

PUBLIC AUTOPSY: EDUCATIONAL EVENT OR BARBARIC BUTCHERY?

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The first public autopsy for 170 years was conducted by Professor Gunther von Hagens in an east London art gallery on 20 November in front of a sell-out audience of 500 people. The autopsy was later broadcast by Channel 4 and attracted viewing figures of 1.2 million. In this article, the author, as a witness to the autopsy, shares his views on this controversial event

Following the controversy surrounding the public autopsy — the first in London for 170 years — that was broadcast by Channel 4 on 20 November, I am compelled to comment on it, as a witness to the event.

I thought the event was worthwhile as I was able to learn various things from it and place several ideas into context, which previously were abstract and theoretical. Although a layman might be indifferent to left ventricular hypertrophy, the sight of the removal of the atherosclerotic plaques — like sheets of ice being removed from a frozen windscreen — was motive enough for many of us to wish to avoid such processes occurring in ourselves.

I watched a live transmission of the event in an “overflow” room next to that where the autopsy took place. In this room, removed from the actual event, I was spared the atmosphere which might have made me feel nauseous. Some incidents were ridiculed by those I was watching with but the room was full of lay people nervous of the event. I understand medical students are allowed similar leniency to cope with their initial exposure to dead bodies but, because of this, I must admit that I would doubt ever offering my corpse for such an event. Nevertheless, let me explore some of the reasons for the staging of the event.

First, the presence and involvement of a clinical pathologist, who adeptly explained the procedure and the reasons behind it,

suggests the organisers were seeking transparency of practice, especially in light of the Alder Hey tragedy. Indeed, a possible reason for the autopsy was the opportunity it gave people to understand the importance of biopsy sampling. Maybe, by raising awareness of being able to help mankind following death, some people will be encouraged to consider organ donation for which there is a critical shortage.

Secondly, because there is a major move in the United Kingdom for individuals to be more responsible for their health and realise the consequences of their lifestyle, this event was, at least for me, an eye opener for which I am grateful. Cynics may say I should have realised what goes on in bodies from my own experience of piecemeal, unconnected diseased organs. I argue that only from such a complete case study — from witnessing the autopsy, previously the province of medicine — could I truly appreciate the significance of diseased organs in an individual.

Finally, the argument that we need to confront death was made by Cristina Odone, former editor of *The Catholic Herald*. Death is a physical occurrence, the only thing in life we must do. It has been argued in the media that the grieving process has become predominantly emotional and that physical involvement has been somewhat removed.

I believe there is no need to repeat the event. It remains on public record thanks to Channel 4. Because of the dignity we assume for ourselves, despite the wishes of

individuals to do what they want with their bodies in death, as in life. I would not want to parade my body in public. After all, a human is more than the sum of his parts, be he a father, a son, a husband or a brother. But I can see an argument for the right of an individual to have close relatives present, if both parties so wished, at their own autopsy.

I can also see a justified argument to allow all students of health care to see an autopsy in order to understand the pathological consequences of disease for themselves. I believe I would have gained from such knowledge during the MPharm course.

The event has been labelled barbaric, sensational butchery by some clinicians, perhaps rebelling against any possible change in current practice. However, changes in practice may be desirable without going as far as a public autopsy. Perhaps a better solution to help people understand the process more would be to implement the suggestions I have made above regarding the presence of relatives and students at an autopsy.

In conclusion, it may be argued that through my generally positive opinion of the event, though with some reservations, and reinforcing an absolute appreciation of the processes we try to prevent, I may be less of a health care professional than others. But if this is so, then at least the event achieved its aim: to educate, be it only one person.

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