

HUMANITIES AND MEDICINE

The 2005 Anatomy Ceremony: A Service of Gratitude

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To save lives, medical students learn the details of dying. Most medical students first encounter death in anatomy class. Handling this introduction to death, especially when they thought they were entering a career that promotes life, is challenging. To confront this challenge, some students talk about the experience with friends or parents, others go home and cry, and some write diaries or poetry. At Yale University School of Medicine, an annual Service of Gratitude ceremony is organized by medical students to formally share thoughts and feelings about their experiences dissecting a human cadaver. In addition, the ceremony is an opportunity to remember those who donated their bodies for medicine.

Dr. Allen Mermann, a chaplain and pediatrician, pioneered the anatomy ceremony at Yale in the early 1990s. These ceremonies were not publicized, and students gathered rather informally in an old classroom to self-reflect on the anatomy course. In the mid-1990s, a committee of medical students decided to make the ceremony more formal. Diary entries, poetry, readings from famous books, and musical compositions were presented by students and faculty members. In addition, students started to make gifts, usually something that could be planted, in honor of the donors. Some small trees were planted by the tennis courts near the Epidemiology and Public Health Building on the medical campus.

The works presented at the ceremony are often only heard by those in attendance. Students and faculty have donated some works to be shared with the public in this edition of *The Yale Journal of Biology and Medicine*. Included are four submitted by first-year medical students and one from Dr. William Stewart, Section Chief of Anatomy at Yale University School of Medicine. We thank the contributors for allowing *YJBM* to share their works with the reader.

WHO AM I?

by William Stewart

Dr. William Stewart, Professor of Anatomy at Yale University School of Medicine, spoke at this year's anatomy Service of Gratitude. For many months, the first-year medical students worked with the enigma of the former lives of the donors from whom they learned a great amount. Following is his original piece, which introduced most of the students in the Class of 2008 to the donors' ages and former professions for the first time.

- A 101-year-old woman. *I was a homemaker my entire adult life.*
 A 74-year-old man. *I managed a chain of hotels, maybe you stayed in one of them.*
 An 80-year-old man. *I was a farmer. My work kept many of you fed.*
 A 78-year-old man. *I was a social worker. I spent my life trying to help troubled families.*
 A 62-year-old woman. *I was a sales clerk, maybe I waited on you.*
 An 88-year-old man. *I made documentary films. I wanted to leave a record of the way things were.*
 An 84-year-old man. *I was a corporate manager.*
 A 90-year-old woman. *I was a seamstress. I made beautiful things to wear.*
 A 93-year-old woman. *I was a teacher even before you met me.*
 An 89-year-old man. *I was a Professor of Geology.*
 An 87-year-old man. *I was a tool and die maker. Did my hands look strong?*
 An 84-year-old woman. *I was a registered nurse. You will come to rely on people like me.*
 An 88-year-old woman. *I was a medical office manager. I was the person who really did all the paper work.*
 A 90-year-old woman. *I was a Professor of Botany. When I was young, nobody understood why a woman would want to be a scientist.*

UNTITLED

by D.M. Balkin

I was sitting on the left side of the lecture hall listening to a first-year medical student orientation lecture. The importance of this day seemed no different than yesterday. Then, second-year students began to file into the room, and they remained standing beside the stage. Something was going on, and it became clear that we — the first-year students — weren't supposed to know. We had no clue. Today was the beginning of Gross Anatomy; surprise, we were only moments away from meeting our cadavers. We were duped. But in thinking about it later on, I was happy that we weren't given the chance to prematurely worry and become anxious. My heart began to race, literally, not just as a matter of speech. The second-year students spoke to us about their anatomy experience, about their emotion-rich, awkward, uncomfortable, and even gratifying time. I didn't expect this to happen so quickly. Was this really happening, today? For the first time I felt like a real medical student, a real scalpel-wielding textbook-toting white coat-wearing medical student. I'm not going to lie. I was scared.

Enter Dr. Rizzolo, our anatomy professor. By this point, I think people could visually see my carotid artery bouncing in and out of my neck. I listened as he read off the names of my group members, and we began to walk over to the anatomy lab. It was a weird walk with a lot of anxious small talk. I don't mean to make something more of it than it was,

but in thinking back, I view it as a sort of journey. In the previous couple of days, we had met our classmates, had our pictures taken for our ID cards, and even received our white coats. But none of that felt quite like this. This two-minute walk down some chemically smelling, yellow-lit hallway was more of an initiation into medical school than anything before. We were going to become doctors. This whole medical school thing was real, and now.

