Morbid Fascination: The Body and Death in Contemporary Culture
Friday 16th May 2003

Speakers: **Michael Fitzpatrick** GP, author of The Tyranny of Health
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Chair: **Tiffany Jenkins** Institute of Ideas

TJ This evening, I think, is particularly timely, as we opened our papers on Monday morning and saw, a not particularly shocking revelation in the sense that it wasn't surprising, although it did bring a certain amount of outrage; we saw that 20,000 brains were taken for research following post-mortems without the consent or knowledge of relatives. It was an announcement that we had heard before in other situations; Alder Hey was a place I had never heard of until a couple of years ago, and now I know it as a great medical and political scandal.

Over the same time as these medical scandals have come to the forefront of our contemporary culture, I think we've witnessed growing interest in more general culture, beyond the medical sphere. The arts for example have been particularly keen to explore flesh whether it's the Spectacular Bodies exhibition at the Hayward a couple of years ago, Von Hagens, who we all know and either love or hate, and even Mark Quinn, somebody who preserved blood and a variety of bodily fluids as a way of expressing his views about what it is to be human.

There seems to be a slight paradox through our attitudes, both expressed in terms of our distaste for medical practice on the body and perhaps (although we'll explore this more this evening) a more relaxed or chilled-out attitude in terms of the ability of art to explore the body. I've asked our panel to reflect on this both medical and artistic attitudes to the body, as well as just dealing with the question of why we are so obsessed with decaying, rotting flesh. So a cheerful subject for this evening.

Mike.

MF Somebody asked me, 'why as a GP are you talking about this subject', not usually something that comes within the realm of general practice. So perhaps I'll kick off by telling you. When I was a medical student, nearly thirty years ago, in the very late sixties, I had a holiday job in the children's hospital in Sheffield. Part of my job was assisting the mortuary porter in his work in the mortuary and the pathology lab. And it was a very difficult job, I have to say, but I thought, well, look, I want to be a doctor, I'm going to be a medical student, I need to do this. So I did it for several weeks. The arrangement that used to exist then, because the pathologists had a particular interest in cot death, was that every child under the age of a year who died in the whole area came in and had a post-mortem. The practice that was established there was that the corpses that came in were routinely eviscerated, everything was removed in terms of internal organs for further study. So when this came out as what had happened at Alder Hey I wasn't surprised. I thought this was

standard practice. And indeed, as many pathologists have said, for many technical reasons it's difficult to conduct a post-mortem that's going to be valuable without doing that, particularly on very young babies.

I learnt an enormous amount doing that job, mainly from a man called Bert who was the senior path lab porter at the time. Bert had two skills that really impressed me: one was in reconstituting the corpses of babies to make them presentable, which is very skilful; the second was in dealing with the parents who came in, which as you can imagine is nearly as difficult as dealing with the bodies. And I have to say I learnt more from Bert about dealing with patients in distress than I ever did from any doctor. And I look back on that experience, the way in which the bodies were dealt with and the way the job was done was really gruesome. I mean, I've very rarely talked to anyone about it since…I suppose now I'd be in line for counselling or compensation for post-traumatic stress disorder, for being exposed to things at such a tender age. It was very gruesome, but it was also deeply humane; I was always very impressed by the commitment to pursuing the research into cot death that was in evidence there.

A bit later on in my career, I was a junior hospital doctor at the old Hackney hospital (now defunct) in the late seventies. The standard procedure then was that the most difficult jobs had to be done by the most junior member of the team, and the most difficult job was asking consent from parents for post-mortems, so that was duly deputed to me as the pre-registration houseman. So I've had some experience of asking people for consent to have their relatives undergo a post-mortem. I have a very vivid memory of one particular man whose wife had died and on whom we wanted to conduct a post-mortem. And I set about explaining what the post-mortem entailed, and he said, 'Stop, you don't need to paint a picture, you do what you think is necessary, that's what my wife would have wanted, if it helps somebody else that's what she would have wanted'.

One of the issues that's emerged in this subsequent discussion on the whole retained organs question, is the issue of the quality of consent which people gave in the past; there has been a great discussion about medical paternalism. It seems to me a term that has been very much misused, certainly in my experience of what went on in the past. I didn't experience the relationship I had with patients in any these contexts as involving any deceit or duplicity or coercion. Many doctors have taken exception to the representation of their conduct in the past in those ways, and I sympathise with that.

But actually I think another group of people who have been disparaged greatly and haven't had their voice heard, and that is the people who gave their consent. It's implied that somehow they didn't know what they were doing, that they were just meekly deferential to whatever the doctor said; the doctor is right and we'll agree to whatever you say. Well, I'm telling you, the people in Hackney in my experience were not deferential in that way, the people in Sheffield even less so. I mean Sheffield had a hundred years tradition of militant trade unionism – people weren't given to being tremendously deferential to doctors. It was a relationship based on a freely given consent because people identified with the project, they identified with the cause of the advancement of medical science, quite consciously and quite appropriately, and I think quite rightly in terms of the result of their activity.

What they were engaged in was what Titmus called, in relation to the donation of blood, the gift relationship. That's what that man meant, you do what you think is

best and necessary for the advancement of medical science; it was a very simple and clearly understood issue. And it seems to me that one thing that has been significantly damaged and disparaged in this whole discussion is the altruism with which people gave their consent in the past, with the implication that their consent was in some way not fully informed or not consciously given.

I think to understand what's changed over the last ten years, because the whole context – and I think this is key to understanding the post-Alder Hey phenomenon – two key relationships have really changed: the relationship between society and the body on the one hand, and the other, the relationship between doctors and society.

It seems to me that in relation to the way society perceives the living body, we have developed over a relatively short period of time a very intensely individualistic, indeed narcissistic, preoccupation with the body – the body as being slimmed, tanned, trimmed, operated upon, tattooed upon, pierced, as an expression of identity and selfhood. Our sense of identity has become much more closely tied up with the body. And if your sense of identity is tied up with your body, nothing could be more threatening than disease and death, which is a very big problem since as we all know too well, the body is subject to decay and disease and death. It's very threatening therefore to selfhood.

And as people are more removed from death and have less experience of death, death becomes more terrifying. And hence it seems to me a narcissistic preoccupation with the living body is now extended into a morbid preoccupation with the dead body. We see a whole set of attitudes that are a consequence of that. The integrity of the corpse has become a greater preoccupation than it ever has before: people say 'we buried a shell'. A very new concept. In the Christian tradition the body has always been a shell, a shell from which the spirit has departed. The mortal remains were what were consigned to the ground in Christian tradition, the spirit being something that had a conception of eternal transcendence; the body was never regarded as anything very important, its integrity not crucial.

