



**REVIEW OF BODY SNATCHING TO BODY DONATION:
PAST AND PRESENT: A COMPREHENSIVE UPDATE**

MAITREYEE MUTALIK

Department of Anatomy, MIMER Medical College, Talegaon-Dabhade, Pune (India)

ABSTRACT

Dissection of a human body by medical students has been an indispensable part of medical education and medical research in general, and hence human cadavers have always remained one of the most important teaching tools. History reveals that it was a great challenge for early anatomists to obtain human bodies for dissection purpose. With increasing demand of human cadavers and illegal practices to obtain them, the law had to play its role, and the 'Anatomy Acts' were formed in various countries. These acts not only empowered medical teaching institutions to obtain unclaimed bodies, but also opened a gateway for willful body donation. 'Body donation' is a willful act of offering one's body after death for medical research and education. The concept of body donation has been gradually penetrating in society. The quest of human mind for knowledge has seen an interesting journey from body snatching to body donation.

KEYWORDS: Body donation, Anatomy Act, Unclaimed body, Medical education



MAITREYEE MUTALIK

Department of Anatomy, MIMER Medical College,
Talegaon-Dabhade, Pune (India)

*Corresponding author

INTRODUCTION

Studying human anatomy is a very basic prerequisite in any career related to medical sciences. The first year medical students learn anatomy by dissecting human cadavers as one of the practical training methods, and studying anatomy forms a basis for all future medical doctors¹. With increasing number of medical schools and colleges around the globe, the need for cadavers for anatomical study and research has been constantly increasing. In past most of the bodies available for dissection in various medical institutes were unclaimed bodies received from government hospitals after following the required legal procedures². Deciding to donate one's own body after death is a relatively new and different thought. It could be a conscious decision taken through rational thinking with an objective of helping the medical education to benefit. It could also be a decision coming up with a thought of being useful to the society even after one's death, as an expression of altruism. Over the last few decades, the individuals taking up this thought seriously to their minds are gradually increasing throughout the world. The concept has been named "Body donation" or "Body bequest", which is a willful act of deciding to give one's body after death for the purpose of medical research and education. Body snatching to body donation has been a wonderful journey, which represents the human mind's urge to acquire knowledge of human body. The following comprehensive review focuses on the interesting historical and legal perspectives, issues related to availability of human cadavers as well as the actual process of body donation, and the global scenario of the upcoming momentum in the area of body donation.

SOURCES OF HUMAN CADAVERS: HISTORICAL PERSPECTIVES

An ancient Indian surgeon Sushruta (about 600 BC) is one of the earliest surgeons of the recorded world history of medicine. His famous work is called "Sushruta Samhita" (Sushruta's Compendium), which described the principles of plastic surgery. Sushruta underscored the importance of dissection in anatomy education

by saying, "Anyone who wishes to acquire a thorough knowledge of anatomy must prepare a dead body and carefully observe and examine all its parts"³. Herophilus (350-280 BC), a Greek physician, was one of the earliest persons recorded as having opened the human body after death, to understand about the structures and processes in human body, and was claimed to have dissected around 200 to 600 human bodies, and contributed to ancient brain anatomy including meninges and cerebellum⁴. Since ages, the desire to acquire, preserve, and dissect dead bodies has brought the anatomists into conflict with the existing contemporary social and religious traditions and systems. Use of human cadavers for anatomical dissection was widespread before Christianity. After Christianity, despite being unacceptable, the practice of dissecting human cadavers still continued, though it was a great challenge for the early anatomists to obtain human bodies for dissection. The European history with regards to human dissection has ranged right from the illegal body snatching of human corpses to using only the cadavers of executed criminals as subjects of study, which finally resulted into giving a scientific, legal, and regulated shape to human dissection⁵. The first few references of dissections carried out with approval from legal authorities can be found from Italy and date back to years 1238 AD and 1300 AD from Salerno and Bologna respectively⁶. Although such legal permissions for dissection used to be granted as special cases, there was a constantly increasing demand of human cadavers for anatomical study. This started leading to the incidents infamously known as "grave robbing" or "body snatching". The first known body-snatching scandal occurred in Mondino, Italy in 1319, with four students being arrested for grave-robbing. Till the 18th century, special permissions used to be granted by authorities for dissection of dead bodies of executed murderers, which could make only a limited number of dead bodies available for anatomical study. In those days, dissection was considered a punishment given to the criminals after hanging them. In the

