

The public autopsy: somewhere between art, education, and entertainment

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While another von Hagens style public autopsy should not be encouraged, the public should nevertheless be able to experience such events as a public autopsy.

During 2002 and 2003 there was considerable discussion about the work of Gunter von Hagens, famed for his *Body Worlds* exhibition,¹ which was publicised extensively and with considerable success. The exhibition is a tribute to, and celebration of, his method of preserving organic life through the process of plastination, developed by von Hagens in the 1980s. The process entails a form of preservation, whereby body parts (mainly human) are dehydrated and filled with polymer resin, making them more robust than conventional formaldehyde does.

While it was in the United Kingdom, the exhibit was housed at a back street gallery in Brick Lane, London, though the exhibition has toured throughout the world. Despite many millions having flocked to see the exhibition, the reasons for its success are open to interpretation and have provoked strong opinions from the medical community as to whether this physician ought to be entitled to create exhibits from real bodies. Von Hagens (and others) would argue that these works are justifiable because they have artistic merit. Others would claim that viewers are being brought to the gallery by the immense publicity. Alternatively, one might suppose that those who attend the exhibition do so mainly because of a fascination with the extraordinary and with the grotesque. Indeed, such fascination with death, and human remains specifically, was the focus of a meeting hosted by the Institute of Ideas and the Royal College of Physicians in May 2003, which was entitled *Morbid Fascinations: the Body and Death in Contemporary Culture*.

The controversy arising from the *Body Worlds* exhibition pales in comparison, however, to von Hagens's most recent performance—the first “public autopsy” in Britain for nearly 200 years. It took place on the evening of 20 November

2002, in front of a randomly picked (but paying) audience. Later that same night, one of the UK's five terrestrial television channels, Channel 4, broadcast an edited, documentary style version of the event in the UK, after having first made headline news on both BBC1 and ITV.

All discussions concerning this event, procedure, performance, or whatever it should be called, have been controversial. Even before the autopsy began, von Hagens's integrity was in question, because it was not clear whether he had a UK licence to perform the autopsy. Thus, the event needed to take place in secret because of its ambiguous legal status. As a result there could be no advance publicity, since this would have alerted the authorities much earlier, in which case they might have been able to halt the entire event. As it was, officials did decide, eventually to allow it to take place. In spite of the low level of advance publicity, the event made headlines on major TV channels just hours before it began. Simply on the basis of the legal ambiguity of the event, it is possible to conclude that von Hagens did not act ethically, though this seems a relatively weak point at which to conclude the ethical inquiry. There are far richer discussions to be had, which are to do with ethics, and which are over and above the legal questions involved. Indeed, it is misleading to suggest that the ethical concerns were solely or even largely about the legality of the issue.

Nevertheless, it is not possible to dismiss the legal argument, although it is similar to the recent controversy concerning the ambulance driver in the United Kingdom who was charged by the police with speeding while delivering a human organ to a hospital in a civilian vehicle.² This incident has created a significant confusion in the UK as regards the legal definition of an ambulance and what counts as legitimate speeding. In the cases of both von

Hagens and the ambulance driver, the action was carried out by a qualified practitioner and, seemingly, for worthwhile reasons, even if there was no legal basis for the action. Moreover, each case presented new, challenging questions for the way in which legislation is structured in medicine. For the case of the speeding ambulance driver, it involved what counts as the legitimate exercising of an ambulance driver's responsibilities. For the public autopsy, the matter involves what counts as a legitimate execution of a medical procedure. Both examples involve questioning the relationship between people and medicine.

Beyond the legal concerns, commentators have been preoccupied with the moral and ethical controversy surrounding the use of a human cadaver in what appears to have been, for many, merely a public spectacle. Yet a number of these moral and ethical issues concerning the autopsy have become conflated in the analyses, and questions remain about whether such an activity should have been allowed to take place at all.

A further approach, which I will not address in this paper, is whether the importance of public autopsy has something to do with the role of “autopsies” specifically. For some commentators, the public autopsy was important precisely because consent to autopsies is in decline and because this decline has something to do with people feeling afraid and distrustful of how deceased loved ones are treated.^{3,4} While this is a valid concern, I suggest that this is not the most relevant feature of the public autopsy. Rather, I argue that the controversy concerning the autopsy speaks more broadly to the way in which people make sense of medicine. Nevertheless, my approach does not neglect the concerns about autopsies specifically.

