

Historical trends and current experiences of anatomical body donation in two Zimbabwean medical schools

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Abstract

Background: Body donation is integral to anatomy education, but procurement can be ethically fraught. While voluntary donation is preferred, the use of unclaimed bodies, although considered unethical, is a primary means for body procurement in some countries. This mixed methods study examined historical trends and anatomy technical staff perspectives on body donation in two Zimbabwean medical schools.

Methodology and main findings: In Phase 1, 194 cadaver paper records from January 1984 to January 2021 were reviewed. Unclaimed bodies accounted for 67% while 33% (all white Zimbabweans) were voluntarily donated. Most cadavers were black Africans (62.4%) followed by white Zimbabweans (34.0%). Race was not indicated in seven (3.6%) records. In Phase 2, semi-structured interviews were conducted with seven technicians responsible for sourcing cadavers at the two institutions. Data were thematically analysed resulting in the development of eight themes, arranged into three domains. Cadaver procurement themes related to (1) cadaver source, (2) adherence to procurement guidelines, (3) screening for suitability, and (4) cultural and religious beliefs. Cadaver embalmment focused on (5) embalming practices, and (6) hospital mortuary-based embalming. Finally, (7) disposal processes and (8) resource constraints were found to influence cadaver disposal practices.

Conclusions: Contrary to best practice, there is continued reliance on the use of unclaimed bodies to support anatomy education in the two Zimbabwean medical schools. Improving the ethical sourcing of bodies requires increased efforts to educate all Zimbabweans, especially the black majority, about the role and importance of voluntary body donation in medical education. Additionally, well-structured, and well-resourced body donation programs could enhance ethical procurement.

Keywords: Anatomical body donation; Medical education; Mixed methods; Zimbabwe.