So what I think we see is that a fetish of the body in life and in death results in what I would regard as morbid and persistent bereavement reactions that focus upon maintaining the integrity of the corpse. This is also expressed in a growing refusal of people to consent to have their organs given for transplant after they've died, and their reluctance to consent for their organs going for research purposes. This is not a result of Alder Hey, this was been going on for ten/fifteen years before Alder Hey.

The relationship between doctors and society has also changed. People have shifted from an attitude of enthusiasm for science to one of suspicion and fear and a degree of hostility – a fear of new genetics and so on. The medical profession is no longer held in trust in the same way as it was in the past; the decline of trust can be exaggerated I think, but there's no doubt that it is a significant factor. But the point I would emphasise – and this is the at root of the preoccupation with informed consent, with trying to establish rules of contract governing consent, in place of notions of trust – is that in my view the real basis of consent is trust, not information.

The end result of this whole set of tendencies is the post-Alder Hey, the Retained Organ Commission, which I regard as a parasitic development upon modern society and particularly upon the work of medicine within it. I think what we see here is a sort of *folie à deux* between the leadership of the medical profession and self-

appointed representatives of parents who have been bereaved. On the one hand, on the side of the medical profession, there's a certain self-abasement, a tendency to want to identify with a cult of apology about supposed offences in the past. On the other hand, there's a tendency for people to get locked into a cycle of grief that fixes upon the fate of organs, and an elevation of victimhood in their attitude to that.

You might say that's grim enough, but I think there is an even darker side to this relationship: it seems to me that on both sides there is a somewhat instrumental and manipulative approach to these issues. On the side of the leadership of the medical profession we have I think, particularly in the Chief Medical Officer who has cultivated this whole approach, a certain tendency to welcome the opportunity to use these developments and to use this new sensibility to push forward various reforms that have been desired in the medical profession. We have on the other hand, a tendency of self-appointed representatives of parents' groups to develop a kind of recognition that there's a collective guilt that can be exploited for financial compensation, which is not an insignificant factor here. But also a number of people have developed ongoing careers in relation to the Retained Organs Commission and the supposed requirement for medical training around these sort of issues. So I think that on both sides of it, it's a rather unhealthy set of developments.

I think the common feature of this, and this is why I call it parasitic and morbid, is an elevation of the dead over the living. It is now easier to get a dead organ returned to you than it is to get a living organ for transplant; and, you know, people are dying waiting for transplants partly as a consequence of this culture. We've got a sentimentalisation of death on the one hand, and people dying more rapidly on the other. When I've made these points in the past, people have said 'You've got no respect for the dead'; my response to that (and I don't normally quote the scriptures) is to say, let the dead bury the dead, and let doctors get on with looking after the living.

TJ Thanks Mike. Jane.

JW We live in a society that is familiar with heart transplantation but which also embraces traditions of relic possession, in the Church and other institutions. A heritage of impressive proportions in which human remains are often presented as potent symbols of identity and memory. It's a phenomenon easily dismissed as primitive, superstitious, narcissistic and parasitic, but which nonetheless is understood and exploited by the IRA and repressive regimes worldwide in the 'disappeared', the ruthlessly effective psychological strategy of withholding their murder victims' corpses from families.

Let us first then examine some of the ways in which the body and its tiniest parts do evoke identity and memory, and the importance attached to possession. Earlier this year I made a programme for Radio 4 with the American writer and radio artist, Gregory Whitehead. Gregory had purchased a piece of Nelson's hair, measuring just one quarter of an inch, on the internet auction site eBay. The hair's provenance was examined by Colin White, an authority on Nelson at Greenwich Maritime Museum. Colin told us this: while Nelson lay dying during the Battle of Trafalgar he made instructions that following his death his hair should be cut off and sent to his mistress Emma Hamilton, a not uncommon practice in the nineteenth century when hair was often incorporated into mourning jewellery. Nelson's hair was subsequently

inherited by his daughter who on request gave away many locks of it to interested parties, finally bequeathing what remained to the nation. To this day Nelson's pigtail remains a popular exhibit at Greenwich Maritime Museum.

We visited St Paul's Cathedral where we stood beside Nelson's immense black marble sarcophagus with Canon John Halliburton, who explained that this monument was specifically placed directly under the dome of the cathedral, making the resting place of Nelson's corpse a symbolic reminder of his importance in English history. We asked Canon Halliburton about the Church's beliefs regarding relics; they were, he said, divided into two classes, primary relics, a piece of the body of a saint, a hair or a bone, and secondary relics, a handkerchief or other item a saint might have owned. Great power was traditionally invested in such items because, he said (and I quote), 'somehow to have a little bit of somebody gives you their presence, it's rather like a lover wanting a lock of your hair'. We visited Fraser's the autograph dealers in the Strand and viewed hair clippings from heroes as diverse as Abraham Lincoln and Elvis Presley. Last year Fraser's sold a single hair from John F. Kennedy for four hundred and fifty pounds; more recently a bag of Elvis' hair kept by his barber sold at auction for over a hundred thousand dollars.

Hair from the illustrious dead changes hands today in a market where value is directly related to identity. But where other larger parts of the body are concerned, questions of possession and exhibition, consent and decency, are open to more complex interpretation, as the recent and highly publicised court case demonstrated, bringing assumptions about medicine and art under legal scrutiny. In 1998 the sculptor Anthony-Noel Kelly was tried for theft of human anatomical specimens from the Royal College of Surgeons. Kelly made plaster-casts of the specimens he took and embellished them with precious metals. Three years later he exhibited one of his casts and was subsequently arrested and charged with theft. Kelly pleaded not guilty because, his defence argued, there was no precedent in English law for a theft charge to be brought in cases concerning human remains.

During Kelly's trial it was established that until that time, the human corpse was legally considered to have 'no possessor but the earth'. It also emerged that medical institutions have no right to ownership of body parts for anatomical work but that they may possess donated bodies under license for specified periods. But the college did not have adequate records for these particular old specimens, which were believed to have been in its possession for over twenty years; they could not establish under which laws the specimens were held (law had changed in recent years), or how long therefore they might have been permitted to keep them. It was beginning to look as though the college had little more legal right to be in possession of the specimens than when he took them, than Kelly himself. However the judge finally interpreted the law, in this way: the college did have a right to possession he ruled because, he said, 'of the skilled work carried out upon the specimens by a previous generation of anatomists'. The artist was sentenced to nine months imprisonment.

