

THE CLINICAL GAZE IN THE ANATOMY LAB

I understand that one of the important themes of this class is about ways of seeing in medicine; and that this session specifically is about how different methods of imagining help you see parts of the human body differently.

I'd like to offer a contextual thought about seeing in medicine. I'm going to reflect for a moment on what the process of dissection itself teaches medical students about how to "see" the patient.

Anatomy is arguably the most important course in the first year of medical school. It has been called by both medical educators and students themselves a rite of passage because it is what distinguishes medical students from basic science geeks.

There has been much discussion and debate about introducing dissection at the beginning of the first year of medical school. There are many convincing reasons why establishing a strong foundation of knowledge in anatomy is important as early as possible in training.

But it has been observed that an unintended consequence of this early exposure to dissection is that it may begin a steady process of desensitization to the suffering of patients. Unfortunately, an unintended consequence of human dissection is that it may create in medical students an inappropriate and callous "property of easiness" in dealing with death and the human body.

It has often been said that the donor is the student's first patient. But if that is the case, what are the implications for that first patient being dead? What are the implications for being initiated into the profession of healing by engaging in the systematic dismemberment of that patient?

Dissection can raise many complex emotions in learners – gratitude, awe and wonder at the human body, but also a fear that one is committing a violation, as well as feelings of guilt, even at times horror.

In the absence of proper guidance from a great course director such as Dr. Wiki, students may start to "see" the donor as an object not a subject. The philosopher Martin Buber contrasted I-Thou relationships, i.e., human to human relationships – with I-It relationships, in other words the relation between a person and a thing.

Too often anatomy can teach students to look at the donor as a thing, an object that exists solely for the purposes of their learning.

Now you might object that dissecting a donor is entirely separate from treating a patient; but in fact the habits and attitudes laid down in the anatomy lab can carry over with surprising consistency to the clinical years.

So in the anatomy lab there is already a choice point

- **Is the donor to be treated with respect and dignity?**
- **Is the student able to see them with compassion?**
- **Is the gaze cultivated by the student only analytical, reductive, and instrumental or can it be at times open-hearted and emotionally connected?**