16th century, Leonardo da Vinci found it necessary to pursue his study of human anatomy at night in newly constructed tombs. Absence of legal endorsement to such studies compelled him to hide his notebooks in such a way that they were not discovered for almost 300 years⁷. The year 1752 saw an important landmark when an act was passed in Great Britain by which the dead bodies of executed murderers could be provided to medical universities for dissection and further study, and they were allowed a quota of 6 cadavers each year. Thus the process of using dead bodies of murderers for dissection received a legal authorization by formation of a law. The act was then also known as 'Murder Act'⁸. As no murderer wanted to be dissected even after death punishment, use of dead bodies for dissection was thought to act as an extra discouragement to the act of murder. After execution, the body used to be delivered to the London's Royal College of Surgeons. Since in those times supply of dead bodies was relatively less and only the Royal College of Surgeons had the legal rights of the human dead bodies, there were not much legal ways available for other surgeons and anatomists to obtain cadavers for dissection and study. Because of this often the Royal college of Surgeons would merely take a cut on the sternum as a formality, and then hand over the body to private schools of anatomy or other hospitals in London or other well-connected anatomy students or surgeons. This is how the dead body would become available to others for study purpose. By this way, the Royal College remained in favour with some of the most powerful surgeons in London⁵. Until end of the 19th century, anatomical dissections used to be conducted in winter under the presumption that the dead bodies would not be easily amenable to decomposition in cold weather. In Italy the public dissection also used to be held sometimes in association with the carnival⁵. In 1831, there were about 900 students in London studying anatomy and only as much as 11 cadavers were legally available to them for dissection. Obviously, the demand for cadavers manifested in to illegal grave-robbing. The name "resurrectionists" was given

to such body snatchers or illegal grave-robbers. They used to take advantage of a loophole in the law, which did not consider the dead body as a "property". The grave robbers used to take the body out of the coffin before the grave was covered, which meant that it was not the act of desecration of the grave, and the act of "resurrection" would not be considered illegal as long as the shroud or any jewellery on the body was not stolen. Due to the increasing demand of cadavers, the surgeons and anatomists used to be unfortunately dependent on the "the resurrectionists"⁸. One step ahead of grave-robbing was murdering the innocent so as to procure the dead body for sale. In 1827 and 1828, two unemployed Irish labourers William Burke and William Hare went on a murderous rampage, killing more than 20 individuals. The fact was revealed only when some of the medical students recognized the dead body of a young woman as Mary (a 'known' prostitute in the area), and those who knew her felt she was quite healthy and they did not see any obvious reason as to why she died. This shocking incident in Edinburgh led to a public uproar and brought in an urgent need for legal intervention. The Royal Commission that followed resulted in creation of the long-discussed and long-awaited Anatomy Act in 1832, which thereafter popularly came to be known as "original" anatomy act⁸. The process of formation of similar relevant anatomy acts began in other parts of the world. In an attempt to control the trade in corpses, these acts made the unclaimed bodies of individuals available to anatomy schools⁹.

AVAILABILITY OF CADAVERS: GLOBAL STATUS

With establishment of increasing number of medical schools and colleges throughout the world, the demand for cadavers for dissection has been constantly increasing. The only source to meet this demand used to be from the unclaimed bodies, and obviously the supply was too scarce to fulfil the requirement. A study done in 2004 in Turkey highlighted the insufficiency of cadavers in anatomy education, wherein the number of unclaimed bodies was much less than that required, and the cadaveric donations had been very few at that point in time^{10,11}. In a study from