Meanwhile the British Museum was extending its exhibition, Ancient Faces: Mummy Portraits from Roman Egypt, due to popular demand and to great critical acclaim, even from those same critics who had raised questions about the limits of good taste with regard to Kelly's exhibition of casts derived from corpses. Yet here, alongside the mummy portraits, which had themselves been removed from graves in Egypt in the nineteenth century, were other objects with intriguing labels; for instance, a pair of earrings, with ears. This exhibit, the catalogue explains, may derive from another

object exhibited alongside it. As we heard here two weeks ago, since the 1970s pressure groups representing indigenous peoples have called for, and in some cases succeeded in getting, removal of ancestors' corpses from exhibition in museums far from their homelands, thus widening the debate about rights of possession, taste and decency.

While human corpses have an educational role in museums, they are also an accepted feature of our leisure pursuits. Certainly we don't mind sending postcards of the ancient dead while we are on holiday: [*showing slides*] thousands of skeletons in the Capuchin cemetery in Rome, decorated saints' skeletons in churches elsewhere in Europe, reliquaries from other cultures, Egyptian burial from the British Museum, or this crypt containing 10,000 human bones in St Leonard's in Hythe in Kent. Most of these examples are tourist attractions. [*More slides*] – in Sicily, in Mexico, in Dublin, and this one's featured on the travel page of the *Evening Standard*, and in Czechoslovakia, which was last reproduced in the pages of *World Interiors*.

In 1998 Kelly was at the centre of an argument about consent, taste and decency, which conveniently side-stepped similar issues in medicine, cultural institutions and in the press itself. Disclosures about the extent of body parts retained without consent at Alder Hey and other hospitals have since focused those arguments. The ruling in Kelly's case remains on the books. While the dead body has traditionally been a subject in the history of art, yet there is no legal framework for artists to work in post-mortem rooms. When they do, it is at the discretion of medical establishments and individual employees who must interpret laws designed for medicine not for art. Neither is there provision for donors to consent or not to be a subject of an artist's work. And incidentally, while Professor Doctor Gunther von Hagens' *Bodyworlds* was exhibited in a space more often used as an art gallery here in London, he is an anatomist, whose training and skills derive exclusively from his medical background.

Use of language in reporting Kelly's case reveals much about interpretation.. The human remains in question were invariably 'anatomical specimens' when referred to with regard to the college, but equally invariably 'body parts' when referred to with regard to the artist's use of them. Latterly reporting on Alder Hey generally refers to 'organs'. As we have seen the *Evening Standard* and other publications are happy to publish photos of ancient anonymous corpses as promotions for holiday excursions. The press and the media generally, as we have been only too aware in recent months, are also the vehicle for our daily diet of images of the dying and recently dead, in accidents, natural disasters and acts of terrorism and war. What impact does the relentlessness of 24 hour news (always happening over there, witnessed by someone else, and delivered as quickly as technologically possible) have upon us as individuals, as a society.

When Eddie Adams photographed South Vietnam's police chief assassinating a captive during the Vietnam War, he found himself at the centre of this cultural paradox. Adams recorded the moment that the police chief's bullet penetrated the captive's skull; and he won a Pulitzer prize for this memorable shot. After winning the award Adams said, 'one five hundredths of a second, I was getting money for showing one man killing another; two lives were destroyed and I was getting paid for it; I was a hero'.

Among the confusing and often paradoxical interpretations of the dead in contemporary culture, one thing is surely clear, for professionals dealing with the body and death possession and/or exhibition of post-mortem human material is subject to professional interests. It is necessary for professionals to put aside subjective considerations about the dead, but this can lead to insensitivity towards the subjectivity of others, a kind of intellectual colonialism. Interpretation, it would seem, often turns upon assumptions about identity and anonymity. And as we have seen, as a society we do have strong historical traditions in the Church and elsewhere, which acknowledge the symbolic power of human remains, for instance in relics and monuments. And even today the tiniest parts of identifiable bodies are perceived by many as potent symbols of personal and cultural identity and memory, whether they derive from the hero of Trafalgar, the king of rock 'n' roll, the child who died at Alder Hey, the disappeared, or the ancestor whose body was purloined in the heyday of colonialism.

With such a wealth of evidence demonstrating the continuing potency of human remains, with our legacy of the dead on view in respected institutions, and our daily diet of 24 hour news bringing relentless reminders of the fallibility of the human body, and of human nature, and indeed of modern medicine, is it any wonder that the public and artists feel engaged and disturbed by this subject. In response to some of these questions Dr Ruth Richardson and I recently convened a conference, which examined the motivations and needs of all parties, including professionals from medicine and art, and the public who included potential donors and parents of children whose bodies were retained at Alder Hey. The overwhelming conclusion from these proceedings was that where medicine and art are concerned, consent is as important as interpretation. As Dr Richardson's research with Alder Hey parents reveals, over fifty percent would have consented to their children's organs being retained for medical research if only they had been asked.

TJ Thank you. Alastair.

AC Well, first of all I'm glad this is a debate because there are a number of points raised already, and particularly by the first speaker, that I would like to take on. The first thing I'd like to say is this, that I think we have to see that the body, the dead body, is both highly significant to particular individuals who grieve over the death and at the same time a source of great fascination. And it is important (I say this to the medical students that I teach every year) not to lose the ordinary person's perception of that body. If we think of just two examples – of the dreadful distress of relatives when a person has been killed in some situation in which the body cannot be recovered, and they have no body at the time of the funeral; that is for almost everyone a desperate source for distress. And secondly, think for the ordinary person, not the medical professional, what the notion of the heart or the brain of a dead person means; that is not as it is perceived by the anatomist, by the medical students. The lesson that I hope I get across to my students is to hold on to these ordinary people's perceptions, because if you lose sight of those you will actually lose sight of what you are doing with patients.

Secondly, the question of exhibition. The von Hagen's circus is something that is not an isolated thing, and the second speaker has pointed out many ways in which dead bodies are still viewed. I've been to the catacombs in Palermo where for several hundred years bodies were preserved and displayed; for a few lire you can go in and

see all these preserved corpses. The most remarkable one being a little girl who still looks as though she is asleep, although she died in 1920. So the notion of display is certainly part of what we are accustomed to in our culture, but I think again we have to look very carefully at this. We have to look at whether moving towards the notion of the use of dead bodies as entertainment and as a source of profit, which is undoubtedly what von Hagen was into, whether that is something that we wish to support. I believe we should not.