My anatomy group and I stood around that cold metal dissection table. We sort of just stood there, staring at each other, nervously silent, doing nothing. We didn't know how to start. We were about to do something pretty odd, for the first time, after only having met as a group a few minutes before. We were told to look at our cadavers. We needed to do something. We agreed, on what, I'm still not sure. But together we unlatched those awkward metal doors, and they uncontrollably swung down, exposing a body wrapped first in white gauze and then in a clear plastic tarp. That's when we met donor number 14: 87 years old, not even 5 feet tall. We were told that she died of chronic obstructive pulmonary disease. I nodded as if all first-year medical students should know what that was (of course, I didn't), and we proceeded to unwrap her head. She was an Asian woman. She had short, straight black hair. She looked calm and quite peaceful. Her face was wrinkled, not just from old age, but also from a life filled of expression, from 87 years of wisdom. And she looked like a kind person.

Emotionally speaking, the dissection work was easy for me and that was quite unexpected. I wasn't sure how I would react to dissecting a human body. But once we made that first incision (at our beloved McBurney's Point) I became engrossed in amazement. My fear of cutting into a person dissolved in wake of my excitement about the human body. I know, it sounds corny. It is. But it's true. Although I'm not that old, for 23 years I've lived, and I've seen nothing below the surface of my skin. It amazes me now. Hadn't I ever wondered exactly what was going on in there? I've walked, talked, and breathed, and I've known nothing about how exactly all that was taking place. Most people don't get a chance to look inside a human body, and I, in Anatomy Lab, was having the opportunity — the amazing gift — to discover how the body works, firsthand, and it was nothing less than awesome. I've put my finger inside a ventricle of the heart, I've seen the inside of the skull and I've pushed against a pink/purple healthy lung and watched it as it reabsorbed the air. Each lab provided us with an enormity of once-in-a-lifetime opportunities to explore the body and, in a way, to explore medicine.

She was 87 years old. She died of COPD (I now think I know what that is). She was a petite Asian woman, maybe someone's mom, possibly someone's wife, presumably someone's family member. And she is most definitely one of my heroes. Up until this point I've referred to the bodies that we've dissected as cadavers. At Yale, however, we no longer call them that. Not because they aren't cadavers, but because they're much more. Instead, we call them donors, because that's what they are in every sense of the word. What a gift. Some people speak about putting their heart and soul into doing something for others. Some talk about giving all that they've got into donating their time. This person — these people — literally gave their bodies, themselves, so that we could become doctors. Saying only that this was a gift is a disservice to what these people did for us. But there's no word or expression that can do it justice, so I'll have to leave it at that.

The gift given to us by our donors isn't over now that our anatomy course is complete. No, it's really just begun. That's part of what makes this gift so awesome. It's so much more meaningful, interesting and fun to learn the basic science underlying the function of the body with the understanding that we have gained from our anatomy experience. For me, learning the ion channel composition of the individual nephron segments is that much more interesting because I have that memory of pushing aside the ascending colon and

grabbing that surprisingly small pink mass connected to the posterior body wall. I've held a kidney. A human kidney. What an opportunity, and all because of our donors.

Our understanding of the body gleaned from our donors will continue to shape our medical careers by enabling us to understand our patients' physiological problems. I vividly remember walking into a patient's room during a patient-doctor encounter session and coming to this realization. He was a middle-aged Indian man and his skin was yellow. Yeah, I know, even a first-year medical student could tell that he was jaundiced. But my anatomy experience — our anatomy experience — allowed me to picture the portal triad, the liver and the spleen and to understand how these structures are connected and how they contribute to changing the color of this man's skin. Our donors taught us this.

Our donors gave us a greater ability to understand medicine. I — we — have all learned the framework, the foundation, of what makes doctors understand the human body. Our donors taught us this. My 87-year-old woman taught me this. And I say thank you, from the bottom of my heart.