India, inadequate supply of cadavers was noted in 2012 in almost 90% of medical colleges in Maharashtra, one of the largest states in the country¹². Another study in the same year to include 96 medical and dental colleges all over India showed that 63.8% of the colleges had just barely sufficient number of cadavers available for anatomical dissection during the first year of medical degree curriculum. The study mentioned that whereas the ideal "Student Cadaver Ratio" was supposed to be 10:1, the existing average ratio was in the range between 8:1 and 50:1 (with an average 20:1). Only 49% of the institutions had an ideal student cadaver ratio¹³. A study conducted in Nigeria in 26 universities and 12 state specialist hospitals between May 2009 and November 2010 revealed inadequacy of human cadavers for dissection¹⁴. In Singapore, only 6 cadavers were reported to be received in 2012 to serve the educational purpose of 282 students at The Yong Loo Lin School of Medicine¹⁵. Scarcity of cadavers was also reported in the United States. For example, although the Anatomical Gift Association of Illinois was receiving 600-800 cadavers per year between the years 1997 to 2002, during the subsequent 10 years the number had slowly declined. In the year 2012 as much as only 530 cadavers were received, which was barely enough to meet the demands of Illinois medical schools¹⁶. In Japan, large number of medical colleges came up after 1970, and the scarcity of human cadavers was aggravated. Additional factors involved were unique social culture, some beliefs surrounding the deceased, concepts of family responsibilities towards the deceased, and the lack of law pertaining to body donation. The body donation law came up in Japan in 1983, and thereafter slowly the scarcity of cadavers was reported to be decreasing. It is reported that the law for body donation made a positive impact on the earlier adverse beliefs of public, and helped to encourage people for body donation¹⁷.

LEGAL PROVISIONS RELATED TO BODY DONATION

Although the first official law for using the dead bodies of executed murderers for dissection came in 1752, the history before this time has ample references from Italy, England, Czechia, Scotland, Germany, and other countries, where requests used to be made to the emperors or

administrators for allowing the dead bodies of executed murderers for the purpose of dissection. A record from the year 1238 AD from Salerno, Italy, mentioned that Frederick II granted permission for one such human dissection every 5 years⁶. However, in such instances, permissions needed to be obtained as special cases, since there was no law in existence to this purpose. As mentioned in the historical aspects, the first known act for provision of dead bodies of executed murderers to medical universities for the purpose of anatomical study and dissection was the "Murder Act" of 1752 passed in England⁸. Later in 1832, the well-known "Anatomy Act" came in existence in England. It was the first profound effort to control the trade in corpses so as to make the unclaimed bodies of individuals available to anatomy schools, and hence in literature, is many times referred to as the original Anatomy Act⁸. It is interesting to note that nine months before the "Anatomy Act" was passed in 1832 in the United Kingdom, a similar act was passed in the United States, and it was in the state of Massachusetts in the year 1831. Yet, the "Anatomy act – 1832" of UK had been in preparation several years before the other act; and similar acts in many other countries were further based on the act passed in UK¹⁸. The principal provision of the Anatomy Act of 1832 was Section 7 which said that a person having lawful possession of a body could permit it to undergo "anatomical examination" (dissection) provided that none of the relatives objected. The other sections were detailing the methods for carrying Section 7 into effect. The first enactment mentioned that if any person directs either in his will or verbally in presence of at least two witnesses that his body be given to a school of anatomy, the body shall be so disposed of unless any objections are made by a relative. As per the second enactment, a person having "legal possession" of a body may deliver it for dissection, provided the deceased has never been known to have expressed a desire to the contrary, and provided no objection be raised by a relative. These two important enactments are indicative of the care taken by the law makers for making human dead bodies available for scientific

study¹⁸. Based on the original anatomy act, similar laws were enacted in various countries. For example, The Anatomy Act was passed in New Zealand in 1875, and was amended further number of times as per the requirements⁴. "Anatomy Act" came in existence in Australia in 1930, and the various states and territories in Australia have the Anatomy Act with relevant amendments. Also, Australia is known to have very strict laws pertaining to the human "remains" (parts remaining after dissection)^{8,19}. In India, the anatomy act was enacted in 1949 by the name "Bombay Anatomy Act". In 1974, the "Human tissues act" was passed in Malaysia^{20,21}. A similar act came in force in Canada in 1990, which is called "Trillium Gift of Life Network Act"²². In most of the countries, even if a deceased has not filled the "will form" for body donation, but has verbally expressed the wish to donate the body in presence of two or more witnesses, the family or the close relatives or the executors can donate the body of the deceased by fulfilling some legal formalities. This is based upon the original Anatomy Act of 1832 in UK. However, the original anatomy act was amended several times, and now in UK the body donation cannot be accepted unless it is in a written form by the deceased. The written consent must be given prior to death; consent cannot be given by anyone else after death. The close relatives are not authorized to take any decision or action for body donation of the deceased. Written documentation by the deceased is a must for accepting the donated body. So also an individual with a Power of Attorney of the deceased does not have an authority to donate the body of the deceased. If an individual dies suddenly, neither the family nor the executor can donate the body of the deceased. Body donations can only be made by the individual and must be made in writing using the appropriate forms^{23,24}. In India, the Bombay Anatomy Act was enacted on 13th April 1949, and was adapted in different states with relevant modifications and amendments. The Bombay Anatomy Act says – "It is an act to provide for the supply of unclaimed bodies of deceased persons (and for donation before death by a person of his body or any part