In this paper, I attempt to address a number of criticisms about the public autopsy. My analysis has two related aims. The first is to consider the way in which ethics has been “mediated”, using the public autopsy, and to discuss the importance of the media in representing and creating ethical issues. This evaluation will derive from an analysis of how Channel 4 chose to frame the moral controversy concerning the autopsy. The second aim is to evaluate the value of the public autopsy as an opportunity to explore the role of medicine in society and to advocate a more socially sensitive approach to bioethics. This latter aim draws upon the conceptual potential of the public autopsy to provoke a meaningful, complex, and interesting engagement with concepts of life, death, and medicine,

which are tied to cultural identity. On this basis, I argue that a sociobioethical approach to ethics would provide a useful mechanism for coming to terms with the potential value of the public autopsy specifically, and of bringing medicine closer to people more generally.

HOW TO CRITIQUE A PUBLIC AUTOPSY

The public autopsy does not lend itself to a straightforward ethical analysis, though to understand the context within which it took place, it is useful to know a little more about Gunter von Hagens. The *Body Worlds* exhibition is presented as an exhibition which has both artistic and educational merit. For this reason, the exhibition seems to require that one's intuitive ethical or moral condemnation of it must be tempered by a willingness to engage with more creative and conceptual aspirations. Literally, this argument requires one to accept a less strict adherence to ethical principles in pursuit of some higher beauty. For this reason, the way in which it is possible to critique the exhibition is unclear and the same kind of argument is also relevant for the public autopsy.

Conceivably, the autopsy was an attempt to critique or demonstrate a rejection of the strict discourse of medical ethics in Western culture. In particular, the public autopsy can be seen as a rejection of conventional concerns for human dignity, or at least a crisis in understanding precisely what is meant by such a term. On this view, the autopsy challenged the way in which medicine creates boundaries between what is public and private and what counts as a legitimate exercising of personal autonomy. Unlike the *Body Worlds* exhibition, however, the public autopsy avoided the rhetoric of an aesthetic component to its value. While *Body Worlds* is presented as an exhibition (with a strong educational component), the public autopsy seemed premised solely upon its educational importance. Consequently, it might seem that our basis for critique must rely upon whether the autopsy achieved this educative function in any way that justified its public nature. On this argument, the assumption is, that if the autopsy failed to promote education, then it was little more than a spectacle and a terrible use of a human cadaver.

Even this way of critiquing its approach is not, however, straightforward, since the manner in which "education" is effected by the autopsy does not fit with what might commonly be assumed by medical practitioners or medical ethicists to be the way education ought to be conveyed. The day after

the public autopsy took place, Dr Richard Bryan gave a "rapid response" in the *BMJ* expressing his disapproval.⁵ Referring to Andreas Vesalius, the 16th century anatomist, Bryan mistakenly assumes that there are direct and clear comparisons to be made between the two physicians by virtue of Hagens's autopsy being public.

Yet such straightforward analogies are not appropriate, even if von Hagens referred to his ancestors as a justification for wearing his trade mark black hat throughout the procedure; a choice that angered one of the audience members, who felt compelled to shout out that it revealed a lack of respect. On the criteria Bryan sets himself for his evaluation of the von Hagens autopsy, his claims are accurate and in accordance with one of Channel 4's interviewees during the broadcast, the renowned surgeon, Harold Ellis, who expressed a similar disgust for this spectacle. The meaning of its "educative value" cannot, however, be so easily taken for granted.

This is because the educational rhetoric of the public autopsy did not fit with how medicine traditionally understands what counts as educational merit. The public autopsy was not merely trying to show how the anatomy of a human being is put together. Rather, it also intended to be instructional at revealing how inadequately medicine was understood by the public. Thus, the public autopsy was not solely about understanding how an autopsy functions. It was also about educating people about the need to engage with their lives in a more meaningful sense. In short, it encouraged people to confront their mortality and, perhaps, brought people closer to the fragility and contingency of their own bodies. In this sense, it is perhaps more important to give value to this event as some form of "enlightenment" rather than as "education", though this would be a far grander claim, which I will not explore further here.

This greater context and aspiration for the public autopsy is why I argue that it must be critiqued using a broader synergy between theoretical perspectives in medicine, ethics, and cultural theory. These three strands of the evaluation can be understood more generically as a "sociobioethic" approach to medical ethics, which, in this case, asserts that the autopsy cannot be understood without recognising broader "horizons of meaning" in the sense articulated by Charles Taylor.^{6,7} In the case of the public autopsy, understanding its ethical justification requires asking more than whether the autopsy was carried out in

a manner that was medically professional or whether the cadaver consented to be dissected for such purposes. Rather, it involves taking into account other ethical and cultural arguments, such as the importance of placing people in a position where they can engage with notions of life and death. Indeed, one could argue that the value given to this procedure by the consenting person reveals something meaningful about the role of medicine in society. This decision to permit a public dissection of one's body seems an integral, rich aspect of the informed consent process.

The way in which I will discuss this synergy will be through interpreting the public autopsy as a televisual mediation which was integral to its moral and ethical evaluation. A further justification for framing the ethical debates in the context of the televisual representation is that the broadcast neatly captures a number of these diverse facets of the public autopsy and the main tenets of my critique.