It's notable that the Anatomy Act very strictly indeed restricts the uses to which donated bodies may be put; and access to these bodies is also very strictly controlled. There is something highly illogical in the fact that while we have that with the Anatomy Act, we have other areas in which different things can happen. And of course there is a dark history going back to my home city of Edinburgh in relation to anatomy regulations; so that dark history, in a way, had to be controlled by an Act. But I think we have to ask whether there isn't some wisdom in that kind of control as well.

This leads me to my final point, and that is, the whole question of what we should legislate for in the future. This is the time to be discussing this because the government is undoubtedly going to introduce a bill in relation to all these areas. First of all it seems to me very obvious indeed that we have to legislate so there is proper information and consent. That was an utter scandal, even if it was for good intentions, the sort of things that happened in Bristol and in Liverpool. But secondly we have to ask very carefully how do we want to clear up for the future our understanding of the significance and what is sometimes called the dignity of the human dead body; what in our present understanding does that mean in terms of legislation. Now it may be that we want to legislate for public displays, or it may be that we want to tie these things up in a way that these can no longer happen – for example the charade of a post-mortem that was shown on Channel 4. That was no post-mortem, it was an anatomical dissection, not for the purposes of diagnosis, but because that was against the Anatomy Act it was portrayed as a post-mortem. That's the sort of nonsense that any new legislation must deal with, and deal with proper understanding of what it is as a public that we would wish to see in relation to the bodies of those who have died.

So my conclusion is, yes, there is a morbid fascination with the human dead body; the question for us is, do we pander to it, or do we in some way legislate about it.

TJ Thank you. Ken

KA I'm slightly unclear as to whether I'm here as a representative of a major biomedical research charity, or whether because of the nature of my work I'm here to comment on the more artistic aspects of this subject. I have three specific areas of interest and I think they are deliberately posited in between the science and the art of the subject. The first area of interest for me is concerned with (and we've already heard echoes of this) the sense in which medicine and death are intriguingly and intimately interconnected. It seems that there is no better way of looking at and finding that, than by looking in the records of the iconography of medicine.

We have on the one hand a sense of medicine struggling heroically against death: medicine is the thing that stops death happening from us too soon, it's the thing that

promises death will be further and further away from us. There's a fantastic image of Eva Salaga, where the doctor is in mortal struggle with the skeleton who is creeping up on a voluptuous patient and you see this sense of death and medicine in diametrically opposed instincts. On the other hand, through narrative art and dramatic art we have the image of Doctor Death: doctors themselves making death come to us too soon. And then also all sorts of interests that again seem to me to be reflected in the art of medicine. In how medical science has used death in order to study life. Five hundred years or more of studying morbid anatomy in order to get a sense of what is at the heart of life – how can we understand life? For three or four hundred years at least there has been a sense that you look to death in order to understand life.

My second point really concerns the history of the art of death. We've heard already about the use within religious contexts of objects from the dead themselves, the ossuaries throughout Europe, indeed all over the world, where bones are used as an element of artistic expression. We think of the Mexican tradition of the Dance of Death where death becomes a comical, engaging figure rather than our own morbid sense of what death is about. We think of the Dance of Death from the artistry of the Renaissance where death is seen to dance with the living, play with the living. And then of course in the Victorian context, where photographing your dead loved ones, or making jewellery as was already mentioned, out of the very material of their bodies, was very much part of an artistic tradition. So with that historical tradition in mind, I'm not sure that we're living through now anything very different. We are shocked – again the case of Anthony-Noel Kelly has been mentioned already – what we're shocked about there, I think, is not that the art is based on death, but the issue of consent and the issue of how he got hold of the bodies.

So it seems to me as though – and we can think the extraordinary image of A.A. Branson's large-scale photograph of his own dead friend Felix – all of these seem to me to be echoes of a tradition that's at least half a millennia, if not a millennium old. And I end up with this sense that I'm not sure that the way in which contemporary artists are treating death is any stronger or any bolder than what we've seen for that length of time. It also seems to me, and this ties in to that well-worn notion of society retreating from death. I mean all of us in this room have seen far fewer dead people than say our parents or our parents' parents would have done by our age.

That sense that as death exits from our lives, so we are creating the taboo of death, that we're increasingly finding science retreating from dealing with death, and we're increasingly faced by a press, at least, who are shocked at the notion of artists dealing with death. So it seems to me that scientists and artists both are moving away from death, and in doing that they are simply reflecting the fact that we can no longer tolerate the notion that death is part of our own lives, that we need to hospitalise it, and that in the end that death is no more part of artists' or scientists' lives than it is part of our own lives.

My final point is that I catch myself wondering what I think about that state of affairs, and I confess that I'm torn. Half of me, the well brought up, liberal-minded part of me thinks that letting it all hang out is good, and that therefore we should be confronting all of this, that the retreat of death is a bad thing. And then the other half of me wonders whether we actually don't need a taboo or two. We know that sex cannot serve as a taboo anymore; there's nothing in sex that we can't tolerate talking about to strangers, let alone our most intimate friends. Therefore I just wonder whether we don't need to hang onto something that we genuinely need to

deal with on a purely personal basis. Without anything else to grapple onto, why not hang onto death as the only thing we cannot know except when we are in the position when we can't know it anymore. So I just wonder whether we don't need death as our final taboo.

TJ Thank you. Piers.

PB I come to this issue from a slightly different angle, because I don't deal, and never have dealt with the dead in my professional life, in any sense. I'm interested though, in questions about whether death can be a harm for the dead, whether death can be an evil, and whether death can rightly be feared. And specifically in relation to this issue, whether it's possible to wrong the dead after their death. Eg by mistreating their bodies or by regarding their bodies in the wrong sort of way, taking an illegitimate kind of interest in the dead body, in the way that Alastair Campbell suggested Gunther von Hagen's was encouraging us to do when he described the exhibition as entertainment. I didn't see the dissection on Channel 4, but I dare say that you say the same about that. The fact that von Hagen was wearing a silly hat when he did the dissection might suggest that there was something not entirely scientifically disinterested or informative about this.

On the general question, 'is it possible to wrong the dead?', and if so, can one do so by mistreating their bodies or at least by taking the wrong sort of perspective on their bodies. There's a story apparently related by the Greek historian Heroditus (I have to say that it's about fifth-hand; we give it to our ethics students), about how King Darius brought together two people to get them to confront each other on their respective attitudes to death. And he brought together the Greeks and an Indian tribe. When each people discovered the practices of the other in respect to corpses they were horrified.

