

WEEK 6 MEDICINE & THE ARTS – DEATH AND THE CORPSE
IN DIALOGUE ABOUT THE CORPSE

00:00:00

Here we are. The end of the course, the end of a six-week journey that explores the medical humanities, and ends quite fittingly with death and the corpse. Death raises all kinds of existential questions for us. All of us.

How will we die? When will we die? Will our death be painful? Who will look after us after we've died? Will we have a funeral? Will we be cremated? Will we be buried? Will we end up in a glass urn on somebody's fireplace? Will we be scattered across a mountaintop or thrown into the sea? Who will come visit our grave if we are buried?

What will we be dressed in? Who will paint our body? Who will adorn us? Will there be photographs? Will we be dissected? Will we-- will parts of us save another life in the case of organ donation? Will we be used to advance medicine?

Does our own cultural backgrounds and perspectives influence how our bodies might be treated in the afterlife? In fact, is there an afterlife in a kind of reincarnation sense?

So throughout the course, these existential questions of life and death have been just underneath the surface. From the questions of reproduction, through to heart transplantation, through to paediatric oncology, we've touched in a number of ways, leading up to this session. We've been graced here today with Doctor Lorna Martin, a forensic pathologist; sociologist, Professor Deborah Posel; and forensic artist Kathryn Smith.

Each one of the speakers has brought to the table a different question, a different mode of engaging with the corpse. And we have a chance now to pose a number of questions, which will enable each of the speakers to just do a little more work for us here at the end. Whereby we think about what it means to become a doctor, what it means to be trained in a biomedical setting, whereby the corpse becomes a specific kind of object. A kind of an object for investigation.

Deborah Posel even nodded to play and playfulness. How is it that the corpse becomes this kind of an object?

Kathryn Smith has spoken about some of these really difficult questions around ethics. How does one gain consent to represent the dead? Of course, one can't. And so then what are the respectful ways in which an artist engages with the space. We'll be posing a question specifically to her, and we'll look forward to finding out how she answers that.

And again, for Lorna Martin, as someone who deals on a daily basis, sometimes with violent crimes, sometimes with sudden deaths, and as a forensic investigator, how she models the corpse in her own work. And how, then, does she deal with some of the emotional issues that the family members attach to this death moment?

So we'll be posing questions to each of the speakers. I ask you to think about their answers, again, through your own personal experiences and reflections, and have time to think about the ways in which this last, final module on death and the corpse resonates backwards and forwards, and then into the future.

So thanks for that question, because families are really an important part. I mean, I have mentioned that in some instances we speak to families before doing investigations because we want a history from those families. But we are there and available as a forensic pathology service for the family during and after the event.

The family needs to come to our facility to identify that person in a formalised identification process, which is a handover of documentation and in some instances, even fingerprinting. But that gives us the opportunity to interact with the family, and to answer all of the questions that they may have around what we found, around the circumstances, where we can help with that.

And just for them to have the-- to see the voice and to see the person who has actually physically been touching and holding and cutting up and putting back and reconstructing that person's family member. For the most part, it's our forensic pathology officers who do that, but our forensic pathologists are available as well. And in my experience, with the families that I interact with, it comes as great consolation to them to know that here is the person who has been with their loved one in those final moments.

If we think of the ordinary meaning of the word discipline, it has two elements. It implies a set of rules, a series of instructions, by means of which we undertake a task or occupy a place in society. That's the one thing-- the rules, the system.

On the other hand, it also implies a kind of hierarchy of authority and of expertise, those upon whom the task of disciplining others will rest. So part of what I've been saying is that medicine disciplines the dead body. In the sense that, A, a series of rules and instructions attached to how the dead body is to be treated.

Those rules, those assumptions attached to the rules, are imparted through a process of medical socialisation. They are internalised to the point of becoming commonsensical to those who carry on to practise as doctors. And they're invested with and attached to hierarchies of scientific expertise, by means of which those rules become and remain legitimate.

The other meaning of discipline, of course, attaches to the idea of bodies of knowledge. And in fact, bodies of knowledge similarly have these two dimensions. On the one hand, a series of rules, tacit systems, assumptions by means of which notions of right or wrong, how to do things, how not to do things, are produced and validated.

Along with hierarchies of expertise, those upon whom the source of right and wrong that which is true, that which is false, that which is interesting, that which is uninteresting, the authority to pronounce on those things. So the other part of what I've been saying, it seems to me, is that in disciplining the dead body in the ordinary sense of the term discipline, medicine is also predicated on bodies of knowledge, in the other disciplinary sense, by means of which that version of the body is necessary, intelligible, and productive.

Negotiating the corpse has been an interesting thing, because it is such a taboo, particularly in Western culture, and one obviously has a sensitivity as well to the individual concerned. With respect to ethics and aesthetics, for me as an artist, I believe that it's my job to be responsive rather than responsible.

But at the same time, the corpse can't give you informed consent about whether it wants to be imaged or not. So one has to approach the representation of the corpse, I think, in a particularly sensitive way. My own practise has been to really talk about processes of anonymisation and within the episteme of science in relation to the highly subjective and individual aspect of the human within the humanities. And I negotiate that space.

And as a forensic artist, really my job is to try and identify the unidentified. Which is really about giving an anonymous set of remains its individualisation and its identity back. So between art and science, that's the space I navigate.

One of the pleasures of being a medical anthropologist at UCT is having fabulous colleagues. As you've seen in this course, I'm able to work with a range of fine artists, social scientists, medical practitioners. And just somehow, in a magical moment in 2012, 2013, some of us have come together to ask questions about the medical humanities, and particularly what an interdisciplinary approach to the medical humanities might mean.

This course has been an exploration. It's traversed multiple disciplines in an attempt to engage conversations, ignite new responses to health crises in a politically and economically challenged context like South Africa, where we have an uneven distribution of disease and illness along the fault lines of poverty and wealth. We've also asked about the existential questions around life and death, and how the arts, the social sciences, and medical practitioners can somehow ignite one another's imagination to find new solutions in an interdisciplinary new and emerging field.

We hope that you've also brought your own disciplines to bear. As any of you know, going to school or university, you will have grown up with a disciplinary approach, which means that you've gained a specific kind of technical language which has shaped your common sense worldview that shapes the way you move through the world. By listening to others and engaging different kinds of disciplines, it again

fosters new kinds of knowledge, produces new solutions, and ultimately, we hope to contribute to conversations that can work to improve health care in South Africa and globally. Thank you.



2015

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