donors feel about their bodies being dissected?

The first topic is also the first question that students and dissection instructors typically asked when realizing that M. Olejaz had interviewed donors: they wanted to know how donors saw their own bodies and how they felt about their bodies being dissected upon death. One version of this type of question was when a young female student asked: “Do the donors understand that we actually cut them apart? How do they feel about having their bodies being cut open?” The short answer is that, yes, donors are keenly aware of this. To understand how people can relate to their own body in ways that make a future dissection seem reasonable, we will first introduce Ingrid, an 80 year old woman, whose reasoning about her body is in many ways typical for the donors we spoke to. Upon seeing our advertisement in the newspaper, asking for body donors who wanted to be interviewed, Ingrid contacted us in an email with the following words:

“A couple of years ago, I gave my body to [name of department] and I also have a neat red organ donation card lying around somewhere. I did this because since 1948 I have suffered from a very rare kind of arthritis and was in hospital many times and for long periods with professor [name

Table 1. Overview of donors

Name (pseudonym)	Sex	Age
Lene	F	68
Ellen	F	69
Connie	F	70
Grethe	F	73
Karen	F	77
Ingrid	F	80
Kamma	F	84
Jonas	M	33
Jens	M	51
Lasse	M	53
Hans	M	68
Flemming	M	70
Svend	M	79

deleted for anonymity]. I thought someone maybe could use my lovely eyes, kidneys and so on. The students could enjoy my deformed hands that have been operated on eleven times and have had swanson plastic put in instead of bones [...]. My deformed joints, elbows and feet might be something they could learn from by cutting into all my miserable chalkstones or pulling my elbows that can't be straightened out".

In the course of the subsequent interview, she stressed again how her decision to donate took as point of departure the arthritis that she had suffered from since she was 15 years old, and the many marks it had left upon her body. Ingrid spoke quite matter-of-factly about her body being cut open upon her death. On the one hand, she seemed to detach herself as a person from her earthly remains. On the other hand, however, she did write about her "lovely eyes" in the email. Though relating to the body as a kind of object, it was still *her* object, and one she cared for. She imagined students "enjoying themselves" during the dissection, speaking eloquently of her special body that had caused her so much pain but which she thought would surely be interesting for students to cut into upon her death. If we were to understand Ingrid's relation to her body and her decision to donate within a simple cognitive model, we might be confused by the apparent conflict in Ingrid's quote between, on the one hand, a body detached from the person, and, on the other, a body which she describes in a deeply personal way. In the following we wish to show how these two relations between body and person are in fact not in conflict. Rather, for the donors that we spoke to, they point to the same phenomenon: donations become meaningful exactly because people want their *specific* body, not just any body, to be dissected. For the donors we spoke to it is not a frightening thought "to be cut open".

Meaning and use

How do people construe the relation between the dead body and their social persona? Ingrid was a deeply religious person who had been part of the Charismatic Movement (an interdenominational Christian movement known for its acceptance of speaking in tongues and modern-day miracles) in the 1970s, and who had been, and still was, part of both parish council and deanery committee for close to 50 years all in all. She explained how she imagined that the soul leaves the body upon death, living on in Heaven, and that Jesus does not need bodies in Heaven. She thus detached her person (or soul) from her dead body. She explained: "You know, when I am dead, then I am in Heaven with the Lord and what happens with my body? If anyone can use it then I think it's wonderful". Other donors expressed the same view in various ways. Hans, who was 68 years old and who had had a near-death experience not very long

before, similarly imagined that his soul would have left the body at the point of dissection. When asked what he imagined a dissection would entail he explained:

"Well that they use the body, that they cut it open, that they explore, they dissect and so on, but that my soul or my spirit is not in the dead body, it is in Heaven and because of that it can't bother me that they are working with it."

Others similarly imagined a body emptied of the soul or the person, without necessarily connecting it to a Christian outlook. In fact, the decision to donate was accommodated by several different cosmological and theological outlooks among our donors, including contemporary Norse religion, reincarnation and atheism. Karen, for example, was a 77 year old woman, who explained her decision to donate in this way:

"Well, they lack such objects to practise on. On a purely cultural level I can't see any idea in burying a worn overcoat, because that is after all what our body is when we die, and I fully and firmly believe that the soul leaves the body and I am also partial to the outlook that we don't make do with living [only] one life and the universe is so infinitely big, so it might be that we get a one-way ticket to another planet, who knows".