The Indian tribe was horrified to discover that the Greeks burnt their dead, they cremated them; what greater outrage against the human body could there be than this? And in the same way the Greeks were rather disgusted when they discovered out that the Indian tribe ate their dead, they cannibalised them; again, what could be more outrageous than to eat people who have died. And there was no suggestion as far as I know that they had been killed for the sake of being eaten, I think the idea was that they were simply eaten after they had died anyway. That might make a difference, morally; I dare say it does. But what's interesting about this little parable told by Heroditus is that although one might take a radically different view as to the kind of thing that honours the dead and the kind of thing that dishonours them with respect to their corpses, the fact that there is such an idea as dishonouring the dead is fairly pervasive.

Now is this mere superstition or is there something to it? And if there is something to it, is it because we are literally harming the dead when we deal with their corpses in this way, or is it something more nebulous, is it that we are, let's say, displaying a vicious character or a vicious set of motivations when we look at the dead in this way?

On the general question of whether you can harm the dead after their death, I know it's a very odd notion, but I think most of our instincts, our intuition suggests that you can. Textbook examples include such things as spreading slanderous gossip

about somebody who is now dead, and particularly someone who has recently died. You might think that this person doesn't exist anymore and so there is nobody who can be the victim of a misfortune, and yet there is this feeling that one ought not spread slander about someone who's just died, or at least not unless it's amusing, but even that would have to be for a good reason, you'd have to counterbalance the evil you're doing to this person. Other more mundane examples would be respecting people's wills, making sure that the executor of a will does his job and actually gives the property to whomever the dead person wanted it to go to.

Now the question is what might we do to bodies that might inflict a harm on the dead. I've one small bone to pick with what Mike Fitzpatrick said about Christianity and the attitudes to the soul and the body. Whilst it's perfectly true that popular theology does tend to think of the soul as something that's released at death, a sort of strange immaterial entity that's somehow freed of the body rather as Socrates saw it as he discussed his own impending death in prison.

Actually, to my understanding, that's not the mainstream thought in mainstream Judeo-Christianity, which places far more emphasis on the idea, not that we are a curious alloy of two substances, namely mental and physical substance, but that rather we are one substance, bodily substance that can be conceived under the aspect of mentality when we are alive. Which is to say that we are bodies, but when we are alive we are also embodiments of something, we are embodiments of will and of thought and of mentality. Now with that thought in mind, the idea that the body is something that we essentially are, and not just a bag of filth to be discarded at death (as Socrates apparently thought), lends credence to the idea that in some ways a corpse, or at least a recently dead corpse, might bear within it the image of the human person, the image of the person this was. As such, although it is no longer a person, it is still in some way due the respect a person is due.

But with that in mind, that brief conclusion argued for, or at least suggested, there is a substantive question which I'll end with now, as to what sort of things do display this sort of disrespect to the dead. In the billing for this event we talked about the contrast between artistic representations and dealings with corpses and scientific ones. In the case of art we've heard lots of convincing evidence from other speakers about how relics have always been part of popular culture, about how there has never seemed to be anything wrong with looking at dead saints and so on. And I think that is quite convincing.

It's a little bit like the debate about the difference, if there is one, between erotic art and pornography (a little bit), in that those who think there is a distinctive difference want to say that a lot depends upon the distinction between substitution and representation, and also with the interest that the viewer brings to it, rather than the intrinsic content of the thing represented. And something like this could be true about certain representations of dead bodies.

When it comes to the scientific use of dead bodies, by and large I think I agree with Mike Fitzpatrick in particular. There has been a lot of sentimentality unleashed by the Alder Hey scandal and other things, particularly about children. I don't mean that the concern with children is particularly sentimental, but I think it can veer into sentimentality with the grotesque spectacle of multiple funerals when it turned out that organs had been retained and therefore what they thought was a burial or cremation turned out not to be a complete burial or cremation. This has a sort of absurd and surreal element to it.

At the same time I think that in this day and age, relatives are owed an explanation, to the extent that they want one, as to what happens to their dead when they undergo a post-mortem, and that people should be ready to supply such information if they show signs of actually wanting it. Just in that connection – and I think informed consent in this context is important and that what went on at Alder Hey probably was wrong – but it led to some events in my life with a certain air of surreality, for example when I was asked to notify the authorities of any human remains in my office.

So that's the surreal element to it, but there is a serious element. One can wrong the dead by mistreating their bodies, although I think in the Alder Hey case it's not a question of using their bodies for scientific research, it's a question of sensitivity and consent.

TJ Thank you. And thank you to our panel. There's quite a lot to explore here but I think probably the question I want to come back to and ask you to develop a bit more, and starting with Mike first, is this issue of consent. You say 'consent' today and people would nod their head and agree that it's a good thing. I think Jane ended quite powerfully with the last words that if consent had been sought then it would have been given, but you seem to express certain reservations about the notion of consent. I wonder if you could examine that and perhaps other people could come in on that in response to you.

MF There are two problems I think. One is I think there has been a tendency to project back into the past a new set of attitudes towards the question of consent and holding people to account for failing to uphold them in the past. I think that's quite invidious. And the point I was trying to make earlier – I think there's been a tendency for the quality of consent given in the past to be disparaged. I actually think that the quality of consent that I experienced people gave in the past to post-mortems, had a higher quality than the consent that is now proposed under the new rubric of highly informed, highly contractually regulated consent.

Then, I think people gave consent in a spirit of altruism, and in a sense they identified with the project of the advancement of medical science in a very straightforward way. I think what is now proposed is a much more highly formalised system – there are prototype forms that can be obtained from the Retained Organ Commission's website. There's a very detailed procedure that's got to be gone through with patients, with relatives – relatives are free to reject particular organs so each organ has to be discussed separately. That formalises the whole thing in a way that I think can be unnecessarily distressing for relatives in those moments.

I also think there's a whole character that's brought into this, as people are invited to set conditions upon the terms by which the donation of their relative's organs are agreed to; whereas the earlier level of consent was altruistic, now it's much more instrumental, much more self-centred, which I also think reflects the wider sentimentality. Sentimentality is above all a self-regarding, self-centred sort of attitude, it isn't actually concerned with the object of the feelings, it's a self-regarding thing. And the concern is that people should think themselves that they are rewarded in some way for this gesture, in a way that the gift relationship didn't involve. So I think a higher quality of consent is being replaced with a more

formalised, more bureaucratic, more cruel and less satisfactory form of consent. That's what I fear.