"EXPERT" WITNESSES: DID VON HAGENS ACT PROFESSIONALLY?

In documentary style television, it is common to use an expert to comment on the proceedings, particularly in scientific programmes. The public autopsy broadcast was no exception and Channel 4 relied upon opinions from medical and ethical experts. Specifically, these consisted of Michael Wilks, chair of the ethics committee of the British Medical Association; Harold Ellis, emeritus professor of surgery at the University of London, and Christine Odone, deputy editor of *The New Statesman*. The role of these guests was to provide their synopsis of the event, largely offering a moral interpretation of its proceedings.

Despite the legitimate worries about von Hagens's legal basis for conducting the public autopsy, one can question whether perspectives from the medical community were the most useful that could have been sought. Not surprisingly, the reaction from the medical experts was not particularly positive. Dr Wilks was concerned about whether the performance was, indeed, "educational" in any meaningful sense. Alternatively, Professor Ellis perceived the event to be much more of a spectacle than anything else and questioned the need to conduct "real" autopsies in order to educate people, arguing that it is possible to convey the same level of understanding through audiovisual means. The only dissenting voice was Christine Odone. Her opinion, however, was marginal to the debate and this is precisely why the discourse within the broadcast tended towards very simplistic and

partial interpretations of the meaning of this event. Christine Odone began to make the case that the public nature of this autopsy was valuable just because it brings medicine into the public sphere in a very explicit way.

Importantly, this perspective reinforces a number of criticisms coming from the field of cultural theory and medical humanities over the last few years. Such journals as *The Sociology of Health and Illness*, and the JME's sister journal, *Medical Humanities* have been making the case that medicine is, in many meaningful ways, necessarily a social construct and that cultural values are an integral, contingent aspect of medical decisions. This is particularly relevant when considering ethical questions in medicine.⁸ While this matter remains highly contested in relation to medical epistemology,⁹⁻¹² it would seem that something such as the autopsy can best be understood as a social construct, the specific parameters of which are subject to interpretation based upon given or assumed values. Thus, the very fact that autopsies tend not to be public is a product of a particular historical contingency, rather than something ethically or morally absolute. It has to do with our cultural interpretation of the body, privacy, and dignity and the autopsy raises the question about how we currently make sense of these concepts.

Thus, if one expects to understand why the commentary provided by Wilks and Ellis is not sufficient, then a more culturally informed approach to ethics is necessary. This is because these medical experts are themselves part of the context of critique to which the von Hagens's discourse seemed to be directed. In some respects, it was inevitable that medical experts would condemn this performance, which is precisely why their criticism was not particularly enlightening, even if it was an important part of understanding the different perspectives on this issue.

Thus, I suggest that a conventional medical discourse is not sufficient as a basis for concluding whether the public autopsy was morally acceptable. Rather, the significance of the event requires a strong sensitivity to the sociological understanding of medicine. Moreover, such sensitivity must encompass a broad, philosophical appreciation of the argument that society has become far too sanitised or clinical and that people no longer engage with the messiness of being human. These kinds of ideas would best serve to explain (rather than justify) what was potentially meaningful about the public autopsy.

THE NOT SO BROADCAST: LIVE V RECORDED

The way in which Channel 4 framed "the" moral issue of the autopsy is some indication of how this strictly medical, conceptual lens distorts the way in which one can make sense of ethical issues in science and medicine. In this context, there is a further level of analysis that is important to take into account before concluding what was achieved by von Hagens's public autopsy. Specifically, it is necessary to stress that the public autopsy was public on two quite different levels: the audience at the event and the remote television viewers. This is also important for understanding how von Hagens demonstrated his professional integrity. For example, while the autopsy took more than two hours to complete, the Channel 4 broadcast was only thirty minutes long, which gave the impression of it being far more rushed than it actually was.

Richard Bryan's⁵ response fairly typically fails to distinguish between these two ways of making sense of the autopsy. Almost no criticism or in depth inquiry has been levelled at Channel 4's edited programme, even though the stronger reasons for condemning the autopsy would seem to be in relation to its broadcast, rather than to the autopsy itself. Channel 4 scheduled the viewing at 11.45 pm, took substantial short cuts in the presentation of the event (giving the impression of it being incredibly rushed) and omitted to show certain images (perhaps to the relief of some people). It was apparent that Channel 4 was not prepared (or allowed) to broadcast specific images, because while cameras were continually close to the cadaver's body and the points of incision, the viewer rarely saw such images. There seemed to be much more interest on the part of the programme makers in viewing the reactions on the faces of the audience, rather than engaging the viewer in what was taking place. Consequently, any interest in presenting something that was educationally informative seems to have been marginal.