She explained that she believed in reincarnation and told of her former lives, of which she sometimes had vivid dreams. For others, the idea of the fact that they would not need their physical body after death was seen as reflecting a specifically secular perspective. Denmark is generally described as a secular country and we also interviewed non-religious donors who referred to cadavers in a similar way. Svend, an engineer in his late seventies, who described himself as being secular and rational, said:

"For me it is quite simply the same as for animals and trees and things like that, [the body] is organic material and the minute the heart stops beating then something starts eating you from the inside [...] like corpses don't have any meaning for me, I slowly begin to realize this".

During Svend's interview he also likened his own body to a construction of sorts, a perspective not that different from the mechanistic view of the body which has been deemed typical for Western medicine (Gordon, 1988; Schweda and Schicktanz, 2009). Seeing the body as an empty container left by a soul flown to Heaven, or as an organic or mechanical entity may rest on two quite different views of human life and more specifically on what afterlife may be, but in interesting ways they share the conviction that the body is of no use to the person after death.

Although ostensibly 'corpses don't have any meaning', the decision to donate does. In fact, the very act of donation and the prospect of one's dead body becoming useful may be seen as a way of bestowing meaning back to the corpse (see

Hecht, 2003 for a historical example of this phenomenon). For the donors we interviewed, having your dead body used for anatomical research was the most meaningful afterlife they could imagine, and not using the body was thought of as wasteful (for similar finds in surveys see also Richardson and Hurwitz, 1995; Bolt et al., 2010). This indicates that the detachment between person and body is not complete: it is not that donors do not care what happens to the dead body, they are in fact very particular about their wishes: they want *their* body to be useful. Most of them explicitly stressed that they should be utilized to the maximum and did not express concerns about bodily integrity as is sometimes reported in studies about organ donation (Sanner, 1994; Stephenson et al., 2008). For instance, Karen said that they could use all of her if they wanted, *“...if you want to boil the meat off and make me into a skeleton, that is okay too.”* Notice the use of the word “me” rather than “my body” in the quote. Again, we see a body that is objectified to a degree where it makes sense to talk about boiling the meat of its bones but at the same time a body that is personal, that is experienced as “me”.

Several of the donors emphasized how important the donation was to them by articulating a desire for their body to actually end up being used and taking steps to ensure it. 73 year old Grethe explained how it had been a comfort for her that they had kept her husband, who had also been a donor, for so long at the anatomical institute, because it meant that they had made “good use” of him. She hoped that they would also be able to use her body to the same degree. She added that she always made sure to have her donor card with her if she went anywhere because, as she said: *“you never know when it [death] will happen, right?”* The degree to which Grethe wishes for her body to be used upon death is also evident in that she had actually contemplated travelling to a country where euthanasia was legal in order to have medically assisted suicide, but decided against it when she learned that it would interfere with her donation.

Attempting to make sure that the donation would become reality was also central to the couple Flemming and Lene, 70 and 68 years of age. During the interview, they learned something new about each other when realizing that they both always made sure to take their donor cards with them wherever they went. When Flemming went biking and when Lene went swimming they always brought along their donor cards, “just in case”. In fact Lene brought only coins for the locker and her donor card, as she considered this the most important thing to be found on her body, should she die unexpectedly. And Flemming explained: *“It is for the sake of not too much time passing, it [the body] has to be used instantly.”* He then carried

on: *“I’ve considered having “body donor” tattooed [on me]; I have considered it in all seriousness, because there are no two ways about it.”* Flemming later called to tell that he had now been tattooed and sent a picture of the tattoo by email. The tattoo reads “Organ- and body-donor” and shows a stylized drawing of a phoenix. In the email, Flemming explained that this symbolized how new life could rise from his “ashes”, either in the form of someone living on because of a transplanted organ, or from treatments from skilled doctors and surgeons in the future who had learned their skills from dissecting and studying his body.

It is relevant to note how markedly present death is in the narratives that donors provide of their everyday lives. Remembering to bring your donor card “just in case” or even tattooing your donor status on your living body seem reminiscent of medieval times’ “memento mori” (Ariès, 1991) – remember you will die – which prompted people to reflect on their own mortality and the art of dying well. In this light deciding to donate one’s body to science may be seen as a way of making sense of death and “dying well”, as is also argued by Papagaroufali (2006).

For some of the donors, making what they termed “good use” of the body was considered a more important concern than the actual treatment of the body. Consider the following words, expressed by Kamma, an 84 year old woman:

“But in regards to how the corpse will look relatively nice and something like that, that I actually do not care about at all, they can part me up into a whole lot [of parts] and keep some of it and all that.”