thereof after his death) to hospitals and medical and teaching institutions (for therapeutic purposes or) for the purpose of (medical education or research including) anatomical examination and dissection"²⁵. Bombay Anatomy Act gives defined descriptions for the terms "unclaimed body" and "donated body". "Unclaimed body" is a dead body only if death occurs in a state hospital or in a public place within the prescribed zone of medical institution, provided the police have declared a lapse of 48 hours that there are no claimants for the body. Regarding the "donated body", it has been mentioned in the Bombay Anatomy Act 5 (b) that any person can donate his/her body after death to an approved institution for medical education or research including anatomical dissection by a written declaration signed in the presence of at least two witnesses during his lifetime or expressed orally during his last illness in the presence of two or more witnesses. No permission is required from the Police or Coroner or any other government authority, provided a 'Death Certificate' is issued by a Registered Medical Practitioner stating the cause of death as being natural without any ambiguity²⁵. In late 1970s the anatomy teachers and workers in voluntary health organizations in Japan started realizing that there was a need for making a policy to formulate a law regarding voluntary body donation in Japan. Likewise a proposal was given to the senators and the education ministry. This resulted into two major achievements. One, in 1982, an Official Certificate of Appreciation from the Ministry of Education (addressed to the deceased and given to the family) was created. Two, the body donation law in Japan came into existence in 1983¹⁷.

DONATED BODY: ACCEPTIBILITY

Almost anyone can donate own body for medical research and education. The procedures for donation may vary depending on the law of a particular country as well as the institution. Age, disease or state of health does not necessarily eliminate an individual from being a donor, although all donated bodies are not accepted as the medical institutes have a

right to reject a particular dead body²⁶. The dead body may be rejected on following grounds including autopsied body, decomposition, extreme obesity or emaciation, death from a contagious or communicable disease, removal of organs and tissues (except for eyes), history of recent and/or major surgery with damage to body parts (e.g. amputation of one or more limbs), medico-legal cases such as death due to suicide or homicide or any other accident, donation without consent of next of kin or a body received after 6-12 hours since time of death^{27,28}. In the United States, there is no upper age limit for whole body donation, and the medical conditions that would prevent acceptance as a donor include Creutzfeldt-Jacob disease, hepatitis, HIV, and tuberculosis. Additional reasons for non-acceptance include extensive trauma at the time of death, advanced decomposition, and extreme obesity; however, amputation of limb/s does not prevent acceptance¹¹. In the United States, about 140 medical schools receive 10,000-15,000 bodies in a year, and obesity has been one of the important factors due to which a willed donor may have to be turned down²⁹. In the United Kingdom, some of the medical conditions which consider the body unsuitable for anatomical/medical education and research include post-mortem status, history of a recent major surgery, infectious or transmittable conditions such as hepatitis, HIV disease, tuberculosis, jaundice, obesity, hemophilia, advanced malignancies, extensive pressure sores, and some kinds of dementia (not diagnosed as senile dementia)²³. In United States, if a medical school rejects a body donation for some reason or has a policy not to accept the donations that have not been arranged in advance, a school of mortuary science may be considered as an alternative for body donation. Schools of Mortuary Science need dead bodies to help teach about embalming and preparing body parts for viewing and studies. In mortuary schools, the bodies are not fully dissected, and the cremated remains may be returned to survivors within a few weeks after study²⁶.