Bryan also uses one response by Christine Odone, given midway through the procedure, as a basis for arguing why the autopsy trivialised an important procedure. Odone tried to make the case that there was an appealing and valuable realness to the event, claiming there to be a "whiff of death" in the air. In reply, Bryan notes that audience members would only have smelled formalin from such a corpse, so this was an entirely fictional realness and one that belittled the dignity of the cadaver. To interpret Odone's comment, however, as being some form of

ridiculous sensationalism, also misconstrues the context of such comments. Similar criticisms might easily be made about the spontaneous applause, which erupted at the point when von Hagens removed the cadaver's internal organs. The somewhat awkward ripple of appreciation seemed to reinforce the performance-like or sensationalistic nature of this event. More likely, however, it was an indication of the audience's unease, provoked by the manner of the removal, which resembled the triumph of child delivery or, indeed, the manner in which a magician removes a rabbit from a hat.¹³

CONCLUSION

From the medical perspective, perhaps the most useful lesson of the public autopsy is that it is an indication of public curiosity about medicine, which might reflect a feeling of exclusion from medical discussions concerning health care. For this reason alone, there seems to be some merit in the positive discourse surrounding von Hagens's works, even if his own justifications for many, including myself, remained weak. On this view, it can be useful for medical practitioners to recognise that the public autopsy was an opportunity for re-addressing the relationship between the medical community and its prospective patients.

There is an underlying premise to the public autopsy that is highly appealing and intellectually rich, even if one finds von Hagens's justification of the public autopsy to be lacking. An exploration of death through art is certainly a worthy theme, offering a rare and needed philosophical insight into medicine. Moreover, knowing that the bodies used in the *Body Worlds* exhibition and the autopsy are real, adds some additional value to both. Yet, von Hagens is not the first person to raise questions about the meaning of death through artistic endeavours. Nor is he the most thought provoking.

Unfortunately, neither the *Body Worlds* exhibition nor the public autopsy was a reaction to post(modern) humanity or a meaningful re-engagement with death, through the medium of the body. The reason why these events have attracted such attention, however, is precisely because people feel there is a need for them. The exhibition and the autopsy were more like a 19th century freak show. People are not watching out of an interest in engaging with broad philosophical concepts about being human. They do not care much whether we, as humans, have undermined something essential about ourselves by obscuring the grotesque aspects of life with artifice. What they are really attracted by is

the spectacle of real bodies displayed inside out. Since Channel 4's broadcast was conducted in a manner that fed this fascination with spectacle, it reinforced this perspective. This is unfortunate, mostly because it could have been otherwise but also because there is a philosophically credible rationale for von Hagens's work, as I have tried to suggest.

If Channel 4 had avoided framing the moral issue of the autopsy solely in the context of whether it was medically ethical and, perhaps, used more commentaries from disinterested speakers such as Christine Odone, it might have been possible to engage with such issues a little more. Wanting to push medicine out into the public domain is a valuable aspiration. Importantly then, the alarming ethical concern is not that people approach this kind of event in a manner that might seem disrespectful to the human cadaver and that this should deter us from wanting to permit such activities from taking place, as if they are just another trivial form of reality TV. Instead, it should be possible to try to place these unusual moments at the centre of a richer discourse, one that is intellectually challenging, thought provoking, and intriguing. A subsequent argument might be had as to whether television lends itself to such possibilities, though the treatment of other issues has been more extensive and in depth. The evolution weekend—for example, also held on Channel 4, at the turn of the millennium, treated questions about evolution and our species in a much more rigorous manner.

The equivocation about: whether von Hagens's public autopsy was a performance or procedure; why people

applauded upon seeing the cadaver's internal organs lifted out of the body; why the event was allowed to take place despite von Hagens not having a licence; why the *Body Worlds* exhibition has generated so much interest, and why all this attracted Channel 4 to broadcast it, and other major television channels to place it in their headlines, arises precisely because at the same time there is an equivocation about the relationship of medicine to real, living people. Each of these elements has been interesting largely for the non-medical practitioner—the potential and actual patients or, perhaps, consumers of medicine.

The most valuable and interesting outcome from this event was the realisation that people do not understand or engage with important aspects of their medical identities. Death matters, but it is a concept that is alien to people and childishly fascinating, just because it is an alien concept. This is not an argument in favour of another von Hagens style public autopsy. Nor is it an argument in support of the emerging "reality" television medical programmes, such as the US based cosmetic surgery game show *Extreme Makeovers*,^{14 15} a similar version of which was broadcast in the UK in 2002 (*How Do I Look*, ITV1, 12 October 2002).

It is, however, an argument for popularising medicine and placing it in the broader public sphere. Without the possibility of experiencing events such as the public autopsy, medicine remains a relatively isolated, mysterious, and cold practice.

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