Similarly, Flemming answered as follows when asked about whether it was important to behave with respect around the cadavers:

“No, that doesn’t matter, there has to be a purpose to what they do, no they don’t have to respect the remains, I am completely cold [indifferent] about that and [will be] even more cold at that point in time”.

Yet, importantly, donors like Flemming did not think that students could treat the dead bodies howsoever they wanted. The point is that these donors considered that there is no conflict between dissecting the body and showing it respect. In contrast, several of the medical students found it difficult to reconcile the actual practices of dissection with a feeling of treating the dead bodies with respect, as has also been reported elsewhere (Sanner, 1997), whereas this was not an issue for the donors. An issue that was raised among donors, however, was that of the specificities of the donor’s body. We now turn to that.

Special bodies and universal anatomy

Another way that donors related to their bodies when deciding to donate was through narrating the particular histories of their bodies. Ingrid, who we

met in the beginning, was by no means the only one to link the decision to donate to having a specific and special body, marked by disease and life events, a body often filling their life with pain – even to this day. Other donors told us of rare bone disease, polio, arthritis, backpains or other afflictions.

Kamma had the following to say when she was asked whether she had sought any information about the practices of anatomical dissection or had felt the need to know anything about it.

“No, because at that point I hope and think that they will do it in a sensible manner, and I don’t know anything about this matter and I have like a conception that it would be good if they were to cut into me and see how this back looked because it is not doing so well, then I think that I would like that they did a little research into that (...) If they then can look at some other body parts, well then that’s that and (...) if they could become a little more knowledgeable about the hands then that would be lovely I think”.

Connecting the decision to donate to one’s living aching body and the life it has led is even more explicit in the words of Karen. When asked about her decision to donate she said:

“You should know that I have received electric shock therapy and it shows in my brain, so I feel like there is something that has to, like some papers that have to go along, when they start using my body. I also have just one kidney because I attempted suicide, you know, mainly with pills, and one of the kidneys could not cope with that and back then it was surgically removed, back then you couldn’t crush the stones and such. Then I fell one time at [name of place] when we were running around for Christmas and I had my collarbone set together wrong, you can probably see it [points to her collarbone], there is something here that does not look very nice. And then well, it is probably soon three years ago, I was rushing too much down the stairs, so I fell and broke the left ankle. It has been set nicely, there is nothing wrong with that, but when I overstrain that leg when I dig in the garden, etc., then it swells. You might wonder about that when you start fiddling with the body but if you then had some papers, where you could go back and see, oh well back then she did fall and break her leg, right.”

As Karen repeatedly talked about body marks and papers chronicling where they came from, M. Olejaz had to tell her, that out of respect for her person, the students would not be given any papers detailing her medical life, let alone any personal details. Details about her medical history might be used if her body is used for research rather than anatomical teaching, but she specifically wanted students to learn about the specificities of her body. She got upset and exclaimed:

“I would think it was a prerequisite, that they could kind of study what life has this body gone

through, what life has it had. Oh well that’s why there has been wear and tear on these parts” and later *“Well, it is wrong, it is almost to the point where I say that it is on this condition that you receive my body, that you get all that information that you can draw out, because that is what you have to learn from. This is why the body has come to look like this and that”.*

Although donors and dissectors can agree in praising utilization of dead bodies, two different understandings of bodies still potentially clash here. In the lab, medical cadavers are created and known as kinds of models (McDonald, 2014). They come to stand in for a universal, generic anatomical body, although they also constantly defy this universalism due to their specific anatomical particularities and abnormalities (Fountain, 2014). The logic of anonymity, which holds that cadavers should not be identified as particular persons, thus coexists with an epistemological understanding of cadavers as pedagogical tools that aid the students in learning about anatomy. For many of the donors, most explicitly in Karen’s story, bodies are tied to particular persons and have lived particular lives marked by diseases and events. The clash is thus not rooted in concerns about whether use leads to dehumanized treatment of cadavers but instead in different ideas about what a cadaver can and should be used to teach.

These concerns may be taken into account in debates about whether anatomical dissection should teach more than gross anatomy. We will return to this in the discussion. For now we want to turn to the second question posed by staff and students concerning the social relations of donors.

Social relations: What thoughts do donors have about their family relations?

