

WEEK 6 MEDICINE & THE ARTS – DEATH AND THE CORPSE
THE DISCIPLINE OF DEATH

00:00:00

I now want to talk very briefly about medical dissection, and in particular about the centrality of dissection for the ways in which modern medicine disciplines death. I'm standing in the mortuary at UCT Medical School. I wouldn't normally be permitted to enter this space, as I'm not a doctor and I'm not a medical student. There are strict rules about who can enter and who can witness an autopsy that would be conducted. The body would be laid out on this metal slab.

There are similar kinds of rules that pertain to the practise of medical dissection, the means by which medical students typically learn about the anatomy of the human body. UCT is one of those medical schools that stresses the importance of dissection. And typically in their second year, students would spend many months pouring over a cadaver that's allocated to groups of medical students learning about how the body-- the anatomy and physiology of body.

At UCT, it's regarded as fundamental to their induction into the profession. Medicine is, in a very, very fundamental way, about proximity to death. Sick people are at risk of dying. Doctors, nurses, health workers deal with death all the time. To them, death is entirely routine, ordinary, and unremarkable. To manage this, then, this ubiquity of death in the life of a health worker requires that they become emotionally detached from death, that they become completely un-alarmed by their proximity to the human cadaver.

We can't have medical personnel who find themselves awestruck, unsettled, destabilised by the enormity of death in their midst. This is the process. It's a process that it's taught. It's a process of medical socialisation, not necessarily explicitly so, but it becomes regularised as a set of professional practises that are institutionalised-- to the point that they become self-evident, as if a medical common sense. And dissection is one element of that set of medical practises, that discipline death in these emotionally detached ways.

The first thing that medical students learn about dissection is that this is not a public prerogative. They conduct their dissections. They're taught how to dissect a human body in a rigorously scientific, secluded space. But this was not always the case. And to understand the transition from public to proficiently secluded dissection tells us a lot about the body of knowledge that facilitates medical socialisation. Public

dissections were not uncommon in Britain, Europe, and America up until the 18th century.

In fact, particularly between the 16th and the 18th centuries, public dissection was a form of theatre, a mode of public entertainment. It was a social spectacle, attended by people who wanted to see and to be seen. And it was public theatre largely on the strength of its moral purpose. The corpses that were dissected were the bodies of murderers. And their dissections were regarded as the completion of their punishment for their crime. Because at the time, it was understood that to dismember a corpse was to prevent the prospect of that person's Resurrection, of any afterlife.

So dissection became a form of spiritual punishment, a death sentence, if you like, of a more metaphysical kind. Medical dissections as they are undertaken here and now are predicated on a secular rendition of the corpse, such that in death, it becomes a thing entirely bereft of life. It is merely an object of science. And it's in the name of science that aspiring doctors are trained to understand, to explore, and to examine it so that the distinction then becomes limited, restricted, to the domain of scientific expertise.

And not to ordinary members of the public like me, who then become excluded from the intimacy of that encounter with the dead body. I have interviewed medical students at UCT about their experiences of dissection. And they speak quite eloquently about their training in scientific detachment from death. Several of them relayed their first experience walking into the dissection hall, this large room, with tables upon which the cadavers are laid out-- initially covered, and then the covers removed.

Many of them were deeply troubled by that first encounter. Some vomited. Some fainted. One or two left the room. But in all cases, as they explained to me, rapidly the cadaver lost its taboo, its power to alarm and unsettle them. And they started to feel free to explore the bodies that were laid out ahead of them. And in fact their teachers-- the lecturers, the professors who were guiding the dissection classes-- explicitly encouraged them to do so. To feel around. To explore these bodies in their recesses.

Over time, they became excited by the unexpected discoveries that they would make. In fact, so much so that they became so unfazed, so at home with these things, these bodies, that they began to have fun with body parts-- pulling out an intestine, making it into a hose pipe. It became simply a thing, detached from a human biography. And that, in fact, is a necessary condition of their medical education. That relationship to the dead body is then replicated in their encounter with the anaesthetised body undergoing surgery.

These students told me that they were encouraged during their surgery blocks by the surgeons who were teaching them to, again, "feel around." On the table, the patient is, as one student put it to me, open to exploration. And she continued, if you are uncomfortable with this, then you can't be a good doctor.

So at the core of medical socialisation, of the discipline and of the disciplining of medicine, must be a capacity to objectify and to dehumanise the corpse. To strip it, in other words, of the powers that in the wider society render the corpse so symbolically

profound, so symbolically unsettling. The ways in which medicine disciplines the dead body is, it seems to me, at the heart of the disciplinary knowledge-- the corpuses of science, around which the profession coheres.



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