STEPS AND INFORMATION REGARDING BODY DONATION

As far as the process of donating someone's body after his/her death, a great deal of coordination involving many individuals is necessary at the time of death. These include the family or executor, physician, clergy, and the concerned individuals in the Human Body Donor Program or those in the respective departments such as Department of Anatomy in the concerned medical college or institution. The process can be simplified if the intention to donate one's body has been recorded and some simple paper work completed²⁸. The steps involved in body donation and the pertinent facts are essential to be known to the individual who wishes to donate his/her body as well as to the relatives of the individual. Filling up a 'will form' for body donation amounts to 'Registration' of a donor in the list of the medical university/institute or a donor program. The 'will form' is available at almost all the recognized medical institutes. It shows the willingness of the individual to donate his/her body after death to the medical institute. The signatures of the close relatives on this form entail them to know the willingness of the person for his/her body donation. Any person above the age of 18 years can fill the 'will form' for body donation. The institute or the donor program maintains the register of the 'will forms' received. A letter of the registration/donor's card along with all the instructions and the relevant information and contact phone numbers are given to donor. If a person wishes to donate his/her eyes after his death, he/she needs to submit a separate form to the same or another hospital or eye-bank of choice, and needs to get a registration card from them for eye donation. The donor needs to preserve these documents and inform likewise to the relatives or friends, who would be taking care of the process of donation^{28,30}. Relatives or friends or the closer ones have an important role to play in the process of body donation. Even though the 'will form' has been filled by a donor, the act of body donation cannot be fulfilled until the relatives wish to do so. Hence if the relatives are willing to go ahead with donation as per the 'will form', they are

expected to obtain the "Death Certificate" from a Registered Medical Practitioner and inform the concerned authorities for body donation immediately. They will have to get the 'Body Disposal Pass' from the local Municipality/Corporation to be submitted to the medical institute along with the body²⁷. If the 'will form' had not been previously submitted by the donor and the wish to donate the body had been expressed in presence of two or more witnesses, the written consent of the relatives stating so (with all other documents as stated above) is all that is enough for the institute to accept the body donation^{25,27}. The institute inspects the body and makes a decision on accepting or rejecting it. Upon acceptance, the institute acknowledges by giving a letter of thanks and 'Certificate of Honour' to the relatives. The body received is then preserved by the process of embalming. The preserved body can then be used for education/research purposes. Usually the concerned medical university/donor program is supposed to cover all costs including those for collecting a donated body, cremation of the remains, and the return of the cremated remains to the family, but the issue of covering the expenses may vary from institute to institute. Some institutes may do the necessary arrangements for transport of the cadaver and may request the relatives to bear the expenses for transport. The donated bodies may be normally used for between 1 and 3 years. After the dissection or other research purpose is over, the medical institute respectfully arranges for disposal of the body^{8,28}. The remains of the body are called 'cremains'. The respectful disposal of the 'cremains' may involve cremation or burial. Appropriate records are maintained and each donor's 'cremains' are identified and kept separate. At some institutes, the 'cremains' may be returned to the family members or designated individuals (or an executor), for a private burial, on the specifying such request in advance. In some universities in Canada, a brief service is conducted by the University Chaplain on this occasion, by inviting the concerned individuals^{28,31}. In Australia, most body donation programs allow the donor to specify what happens to their body after it has

been used for study. Depending on the institution, the 'cremains' are cremated and the ashes returned to the family, or in some instances, the 'cremains' can be returned to the family for burial. Some institutions offer a regular memorial service for the relatives of donors in order to express the students' and the university's gratitude to those people who have donated. Donors can indicate on the 'body bequest form' if they are happy to have some parts of their body kept indefinitely for teaching. In these cases, particular body parts may be put in the university's anatomy museums⁸.