Among those administering donations, it is well-known that in some instances, families seek to obstruct the will of the donor when they are unwilling to surrender the corpse of the dead loved one. In this sense, the dissection staff is keenly aware of the importance of social ties. In the dissection lab, M. Olejaz observed how students also openly wondered about the donors’ social relations. Some would, for example, consider the potential absence of social relations as a reason for the donation choice. In a specific case, in which the donor was relatively young, a student, while bent over the cadaver dissecting, asked: “I wonder if she had any family? If she does I wonder what they would think about this.” In the following we explore the social context of donors and the importance of their social relations for their donation decision. We argue that donations do not stem from a lack of social relations. Rather, donation choices can be seen partly as reactions to and experiences with particular social relations, as work on co-donation among married donors also suggests (Anteje et al., 2012).

Karen, who in the section above spoke about her body as a worn overcoat, related a full life history of social relations when she was asked to tell more about the time leading up to the decision to donate. Her answer started with the sentence: *"I was born in 1935 and I was put into this world to hold together an impossible marriage..."* She proceeded to talk about her upbringing and her family relations, especially the emotionally difficult relationship she had had with her mother. As part of her narrative, she told the following story:

"And sometimes we would then walk through the cemetery and then there was a place where there was a grave with a small bench and then I said to my mother 'why is there a bench there?' [and my mother answered] 'well it's a small child who's buried there and if you die then I also want a grave-plot like that with a bench'. Well, she would have something to devote herself to then. That upset me greatly because to be put into a hole in the ground, a child of four or five years of course cannot cope or handle that".

She proceeded to tell about a number of milestones and events in her life: being put in foster care at a young age, being married, moving from the city to the countryside where she never felt that she belonged, and finally having children, with whom she has little contact today. She then summed it up the following way:

"And I don't like that culture in which some undertakers make big money by burying an old overcoat and that people then go for walks in the cemetery and say 'oh there lies him and her, oh well they could keep the place a little better, and why are there no flowers there?'. Still with this attitude that if you can say something negative then they would rather do that than say something positive. So I have decided that my body should serve a good purpose and if they don't want to use the skeleton, which I would not mind at all, well then the rest is going to be burned and then spread out here [points to the sea]".

She conveyed this whole narrative from birth onwards in response to the simple question about the time leading up to her registration as a donor. It is a tale of how she has come to understand the rituals surrounding death through her upbringing and how this influences both her viewpoint today and the plans she has made for herself and her body. She does not convey a 'motivation'; rather she fits her decision to donate into a larger narrative about who she is as a person and how she has come to be this person. She then told how, when her husband died, she had bought a garden statue depicting an animal that she felt represented her husband's spirit. She showed M. Olejaz the statue which had been placed in a flowerbed overlooking the sea, explaining that he could have the same view that he had had when alive and sitting on the porch, where we sat now. For Karen, donat-

ing her body to science thus offers an alternative to traditional ways of disposing of dead bodies, which fits better with her experiences of life and death. Moreover, it seems to allow her, in death, to move beyond the difficulty of social relations in the form of surveillance, and even scorn, that she has experienced throughout life. Donation can thus be understood as a way of trying to control one's social afterlife. In the following we will further investigate these ideas of controlling social relations beyond death.

Unburdened loved ones

When Kamma, who was introduced above, explained her decision to donate, she said that she had lost her father during World War II when he was gunned down because he was part of the national resistance. She continued by saying that she had also lost her husband at a relatively young age, leaving her to raise their son on her own and to help him through the loss of a father. Much like Karen above, this had left Kamma feeling uncomfortable with cemeteries and the rituals connected to these places. She explained:

"So based on that I have several times in my life been subjected to deaths that have been a little harsh one might say. I didn't have any siblings either, so in that way it has been quite crucial several times in my life to move on in life. But it's probably different how one feels I think, how you arrange it, as we usually say. But in this it has surely been important to move on, not to... like we have talked about and certainly thought a lot about those who had died, but one shouldn't dwell on it, shouldn't get sucked into the loss, but rather try to look forward. It's difficult enough, it's easier said [than done], I think it's simply part of my background."

The quote demonstrates how Kamma had experienced a wish to move forward in the aftermath of difficult deaths and losses, and how a 'useful' death might support that ambition. Like most of the others, Kamma did not like the idea of a tomb on a graveyard with her name on it. She did not like the idea of people having to take care of her after her death. This ambition of relieving relatives of what is several times termed 'maintenance work' is articulated again and again in the donor interviews and may be seen as part of a more general trend in Denmark. Today, more than 70 % of the Danes choose to be cremated and placed in lawns without personal identifiers, the so-called unmarked multiple graves [ukendtes grav]. Several donors added that they felt that money could be spent better than on lavish funerals. These stories illustrate that donors may not regard donating their body as interference into "good" ways of dying. Donation is not a sacrifice but rather an alternative, meaningful, way of disposing of your dead body, as previous work also suggests (Paparagoufali 1999; Bolt et al., 2010; Cornwall et al., 2012). It allows donors a sense of control of the aftermath of their death

and some of the, sometimes troubled, social relations they leave behind. It allows donors to think of themselves as doing things differently, and the donation choice thereby situates them in particular ways in relation to others.