AC Mike, I think first of all you're sentimentalising the past, though we can't prove that. In terms of the present and future, one of the things you say is quite incorrect, and that's to say that nobody is suggesting, the department of health or anyone else, that every relative is going to be forced to go through every detail and say can we take this but not that, and so forth, which is what you're implying. What we have to have in place, I believe, is a process which allows people to have the information that they wish to have, and which allows them to say what they would not find acceptable. Now this all is to do with a very important thing, and I think you and I totally agree here, and that is that we have to restore public confidence in the post-mortem system and the understanding of how important post-mortems are for all of us. And to do that we have to move to a point where we can restore the trust which has undoubtedly been destroyed. From that point of view, yes, it could be overly bureaucratic, but on the other hand we have to restore that trust.

Finally, one of the things we've been interested in on the Retained Organs Commission is young people and young people's future understanding of all this. And I think a lot of education should go into this, because ideally when you have the death of an adult we would actually want to know people's wishes ahead of time. And people should be thinking about this, and asking, what would I like to happen after I die in terms of a better understanding of my condition. And that is donation again, and I agree with you, donation is ideal if we can get to it. But of course with the sudden death of a child, cot death and so on, donation by that person is impossible and then you have to find a way of dealing helpfully and respectfully with those who are grieving that death.

TJ Anyone else? Can we restore trust through asking for consent?

PB Well, this is a double-edged sword isn't it. There's actually rather a good book written recently by the philosopher Onora O'Neill on autonomy and trust in bioethics, which argues that of course, in the past, consent wasn't sought often enough and this was wrong. But once you have to explicitly consent to everything that might be done, this tends to encourage a litigious mentality, whereby you start suspecting there might be a whole list of other things you haven't been asked consent for, that are going to be done anyway. So I think on the whole, the move towards informed consent is a good thing, but on balance it does to a certain extent actually undermine trust and also encourage mendacity, and people simply gain consent for things they have no intention of doing.

TJ What do you think?

JW Well, I have a slightly parallel comment to make, which is about consent and artists. We've talked a lot about medicine, but it is quite interesting to consider that while the premise of this debate has been that people happily accept what is happening in art with regard to the body, in fact despite the long history of artists working and using the dead as a subject, there is no legal framework for artists to have access to the dead. And I think that perhaps reflects on some of the abuses

that we have seen from artists. There is no opportunity for donors to actually give consent to have their bodies used as a subject for art, or to say, no I don't want that. But then there's another extension to that, which is, if an artist goes and works in a post-mortem room, takes a photograph, perhaps does a drawing, what happens about exhibition, an exhibition where the identity might be apparent?

There's been quite a lot of concern about the work of Sue Fox particularly, who takes photographs in mortuaries and crematoria, in which jewellery, a ring in one particular instance, was very identifiable to the family of the dead person who was featured in the photograph, although it had been made explicitly clear to her that she couldn't photograph faces. So perhaps we need some legislation because artists are not going to go away on this subject. Perhaps we need some framework that allows artists and gives them guidelines of what they can do, and with regard to consent for people who are prepared to be the subject of artist's work.

KA The notion of art and consent just doesn't sit together comfortably with me, which is rather a disingenuous thing to say maybe. I've just been spending a day at the Science Museum hanging an exhibition there, and the lethal combination of art and health and safety is one that nobody should face for more than three hours at a stretch without going on a long holiday. There is something completely antithetical it seems to me about having legislation and procedures and forms and then asking an artist to perform to them. The whole point of art is, well one of the points of art, is thoroughly to ruffle that procedural exercise. I'm thoroughly involved in an institution and we have all of our forms and ticking boxes, and I'm very dutifully and thankfully involved in that too.

But there is a sense in which, you know, it's difficult to say this without seeming like a terrorist, but we do need to break down some of this sense that everything we do should be signed up to everybody who might conceivably be influenced by it, because it's recipe for doing nothing. I haven't asked any of your permissions to say what I'm saying here tonight, and maybe you'll let me off just this once. But we couldn't have a discussion if we had to have all the forms. We're being recorded tonight; how many of you signed your forms tonight? Please, let's not have any more forms, let's have a little more trust, a little more sense that life is about doing things rather than signing forms.

JW Ken, I do actually take your point, but you were the person a moment ago who was saying maybe we need taboo.

KA But not invested in an institution with forms.

JW OK, however, I just would question, I think we are talking about people's sensitivities in an area, which is perhaps the most sensitive in all our lives, when somebody we love dies. And I know that people have been desperately upset by Sue Fox's photograph. She showed it at our conference and people (very liberal people) were astounded that she'd been able to print this in a book because it was recognisable. It was a ring that anyone who knew the mortuary where she had photographed it would have known it was a member of their family. And I think artists, for their own sake as much of for the sake of relatives, do need to have some guidelines and a sense of what is appropriate.

TJ OK, the guidelines are that the audience speaks. You go first.

#1 Thank you. My first comment is that I was actually slightly concerned about what this debate was about. And when I listened to you all I thought that there was a great deal of hegemony up top. And it's not just the fact that you're all white and you're all representing your own (I think) Eurocentric views, but first of all you premised the body over the soul. I heard no-one talk about the soul – morbid fascination with the dead – but no-one talked about what happened to the soul. And secondly you premised materialism over spiritualism, I suppose; you premised life over the after-life.

I had various times when I was listening to you when I wondered what planet we shared. When somebody talked about the fact that we had the retreat of death and we didn't live with death – what movies do you watch? Because, you know, I've watched Rambo, I've watched the News. We're surrounded by death, the images of death. And Michael Ignatieff, who I respect and sometimes have a drink with, talks about the way our ethics today are premised upon the imagery of death that comes into our living rooms.

Consent – I was also concerned with this notion of consent. I come from New Zealand (I've lived here for 20 odd years) and in the old days my friends and I used to talk a little bit Maori. We go back to the 1870s. If Maoris fought, they would give consent that if they died, the person who killed them could cut out their heart and eat it. But they didn't give consent to any white people coming along and putting their bodies in the Royal College of Surgeons, right. So what kind of metaphysic lies behind it? So that's my question, in a way.

#2 I've just got three short points. About the sentimentalising of the past, I've recently been looking at the files in the Public Record Office about the passage of the Corneal Grafting Act of the 1950s. And in there, there are hospital admissions forms. If you went into hospitals that used these, you signed to say you agreed that in the event of your dying, you agreed to a post-mortem, which I think is comment on whether or not things were sentimental in the past.