UNTITLED

by Sara Frasure

I remember well our first meeting.
 We eyed each other somewhat suspiciously,
 Treading together
 Into unfamiliar territory, unsure of our expectations.
 You seemed excited, yet slightly disturbed,
 And more than a little curious.
 I was mostly flustered.
 Over the course of six months, you found a variety of methods
 To crack me open,
 And later stitch your clumsy excavations back together again.
 When you mistook the phrenic nerve
 For the vagus, I laughed at you.
 When your society enviously eyed your brilliant dissection
 Of the celiac plexus, I was delighted.
 When you carefully dislodged my broken organs
 I was humbled;
 And deeply frustrated when a facial nerve
 Proved too obscure for you to locate,
 And I could sense
 Your quiet disappointment.
 And when you finally unearthed my brain,
 I offered you my most precious secret.
 I watched as you cradled my memories, my love, and my pain
 In your rubber-gloved hands,
 Realizing you would never know the particular beauty of my life,
 But that I had become a modest slice of yours.
 At our last gathering I understood that
 This particular journey had ended
 And we would part ways for the time being.
 But you will meet me again as your first patient,
 And as every patient thereafter.
 And I can assure you
 I shall be much more vocal.

GRATITUDE FOR MANY REASONS: ONE FIRST-YEAR MEDICAL STUDENT'S REFLECTION ON THE SERVICE OF GRATITUDE 2005

by Yunie Kim

This past spring, as had taken place for the past 15 years or so at Yale University School of Medicine, the first-year medical students held a Service of Gratitude. The meaning of the term “Service of Gratitude” can be a bit puzzling. Service of Gratitude. Gratitude to what? Gratitude to the donors, the friends and families of the donors, to our professors and instructors, or to the experience of being able to learn anatomy from human cadavers? Well, one could say all of the above. But when I first heard about this “anatomy ceremony” that would be taking place at the end of our first-year medical anatomy course, I was confused. I initially thought that this Service of Gratitude would be principally an opportunity for the students to thank the donors in the presence of their loved ones. I assumed this would be a ceremony where friends and families of the donors would be present and we would read and perform to express our thanks to them — to express gratitude to the donors who had so selflessly donated their bodies to science and education. However, I was informed that no friends and family would be present. Then, I realized that the Service of Gratitude, although an expression of thanks to the donors, served a second purpose — closure for us students.

As someone not involved with the planning or performances of the ceremony, I had very little idea of what would happen during the Service of Gratitude. I had heard little snippets of information in the preceding days on who might be doing what, but otherwise I entered the room with little knowledge of what would transpire. The service took place in the Reading Room of the Cushing/Whitney Medical Library — an expansive room with high ceilings, beautiful old architecture, and a quiet, reverent atmosphere. It was the first time I had really gone into that room because it had always intimidated me with its heavy stillness. It always seemed to me that it was one of those rooms where, even if you were there all by yourself late at night, you shouldn't make a peep. However, for the service, the room was perfect. It was almost like walking into an old church.

There was a slight buzz in the air — weeks of preparation were culminating in this service for several of my classmates. For the rest of us, it was beginning to strike us how much work our classmates had put into preparing this ceremony. What happened completely surprised me. I knew that my classmates were very talented — I had seen this talent shown in many ways throughout the course of the academic year and knew we were a very diverse group with many things to contribute. But how talented and how thoughtful I did not truly appreciate until that day. I saw some of my classmates express their emotions about their anatomy experience through moving works of art, music, and literature. What my classmates who participated in the ceremony brought to the rest of us was an exquisite combination of respect, frankness, and intimate articulation about the experience that we had shared together — an experience that we had only because there are people in the world who are selfless and generous enough to teach us through their great gift of donation.

I was moved to tears several times during the service. During one reading, I blinked furiously to hold back the emotion that I felt as I listened to a classmate's experience of the anatomy course—an experience vastly different from mine. Foolishly, I had assumed that most others had experienced the anatomy course more or less similarly to how I had. I realized through the service how vastly individual and contrasting each student's experiences could be — and how deeply important this Service of Gratitude was for our own closure. Wrapping up our donors' bodies and latching the metal cases closed for the last time was not closure, although that process had its own sense of finality. During the final day of anatomy lab, we paused to think how lucky we were to have the opportunity to learn from our donors. But, at least for me, that pause was brief. The Service of Gratitude

opened my eyes to emotions that I had suppressed within myself, as well as had not seen in my classmates.