Even if a donation is in this way seen by many as a way of managing relations to the ones left behind, there are a few who experience it as more disturbing to communicate their wishes to relatives. For instance, Hans personally wanted to be a donor but was afraid of his children's reactions. He had thus not told them yet and was unsure if he should revoke his donation if they were uncomfortable with his decision. Grethe told how some relatives had become quite upset with her when her husband, who was also a donor, had died. As she explained: *"they had expected something else"* in terms of funeral services.

From the donor stories we see that the decision to donate is embedded in the relations and ties people have had and continue to have to people around them, and to thoughts on how they want their social afterlife to play out. However, persons are not just placed in immediate social relations but also broader societal ones. This will be explored in the following section where we describe how the decision to donate was for all the donors linked directly to a wish to do something good for posterity.

Societal relations: what reasons do donors give for donating their bodies?

We now move on to the third type of question posed by students and staff in the dissection lab: the question of *why* donors donate. If you ask donors exactly that question, most of them respond that they want to "do good". As shown above, every donor expressed a desire to be used after death and this was typically explained as an ambition to do something good for society, as has also been found in surveys (Richardson and Hurwitz, 1995; Bolt et al., 2010). In the following we unpack this reasoning further. We show that doing good after death by donating can be tied to many different kinds of outlooks on life, and that this wish is connected both to concrete experiences that donors have had throughout their lives as well as to the story that people tell about themselves. As such, these narratives can be seen as a kind of identity work where people construe their present self by way of narrating a particular future. As part of this narrative, people relate their decision to donate to the greater societal system in which they live and to how they see their position in this system. This articulation of oneself as a citizen in a society took on different tones in the interviews, ranging from gratitude from the help one had received as a patient to a sense of obligation or duty to donate connected to one's role as a citizen.

From appreciation to obligation

The wish to donate the body and thereby do good for society often took point of departure in donors' own experiences as patients and the appreciation they felt for the help they had received over the years, as has also been found in surveys of donor motivations (Cornwall et al., 2012). Kamma, for instance, told the story of how one day she had come across an advertisement calling for donors in a health magazine in her GP's waiting room. She had been operated on eight years earlier for spinal stenosis and explained:

"Before the operation I thought, I really hope now that it is a doctor who has tried it before because I do think that actually beginning to cut into people is a serious matter. For myself I could never imagine being a surgeon [...] But that meant that [I] immediately when I saw that ad in the [name of magazine] I thought well alright, I would like to do that because I want to help future patients and doctors."

For Kamma, the donation of her own body is very directly linked to her own patient experiences. This was also the case for Connie, who was 70 years old and diabetic, and had lost two husbands who had both been donors. When asked how she came to the decision to donate her own body she answered:

"Because I feel that I have received such good help from doctors for so many years so I feel I have something to give back in some way and I'd like to do that and I know that this viewpoint was shared by both of my husbands, because my first husband he had been surgically operated early on and had one lung removed so he was kind of a little crooked and had received a lot of help and such, and my second husband was very ill the last four years he lived and there he received all the help they could give him but they couldn't cure him. So we've all three been inside the health care system so to say in the form of being patients, right, and we've received good help and it's like we've also felt that we could give something back that way".

Connie is expressing a feeling of gratitude to the doctors who have treated her and her two husbands over the years, and demonstrates a wish to reciprocate that help. Later in the interview, she reflected on whether there were any differences between donating bodily material while alive or after one's death, and here she related her decision to donate to an image of who she was as a person, and how this person was positioned in society:

"I've always made myself available when there was something I could participate in, like different [medical] trials, and I've always made myself available for things like that and I've also been used in different situations and I'll be used now again, but that is with the diabetes, right, where I'm part of a project now, so no like I always make myself available when I can, when there's something, if some-

one needs me, right.”

Others seem to express not only feelings of gratitude, but almost a sense of obligation to donate. Hans, for example, explained:

“Can my body be of benefit, can I say thank you for the treatment I have received in the Danish health care system, how could they go in [and repair the heart], how could they do those things? They can only do it because they have studied, because they have dissected, because there are some that make themselves available and so on. I feel like we owe the healthcare system, we owe it to science, we owe it to research to do what we can without it harming ourselves or our next of kin.”