VOLUNTARY BODY DONATION: EVOLUTION TO MOMENTUM

Writing or expressing a wish to donate one's own body for scientific purpose was not heard up until 1832. Utilitarian Philosopher Jeremy Bentham's body was donated in 1832 to Royal College of London according to his will³². Jeremy Bentham born on 15th February 1748, was a British philosopher, jurist, and a social reformer, and is regarded as the founder of modern utilitarianism, and also as "spiritual founder" of University College, London. Bentham died on 6th June 1832 aged 84, but he had made the first mention of his wish to donate his body for dissection as early as in 1769 when he was just 21 years' old, in a written will to a family friend, the physician and chemist, George Fordyce. It is worth mentioning that Jeremy Bentham had thought of donating his body 63 years before the "Anatomy Act" came in force in the United Kingdom. Bentham also had given guidelines to donate his body for dissection and its preservation as an "auto-icon". The paper detailing this was attached to his last will of 30th May 1832. Bentham passed away on 6th June of 1832 and the "Anatomy Act" came in force in England on 1st August of the same year³³. Donating one's body for the purpose of science, almost 200 years ago was an incredible act in itself, which proved Bentham to be a philosopher and social reformer, much ahead of his times. Since then the concept of 'body donation' for anatomical education has been gradually evolving. In 1943, the first body bequest in New Zealand was recorded⁴. The

first voluntary body donation in India was reported in 1956 at BJ Medical College, Pune³⁴. The number of donated bodies as a source of cadavers remained low for a long time. Opinion towards body donation was found to be influenced by many factors including age, culture, personality, and religion. Body image, individual views on death or mortality, and humanitarian concerns also were involved³⁵. A Nigerian study identified religious and cultural beliefs as being the problems in willingness for voluntary body donation. Steps which may change the scenario were identified to be education, provision of ambulance and donation centers, improved acquisitions procedures and formalities, and government legislation¹⁴. A survey conducted in 2009 at the 171st Scientific Meeting of the Dutch Anatomical Society questioned 54 anatomists about their views regarding body donation. None of the participants had registered themselves as a willing whole body donor, and only 25% of them accepted to consider the possibility of body donation. It was argued that the issues with the professional and social environment were probably responsible for the constraints that prevented the anatomists from body donation³⁶. A 2004-study of attitudes of 83 Turkish anatomists towards body donation revealed that only 15% of them were ready to plan for the body donation¹⁰. In 2011, the knowledge, attitude, and practices of medical doctors towards body donation were studied, which revealed that 8% of them were unaware of the term body donation and 85% believed that donated bodies were misused. Willingness for body donation was expressed by 22% of physicians, but 68% expected the general public to do the same. Only 7% had already registered their own names for body donation. The authors of this study suggested that educating medical students and professionals regarding the altruistic act of body donation was as important as educating the general public³⁷. In an American survey, 49% individuals reported that they would consider whole body donation. In those expressing unwillingness for body donation, the associated factors included younger age, African-American ethnicity, less education, and religious beliefs³⁸. A study done

in 2011 with 1,700 individuals from 5 major cities in Greece reported that low income and presence of comorbid conditions seemed to be associated with probable unwillingness for cadaveric donation. Also strong religious belief was one of the factors responsible for unwillingness for body donation. The study mentioned that in Greece, the rate of body donation to medical science as well as the percentage of willingness to consider body donation remained low and that the cadaveric donation remained suboptimal, and hence it was suggested that efforts to encourage discussions about whole body donation should be implemented in order to improve current low levels of donation³⁹. The scenario for voluntary body donation has been slowly gaining momentum in different parts of the world. Originally started as BJ Medical School in 1871, now the state-run BJ Medical College and Sassoon Hospital, Pune in Maharashtra State of India has 1296 beds and provides healthcare services to the population of about 10 millions. In 2012 it was reported that out of the 50 cadavers required for educational purpose, this institute received about 25 to 30 human cadavers through pledged body donation and remaining through unclaimed bodies. Between 2010 and 2012, the number of "will forms" received was 523, and the institute received more than 200 "will forms" each year⁴⁰. A survey of 96 medical and dental colleges in India suggested that 70% of them had the voluntary body donation program included as an established part of routine activities of anatomy departments¹³. In France, the body donation centre was established in 1953, and therefore now the cadavers for anatomical dissection come from the body donation programs and not from the source of unclaimed bodies⁴¹. In Germany, the body donation roster has almost 7,000 living donors¹¹. In the United States, the demand for the cadaver-based courses in human anatomy has been expanding because most professional schools have been listing such courses as an admission requirement. Body donor programs exist in various states. For an instance, The Anatomy Board of Maryland's body donor program has a list of about 70,000 donors, and receives 1,500

