

## Teaching of anatomy through cadaveric dissection: are we really satisfied?

**Sir,**

The published literature supports dissection in the teaching of anatomy, despite the number of disruptive technologies, such as virtual atlases and volumetric imaging, that are threatening its value (Patel and Moxham, 2008; Kerby et al, 2011). Two ambiguities remain as regards dissection which warrant further thought should cadaveric anatomy remain the gold standard in anatomical education.

The first is who should lead the dissection of the cadaver – the student or the tutor? Traditionally, students were very much in control, although the pedagogic credibility of this approach was often devalued by the lack of skill and experience students used to perform their dissection. Shifting the locus of responsibility for learning to the tutor, while more labour intensive, has the potential to provide consistency, but prevents the soft skill development that medical students need and struggle to achieve elsewhere in the curriculum. Striking the right balance is challenging, and often cannot be reached without unfortunate compromise.

Second, at the heart of the ethical uncertainty about dissection is the status of the cadaver (Winkelmann and Güldner, 2004). Is the cadaver merely formalin embalmed tissue, a patient, or

our teacher (Prakash et al, 2007)? There is invariably a differential appreciation of the value of the cadaver between anatomists and their students, so it must not be ignored. Discussion of this important concept with students is encouraged and it is hoped that integrated curricula will facilitate the broaching of ethical topics alongside anatomy.

The future of cadaveric anatomy really lies in addressing these, and other questions of importance. This may be achieved through a number of innovative strategies, including the use of hospital autopsy in anatomy teaching as recently highlighted by an editorial in this journal (vol 72(5), 2011, p. 244), and the professionalization of anatomy in modern medical career paths.

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Prakash PLV, Rai R, D'Costa S, Jiji PJ, Singh G. (2007) Cadavers as teachers in medical education: knowledge is the ultimate gift of body donors. *Singapore Med J* **48**(3): 186–9; quiz 190

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## Patient involvement in preoperative marking

**Sir,**

A recent patient has made us question how we go about our preoperative marking. She attended with her knee marked as shown in *Figure 1*. We still marked the leg we were going to operate on as per the standard departmental procedure but this made us consider two factors:

1. Should patients be more involved with the marking process and mark themselves?
2. Should we positively mark the joint for operation and negatively mark the contralateral one?

A search of Pubmed revealed nothing in the literature on this important step of orthopaedic operations.

We think patients self marking under supervision of the operating surgeon increases safety and the patient perception of safety as they have increased involvement with the process.

We do not recommend the negative marking of the contralateral joint as it is liable to cause confusion. The differing way clinicians negatively mark patients will inevitably lead to a situation where the negative mark will be confused for the positive one and wrong side surgery will occur.

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**Figure 1.** The patient having undertaken her own preoperative marking.