Flemming articulated the same reasoning even more strongly as a duty. He experienced that people who did not want to donate their own bodies often expressed disbelief when hearing about his donation choice. He commented:

“They bloody don’t think about the fact that the condition for them being helped as well as they probably are is that someone has donated their body to science so that those who are now standing there patching him or her up have had the opportunity to practise”.

Flemming explained that he had not used the health care system much himself but still felt an obligation to give something if he was ready to receive help.

In this section we have seen how the decision to donate is embedded in ways of positioning oneself in society as a person or citizen who wants to do good for posterity and how it sometimes links to past experiences as a patient. By narrating in this way about themselves, donors simultaneously articulate visions of a good society and perform a kind of identity work which also aligns their lives and deaths with meaning.

DISCUSSION

This article has taken as its point of departure questions often asked in the dissection lab, questions which required answers from those who donate their bodies to medical science. Without compromising donor anonymity, we have invited students and staff to *meet the donors*. Donors are people with experiences and convictions, and not just bodies; they are also people who can provide answers to some of the questions often posed in the lab. By listening to donors, we have sought to move beyond understanding decisions as based on a set of readily identifiable and accountable characteristics. Instead, the decision to donate should be seen as intrinsically involved in the individual and various ways that people relate to their own bodies, enact their social relations, and perceive the nature of their relation to society at large. As such we argue that we may come to fathom the

complex impulses behind donation more deeply through exploring what donation *means* for donors. This implies an exploration of how people understand and narrate their lives and deaths. In this view, the decision to donate is a kind of identity-work, a deeply meaningful act which resonates with lives led and values held.

In this way the article contributes to existing literature on donating by adding qualitative depth and individual reasoning to the knowledge provided by surveys. What we gain is an understanding of the complexity and interconnectivity of different factors that play into the motivations also found in surveys. Investigating donor stories in this way places the choice to donate in the complex social and societal relations in which individuals are embedded.

In terms of limitations, this study cannot predict the prevalence of the specific ways of reasoning that we identify. It would be interesting to see future research in other national and cultural contexts do similar explorations of what donation means for those who donate. Comparative studies would also be valuable in terms of recognizing how different political and cultural systems play into the decision to donate and the meanings that donors attribute to their decision.

Beyond contributing to the current state of knowledge about donors, we wish to propose that our findings may be utilized in a different way: as a ground for reflection which may inform debates about current trends toward broadening the use of cadavers in medical universities, including clinical anatomical research in teaching and discussing anonymity policies.

Numerous studies have shown that students desire and may benefit from a fuller and more personal perspective on the donor (Coulehan et al., 1995; Weeks et al., 1995; Penney, 1985; Wear, 1989; Druce and Johnson, 1994; Bohl et al., 2011, 2013). If we take seriously the questions that medical students ask, an approach to seeing cadavers as whole persons or “real people” may take as a starting point students wondering about “who donors are and why they donate”. From the donor interviews we learn that donors keenly wish to be used, but also that many of them articulate this usefulness as rooted in their particular individual bodies. Both donors and students thus seem to articulate the potential for a different kind of student-donor relationship than one based on anonymity. Conveying the medical and/or social histories that made donors consider a dissection may thus also be a way of respecting donor choices. If students were to acquire more than anatomical knowledge about the donors, even when it implies providing access to information gathered from for example health records, it might also be an opportunity to see donors as whole persons with a life history, and based on this students can be invited to discuss the doctor-patient relationship, and to reflect on issues of end-of-life care. Work, such as

what we present here, can also serve to give students a better understanding of the people that donate their bodies to medical science. The dissection lab thereby becomes a possible venue for teaching medical ethics in a very practical sense. We also believe that such an approach may quell some of the anxiety of medical students doing dissections, although it will be important to guide the students through this process, as studies suggest that some students could find it troubling to know more about the donor (Bohl et al., 2013).

Such steps would have to be sensitive to differing local rules and traditions and we will as such not propose any “one-size-fits-all” programme. Some anatomical dissection programmes have already taken steps to contextualize donors through establishing projects which record interviews with donors that are later shown to students (Bohl et al., 2013; Trotman, 2009); through establishing contact between medical students and relatives to donors (Crow et al., 2012; Talarico, 2013) or doing clinical summaries of donors using amongst other things their medical history (Ferguson et al., 2008; Talarico, 2013). Providing a fuller medical history of the donor could thus also boost clinical relevance by bridging gross anatomy teaching with clinical cases – and the findings presented above indicate that it would be fully in line with donor wishes.