bodies each year. The University of Massachusetts Medical School donor program started by late Dr. Sandy Marks in 1971 has 4,500 living donors on the waiting list¹¹. About 140 medical schools in the United States receive 10,000-15,000 bodies in a year²⁹. Thailand has a typical way of displaying high regards for a voluntary body donor; the status is called "ajarn yai" or "the great teacher". The status of "ajarn yai" is mainly conferred by two ceremonies; one, a ceremony few days before the start of the medical course session, called "dedication ceremony", and the second, called "cremation ceremony" conducted at the end of the medical course session. These ceremonies form an effective means to create the atmosphere and ethical framework for dissection courses as well as voluntary body donations. The respect to a voluntary body donor is formalized in a ceremony known as "waikhru" (ceremony for honoring the teacher). At such ceremonies, booklets are printed and distributed to include the details of voluntary body donors such as their pictures, address, and a short resume, and words of condolence and gratitude from faculty and students. This tradition is unique, and it transmits the concept that the cadaver is a teacher. So the donor is respected as a person rather than a medical object in the dissection hall. This Thai approach is likely to be a motivation to voluntary body donation¹¹. Canada has 17 medical schools that accept anatomical donations. Voluntary body donations are regarded as direct means to support the advancement and development of medical science and training, and usually the medical institute covers all costs for collecting the donated body and cremation of remains or return of cremated remains to the family of the donor. Rather than verbally expressing a wish to donate a body, the act of signing a "body donation will form" before death is looked upon in Canada as a way to keep one's close relatives away from the burden of making a decision regarding donating one's body after death^{28,29}. Japan has a unique history of acceptance of the concept of body donation by common public. A certificate is issued by the Government to the family of the deceased who decided to donate his body. It is reported that

the people consider this happening as endorsement by the government to body donation as a matter of cultural acceptance. It was observed that creation of body donation law resolved the possibilities of disputes between family members regarding the decision of body donation. In 1995, the Crown Prince and Princess participated in the Ceremony of the Centenary of the Japanese Association of Anatomists, and the Prince supported the body donation movement as a key point in development of modern medical education. It is an encouraging report that now the Japanese medical schools do not face scarcity of human cadavers for dissection, and that the body donation law played a remarkable role as mentioned in the official journal of the Japan Union of Voluntary Body Donation, "Tokushi Kentai" (means "Voluntary Body Donation")¹⁷. It is such a wonderful gesture of diverse communities throughout the world to have reached the point of realization of the fact that the human body is useful to the society even after death. It is still more appreciable that there have been conscious efforts all around the globe to encourage amongst the society the awareness towards body donation.

CONCLUSION

Since ancient days the human beings are curious about the secrets of science pertaining to human body. Records of dissecting a human body for purposes of study can be found from the times as early as 600 BC. It seems such studies were carried out in the western as well as the eastern world. In those days, obtaining human dead bodies for dissection used to be a task for anatomists and researchers. As long as the laws specific to anatomical dissection were not available, the local emperors or administrative bodies in some parts of Europe and USA by means of some legislation or special orders used to grant special permissions for anatomical dissections. Such incidents used to be rare and were allowed as special cases, and the cadavers mostly used to be the dead bodies of executed murderers. "The Murder Act" of 1752 in England was the first specific law which gave permission for use

of dead bodies of executed murderers for anatomical dissection. The availability of human bodies for anatomical dissection was further strengthened by the "Anatomy Acts" in Massachusetts (1831) and the United Kingdom (1832), due to which it was possible to use unclaimed bodies for human dissection. The acts based on these two acts were formulated in various countries. In the immediate periods after enactment of such laws, most of the bodies available for dissection in various medical institutes were unclaimed bodies received from government hospitals after following the required legal procedure. These acts also gave a legal endorsement to one's wish of donating own body for purpose of anatomical study. The concept of 'Anatomical body donation' or 'Body bequest' has been evolving gradually, and has been gaining momentum since last few decades. Body donation is not a difficult procedure, and like the blood donation campaigns or the eye donation,

it is slowly becoming a 'movement' especially with the initiative of individuals and organizations. The pace can be appreciated by the increasing number of donated bodies received by various institutes throughout the world. The medical fraternity has high regards and appreciation of the gracious act of body donation by the donors, which helps a future doctor climb the very first step of the professional medical career.

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CONFLICT OF INTEREST

Conflict of interest declared none.

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