The second point is really relating to Jane's point about there being no guidelines for artists. Of course there are no statutory guidelines, but what artists can do with bodies is regulated by common law. So to say that there is no legal framework is not entirely true. And indeed if one thinks about Jeremy Bentham, he was dissected before the Anatomy Act was passed, and yet nobody has ever suggested that what was done to him was unlawful. So by extension, I think, it would be possible for artists, under the common law (provided certain conditions were fulfilled), lawfully to do many things with bodies that perhaps people think that now they cannot do.

And the third point really relates to Professor Campbell's point about the Anatomy Act. He did say that the Anatomy Act is very restrictive about what people can do with dead bodies, but that is only so if what they are doing is an anatomical dissection as defined by the Act. One of the reasons that Tony Kelly was perhaps not prosecuted under the Anatomy Act was because he denied and nobody proved that he had ever cut the bodies that he used, although he was certainly interested (as he admitted at his trial) in the study of morphology, which forms part of the definition of an anatomical dissection under the Anatomy Act.

TJ And now, Sandy Starr.

#3 It's a point for Alastair. Alastair, I share your dislike of morbid curiosity, I rather prefer scientific curiosity when it comes to death. But I disagree with you thinking that regulation will work against morbid fascination, if anything, I think it nourishes such curiosity. I remember when I was growing up, everyone wanted to get their hands on this illegal video called *Faces of Death*, which was a mixture of real and fake footage of people dead and dying. And actually, when you got your hands on this sort of illicit video and watched it, after the initial morbid curiosity, it was just banal – the inanimate human body was just banal. I think the problem with Gunther von Hagen and people's interest in him, is that it's the first time someone's been dissected on public television, it's such a special occasion – ideally it would be boring. If there was a documentary channel dedicated to dissection, then it would play the same role in relation to future doctors as staring at the sky does in relation to future astronomers. I think regulation only draws attention to and nourishes the morbid type of curiosity as opposed to the scientific.

TJ Thank you. And the person next to you.

#4 I don't know if anyone watched the programme about Leonardo Da Vinci that was on TV a few weeks ago. I was watching it and was very interested in how he had stolen bodies from the mortuary to study them and dissect them, and how he had made some very fascinating discoveries. And also the fact that the Catholic Church at the time was horrified that he'd taken bodies, and the Pope had come out and challenged and threatened him; they saw it as a threat to the integrity of the soul of the Christians who had been dissected. And I was thinking whilst I was watching it, thank god we're out of the dark ages, thank god we have a much more enlightened understanding of medical science and we value studying the human body and cadavers. But sometimes when I hear the discussion now and some of the panellists, I wonder if we really are out of the dark ages. I mean some people still talk about the integrity of the body, and the small pieces, like the relics, as being the thing we invest the soul in. It surprised me.

Somebody asked what planet these people are on, and I ask that myself because I think it's a very narrow understanding about people's views on the body. One thing you could say about the sixteenth century Catholic Church is that it had some authority to speak on behalf of the people because it could say, we speak on behalf of the flock of Christians who come worship at our churches. What I don't understand is, the self-appointed ethics experts who say they speak on behalf of the people today. I didn't elect them and I don't want them to speak on behalf of what will happen to my body or to my family or loved ones. And I think that there's a sort of patronising assumption about what ordinary people think about the body. Alastair Campbell said that ordinary people see the body in a very different way to physicians. I think that's remarkable.

I think ordinary people are very knowledgeable and very sensible about how the body is used after death and that doctors probably have a closer understanding and

closer relationship to these people who are suffering great grief than the ethics experts who sit on their committees in ivory towers away from the rest of us.

TJ Thank you. If people could keep comments reasonably brief, please.

Denise Green It's a question for Dr Mike Fitzpatrick, Alastair and Jane. Just listening to the conversations on the issues of consent. I would like it clarified from Dr Fitzpatrick, he mentioned about the issue of approaching families about post-mortems that it should based on trust not on information – I think I want that clarified, what you said there. Because if it was in the past that you just trust, you don't ask questions, such as the Alder Hey incident, the longing for information from families is very important. Also I think it was Alastair who mentioned about public trust, that we need that restored, because of what's happened with Alder Hey. My question is how is that going to be done? What's the solution? Jane Wildgoose mentioned about Alder Hey that a percentage of most families would have given permission for the children's organs to be donated. I agree with that.

I am one of those parents. We had a little boy, eighteen months old, and he died and he was one of the victims – I call him a victim because he was – and we had to undergo three burials. Now, there's been no sensitivity, no consideration has been shown to the families, the effects that it's had, on the government – they've had to pay out money, for psychiatrists, for loss of jobs. This is the emotional impact and financial impact it's had. And parents have been made to feel guilty over something they had no control over. And I think shame – shame on the medical profession in this particular area, those involved. And my solution to this, as a parent, to me is so simple, is if the Human Tissue Act was…it blows my mind, how come there was no accountability, no penalties attached.

So to gain public trust, the law needs to be clarified, and penalties need to be attached. We are full of laws, all around us, we're governed by laws; and then there's a secret door behind the pathology unit – I call it secret in this particular case because it was a closed door and the lack of information. Personally, I feel that if the law was there and penalties attached, it would bring trust, it would bring security, for both the parent and victim, and also for those who work in the medical profession. Otherwise you're making yourself above the law. And, you know, I don't know, that needs to be brought into accountability. And I do believe as a parent, give me the information, because we never had it, we wasn't asked consent. Not just on the second time, when the organs were returned to us, even then they took samples of my son's organs without consent, in knowledge of what's happened. And then a year later the university said, 'We're sorry Denise, we still have his brain'.

And the answer that I was given – we'd said, 'Why did you take all our sons organs, everything', which we'd had itemised and made a list – was for medical research. Now as parents, we're not ignorant, but that's the way I've been made to feel – that, 'you don't need to know'. Of course we do, it was an abuse. It was like, are you allowed to take all the child's organs without informed consent? To this day, I don't have the answer to that; I've not been given an answer. And I'm desperately trying to use and understand what has taken place. I've wrote to Tony Blair, I've wrote to Alan Milburn, and spoken to them.