This study thus offers important insights into the complex nature of the relationship between donors, medical schools, and society, which may be relevant not just when investigating contemporary donation and dissection practices, but also when discussing future avenues of anatomy education and research.

ACKNOWLEDGEMENTS

The authors wish to thank the donors who agreed to being interviewed as well as the medical students and staff at the dissection labs that stimulated the analysis presented in this article. We also wish to thank Professor Stefan Timmermans for inspirational comments at a very early stage. Furthermore we wish to thank the Danish Council for Independent Research for providing the funds that made this research possible.

REFERENCES

- AMERICAN ANTHROPOLOGICAL ASSOCIATION (2012) *Statement on Ethics*. Available at: <http://ethics.aaanet.org/category/statement> [Accessed October 1, 2015].
- ANTEBY M, GARIP F, MARTORANA PV, LOZANOFF S (2012) Individuals' decision to co-donate or donate alone: an archival study of married whole body donors in Hawaii. *PLOS One*, 7(8): 1-6.
- ARIES P (1991) *The hour of our death. The classic history of Western attitudes toward death over the last*

one thousand years. Random House USA Inc.

- ASAD AL, ANTEBY M, GARIP F (2014) Who donates their bodies to science? The combined role of gender and migration status among California whole-body donors. *Social Sciences & Medicine*, 106: 53-58.
- ATTRIDE-STIRLING J (2001) Thematic networks: an analytic tool for qualitative research. *Qualitative Research*, 1(3): 385-405.
- BAJOR G, LIKUS W, KUSZWESKI P, KOSTRO K, LOS A, KLAKUS P (2015) “Mortui Vivos Docent” or who gives his body to science? The analysis of the personal questionnaires of Polish donors in the conscious body donation program. *PLoS ONE*, 10(3): 1-10.
- BOHL M, BOSCH P, HILDEBRANDT S (2011) Medical students' perceptions of the body donor as a “first patient” or “teacher”: a pilot study. *Anat Sci Educ*, 4: 208-213.
- BOHL M, HOLMAN A, MUELLER DA, GRUPPEN LD, HILDEBRANDT S (2013) The willed body donor interview project: medical student and donor expectations. *Anat Sci Educ*, 6: 90-100.
- BOLT S, VENBRUX E, EISINGA R, KUKS JBM, VEENING JG, GERRITS PO (2010) Motivation for body donation to science: more than an altruistic act. *Ann Anat*, 192: 70-74.
- BOLT S, EISINGA R, VENBRUX E, KUKS JBM, GERRITS PO (2011) Personality and motivation for body donation. *Ann Anat*, 193: 112-117.
- BRUNER J (1987) Life as narrative. *Social Research*, 54 (1): 11-32.
- CHIU HY, NG KS, MA SK, CHI HC, SHEUNG WN, TIPOE GL, CHAN LP (2012) Voice of donors: case reports of body donation in Hong Kong. *Anat Sci Educ*, 5: 295-300.
- CORNWALL J, PERRY GF, LOUW G, STRINGER MD (2012) Who donates their body to science? An international, multicenter, prospective study. *Anat Sci Educ*, 5: 208-216.
- COULEHAN JL, WILLIAMS PC, LANDIS D, NASER C (1995) The first patient. Reflections and stories about the anatomy cadaver. *Teach Learn Med: An Intl J*, 7 (1): 61-66.
- CROW SM, O'DONOGHUE D, VANNATTA JB, THOMPSON BM (2012) Meeting the family: promoting humanism in gross anatomy. *Teach Learn Med: An Intl J*, 24(1): 49-54.
- DLUZEN DE, BRAMMER CM, BERNARD, JC, KEYSER ML (1996) Survey of cadaveric donors to a body donation program: 1978-1993. *Clin Anat*, 9: 183-192.
- DRUCE M, JOHNSON MH (1994) Human dissection and attitudes of preclinical students to death and bereavement. *Clin Anat*, 7: 42-49.
- FENNELL S, JONES DG (1992) The bequest of human bodies for dissection: a case study in the Otago Medical School. *New Zealand Med J*, 105: 472-474.
- FERGUSON KJ, IVERSON W, PIZZIMENTI M (2008) Constructing stories of past lives: cadaver as first patient: “clinical summary of dissection” writing assignment for medical students. *The Permanente Journal*, 12(2): 89-92.