Ultimately, I walked out of the ceremony with a great appreciation for many things. Gratitude first and foremost to the physical gift that our donors had given to us and medicine, the unique education that they had provided us. And to me, an equally, if not more, important lesson that we learned about what selflessness means. They are no minor procedures that we perform on the donors, procedures that most people choose not to allow to be done to themselves after death. It was a very selfless sacrifice that the donors had the generous prescience to think of donation even before their deaths so that we students could learn and become physicians. The importance of giving to others with no personal compensation is a lesson that I think we should all keep relearning throughout our lives, and I hope that we all relearned throughout the course and Service of Gratitude. I know I did.

I felt gratitude to have such unique, pensive, and articulate classmates. Their talent and passion was overwhelming. To them, I say thank you for opening yourselves up to us, some of you bravely exposing vulnerabilities and thoughts that most of us could not. I felt gratitude to the wonderful instructors who so patiently and enthusiastically taught us about the human body. The Service of Gratitude at Yale School of Medicine is not about gratitude to any one particular thing. For each student, it brings about multiple senses of gratitude that are personal and individual. Because of that, I believe the Service of Gratitude holds a truly important role, not just in the context of an anatomy course, but in a medical student's education. After months of didactic education and busy schedules, this service was the first time that we gathered as a group, paused, and reflected.

UNTITLED

by Mila Rainof

This is how it would begin.

“Welcome friends, family, neighbors, and acquaintances of our dearly departed. This must be a difficult time for you all, seeing the passage of such a person as her. She had many remarkable attributes, truly memorable qualities. First of all, let me say this: She was a woman with the most extraordinary diverticuli of anyone you'll ever know. No really. I mean that from the bottom of my heart. You know, if I had to say it definitively, I would say her complexity, her eccentricity is best described by the way her azygous vein arched around onto the wrong side, making her stand out amongst her peers. And, I must say, without any fear of sounding effusive, she had the most tenacious, the most determined, the most prodigious arthritis I have ever seen.”

Before anything else could be said, before it even began at all, I am pretty sure that this is where it would end.

It is popular to say that you never know a person until you look beyond the superficial and know what they are like inside. I have this to add: Sometimes seeing the inside doesn't do you much good, either. From the old sutures of past operations, the occasional aneurysm or tumor, the bedsores, the odd anatomical eccentricities we see in our donors, there is proof that a life was lived before this death — proof and limitation of that life, defining it exclusively by its ailments.

Cataracts. Arthritis. Appendectomies. Rotator cuff injuries.

Let's face it. None of that is the good stuff. I will admit it now — I want to know the things that are inappropriate for me to know, the things by which I will come to know her as herself. I want to know who loved her and what things about her they feel compelled to forget, the faults they will exclude from their Kodak memories of her. I want to know if she had children and if they love her enough to be upset that she is now here in this cold metal room or if they love her enough to understand her decision. I want to know what she

would think of me, bent over her and thinking not what a divine and frail thing the human body is or what a generous act it is to give of oneself as she has, but rather guiltily considering that I do not want to have to be the one to cut and clean out her large intestine.

I am glad in this moment that her eyes are blank and she cannot watch my face as I think these thoughts. I realize also that I am about as unable to recall her face as she is to recall mine. Her head was covered for so long, as we agreed not to remove the bag until we absolutely had to. In that moment when we finally did remove the bag from her head, supporting her neck and sweeping back her hair, I remember being worried she might be suffocating.

“Well, how small is she?” my mother asks over the phone one day, when I tell her our cadaver looks like a child to me.

“She’s pretty short. And frail. Small. Sick, you know. Small.”

“No, give me an idea.”

“I really couldn’t say.”

“Just an idea.”

“I don’t know. I didn’t bother to check.”

“Well, is she about your height?”

A moment passes as I think about this.

Finally I say, “No, not my height. Actually, mom, she’s just about yours.”

I am sliding the scalpel along, cutting through a tough bit of skin just around her thumb, holding her hand to allow for more precise cutting. I do not think I should have to apologize to her. I do not think I should have to give her a name. She had an identity and she had a life, and I was a part of neither. I think it best to keep it that way.

As I slide the scalpel along her palm, I cannot help but think about how I cannot care for her, cannot comfort her, cannot save her, much in the same way that some doctor in some hospital failed to save her before. And in the back of my mind, the place where I shelve all quiet failures, I hope more than anything that someone once loved her enough to make up for what I have done.