- FOUNTAIN TK (2014) *Rhetoric in the Flesh. Trained Vision, Technical Expertise, and the Gross Anatomy Lab*. Routledge, New York.
- GORDON DR (1988) Tenacious assumptions in Western Medicine. In: Lock M, Gordon D (eds). *Biomedicine Examined*. Kluwer Academic Publishers, Dordrecht, pp 19-56.
- HECHT JM (2003) *The End of the Soul. Scientific Modernity, Atheism, and Anthropology in France*. Columbia University Press, New York.
- LABUSCHAGNE BCJ, MATHEY B (2000) Cadaver profile at University of Stellenbosch Medical School, South Africa, 1956-1996. *Clin Anat*, 13: 88-93.
- LAGWINSKI M, BERNARD JC, KEYSER ML, DLUZEN DE (1998) Survey of cadaveric donor application files: 1978-1993. *Clin Anat*, 11: 253-262.
- MCCLEA K, STRINGER M (2010) The profile of body donors at the Otago School of Medical Sciences. Has it changed? *New Zealand Med J*, 123: 9-17.
- MCDONALD M (2014) Bodies and Cadavers. In: Harvey P, Casella EC, Evans G, Knox H, McLean C, Silva EB, Thoburn N, Woodward K (eds). *Objects and Materials*. Routledge, London & New York, pp 128-143.
- MCHANWELL S, BRENNER E, CHIRCULESCU ARM, DRUKKER J, VAN MAMEREN H, MAZZOTTI G, PAIS D, PAULSEN F, PLAISANT D, CAILLAUD MM, LAFORÉT E, RIEDERER BM, SAÑUDO JR, BUENO-LÓPEZ JL, DOÑATE-OLIVER F, SPRUMONT P, TEOFILOVSKI-PARAPID G, MOXHAM BJ (2008) The legal and ethical framework governing body donation in Europe - A review of current practice and recommendations for good practice. *Eur J Anat*, 12(1): 1-24.
- MOHR S (2014) Beyond motivation: on what it means to be a sperm donor in Denmark. *Anthropology & Medicine*, 21(2): 162-173.
- PAPAGAROUFALI E (1999) Donation of human organs or bodies after death: a cultural phenomenology of "flesh" in the Greek context. *Ethos*, 27(3): 283-314.
- PAPAGAROUFALI E (2006) Playing with one's own death while being alive: the case of registered body-organ donors in Greece. *Anthropology and Humanism*, 31(2): 111-123.
- PENNEY JC (1985) Reactions of medical students to dissection. *J Med Educ*, 60: 58-60.
- RICHARDSON R, HURWITZ B (1995) Donors' attitudes towards body donation for dissection. *The Lancet*, 346: 277-279.
- RIEDERER BM, BOLT S, RENNER E, BUENO-LÓPEZ JL, CIRCULESCU ARM, DAVIES DC, DE CARO R, GERRITS PO, MCHANWELL S, PAIS D, PAULSEN F, PLAISANT O, SENDEMIR E, STABILE I, MOXHAM BJ (2012) The legal and ethical framework governing body donation in Europe - 1st update on current practice. *Eur J Anat*, 16(1): 1-21.
- SANNER M (1994) A comparison of public attitudes toward autopsy, organ donation and anatomic dissection. A Swedish survey. *JAMA*, 271(4): 284-288.
- SANNER, MA (1997) Encountering the dead body: experiences of medical students in their anatomy and pathology training. *Omega*, 35(2): 173-191.
- SCHWEDA M, SCHICKTANZ S (2009) The "Spare Parts Person"? Conceptions of the human body and their implications for public attitudes towards organ donation and organ sale. *Philosophy, Ethics and Humanities in Medicine*, 4(4).
- STEPHENSON MT, MORGAN SE, ROBERTS-PEREZ SD, HARRISON T, AFIFI L, LONG SD (2008) The role of religiosity, religious norms, subjective norms, and bodily integrity in signing an organ donor card. *Health Communication*, 23(5): 436-447.
- TALARICO EFJ (2013) A change in paradigm: giving back identity to donors in the anatomy laboratory. *Clin Anat*, 26: 161-172.
- TROTMAN P (Director/producer) (2009) *Donated to Science* (DVD). Dunedin, New Zealand: Paul Trotman Films. 80 min.
- WEAR D (1989) Cadaver talk: Medical students' accounts of their year-long experience. *Death Studies*, 13: 379-391.
- WEEKS SE, HARRIS EE, KINZEY WG (1995) Human Gross Anatomy: a crucial time to encourage respect and compassion in students. *Clin Anat*, 8: 69-79.
- WILLIAMS AD, GREENWALD EE, SORICELLI RL, DEPACE DM (2014) Medical students' reactions to anatomic dissection and the phenomenon of cadaver naming. *Anat Sci Educ*, 7(3): 169-180.