TJ OKk, that's actually a really useful question about the distinction between information and consent, which I'll ask the panel to come back to. But I'd like to take a load more questions first. We'll go to Ranaan Gillon first

#6 Right, it seems to me that we're full of irrational – in the sense of unexplainable by reason – feelings, about all sort of things. And we certainly should be able to respect those irrationalities, in so far as such respect doesn't lead to wrong or harm. And it seems to me that that's where the real tension arises. We have fantastically irrational views about nudity for example – why on earth shouldn't we go around nude – and irrational views about excretion. But nonetheless we have them and by all means let's respect those, until such respect actually starts harming others. My worry is that when we respect irrational feelings to the extent that we can't actually benefit others, for example, by doing medical research that will lead to other people's lives being saved, then we're in this area of real tension where we simply shouldn't just accept that if you feel that not only you mustn't do it, but other people mustn't do it either, then there's a real moral conflict. My inclination is to go for helping the living, along with Dr Fitzpatrick.

TJ The living man behind you.

#7 Thanks very much. On that note, I think it was Alastair who said the fundamental thing was restoring public trust. Yet it seems that the first response of the medical establishment and politicians is to assume the worst of the doctors, rather than responding by saying the importance of the research, what's been delivered, and why that's a good thing. The first response is to assume the worst of the doctors. And then in relation to informed consent, your answer seems to be that we want to offer the public the opportunity to express their distrust. That's really what informed consent is – this is your opportunity to express your distrust, and we hope that that will improve trust because we don't think we've got the ability to explain to you why this is so important.

TJ And now there's a lady, with glasses. Yes.

#8 I just have a couple of points, one about the business of informed consent and form filling. I ought to say I'm a lawyer. It's quite clear that there's far more preoccupation now with getting informed consent and filling in forms in relation to the dead than the living. If you're a pregnant woman, no one is interested in giving you informed consent to HIV testing or Downs Syndrome testing. If you're unlucky you'll find yourself in an overcrowded maternity ward when you actually give birth where there is one midwife per three labouring women, so you'll be having your baby by yourself anyway. And it seems to me monstrous to suggest that when your baby's been born dead you then have some nice person who'll sit down and take you through a five page or a fifteen page form – that's just grotesque.

As far as artists are concerned, I'm rather less sympathetic to them. I don't think artists should roam through mortuaries taking photographs at random, any more than they should expect to roam through patient corridors taking photographs of patients as they go by. And it seems to me that artists just need to exercise some

restraint and common sense and seek permission when it's obvious that they should do so.

But I do think in relation to informed consent, this isn't really informed consent, you're just being put through a process. And the idea is, it's not consent (anyone who works in the NHS will tell you it's not consent), it's compliance. That's what they're after, they just want the tick in the box, they're too busy. And this whole talk of informed consent in the context of body parts and organ retention, I think is a fiction. Thank you.

TJ OK, we've got Dolan Cummings, then Claire Fox, and then this man here. And then the panel will come back with their final thoughts.

#9 I was interested in the point about people feeling unable to grieve if they don't have the body, because I think that's very true. But I don't think there's anything particularly mysterious about it, because I think your first reaction when told that someone close to you is dead is to deny it and not to believe it. If you can actually physically be confronted with the body, then basically hope is extinguished. I think the point has to be made that that's a very negative thing; it might be psychologically important, but it's a very negative experience, being faced with a corpse. And I think that if people are looking for consolation, they're looking in the wrong place. If you want consolation you have to think about what a person has done in their life, the people they have been involved with, and so on. If people insist on being obsessed with bodies, then there's nothing that can be done about it, but I think as a culture, the medical profession and institutions, should make it clear that people should think of it in that way. I think that a straightforward practical way to do that would be to assume that you have consent for organ transplants and post-mortems and so on, unless consent is explicitly withdrawn, because I think that way we can allow people to have their obsessions but we shouldn't institutionalise them. I think people shouldn't be afraid to say that death is a bad thing, it's the end of something, it's something negative, and that what we should be concerned with is life.

TJ OK, Claire Fox.

#10 Thanks. Professor Campbell, I wanted to come back to your point about the ordinary people's perceptions. I mean, I can't help but feel that when used in that way ordinary people are just being dragged on really as a stage army. And it was as though you were saying, here I am confronting my medical students and I've got to warn them of the potential bad PR if people misunderstood what we were trying to do. But it wouldn't seem to me to have any real relationship with ordinary people. I mean I never know who they are, those ordinary people. But there is something very dangerous about it. And even in relation and in response to the woman who spoke who'd lost a child at Alder Hey, I think that there is a real danger of the politicisation of people who have undoubtedly been involved in some tragedy, but then become spokespeople who then come to represent ordinary people. But actually that was one woman; I don't think she is representative of ordinary people. But somehow the medical profession and the Government are so defensive that they start saying that's the ordinary people for you, that's what they think.

It was just interesting that you said, let's think about what ordinary people think about the brain and the heart; and I thought, what does he mean? And then I thought he means, well you know if you lose somebody you think of the heart and that's about love, and you think about the brain and that's about what they think. And then I was thinking, do you really think that we as humans are really reducible to organs? Do you actually think that what we feel is reducible to the organ of the heart? Do you actually think that what we think and consciously do in the world when we're alive is reducible to the brain? It's a very degraded view of what it is to be human I have to say. I actually think it's rather insulting to the memory of the dead person that you imagine that that's all we were or that we are. I think there's more to us when we're alive, and I think there's less to us when we're dead. The thing that people want to grieve is the living person that was lost and it's not a question of organs. I think there is a degraded view of what it is to be human in your view, and actually a rather degraded and insulted version of what ordinary people are, when you talk about them in such a stage army politicised type of way.

TJ OK, and now the final comment from the audience. And then will take the panel in the same order that they first spoke.

#11 Nobody as yet has gone back to the original point that Dr Fitzpatrick raised; I want to look at the question of the body and identity really. It seems to me, the points Claire Fox made are very pertinent in the sense that identity is now seen as what you are, as opposed to what you do, for example, not only on the debate about the dead but also about say, genetics. The whole debate about genetic identity really perplexes me about how that's seen as being what people's identity is constituted of. To go back to the question of the soul, I take the point about in the Christian tradition they didn't completely break with the fetishisation of the body, but I think there's a rational kernel to the idea of the soul in the sense that it was to do with what you were was actually tied up with what you did externally in the world, that you were something that interacted with the world. Christians usually say that they can't understand atheists (I'm not a Christian myself), in terms of that they don't understand the desire for immortality amongst humanity.

The point is that immortality is defined by what you do out in the world, and that is how people remember people. People remember the dead for what they were, people remember famous people for what they did. The point about the relics of a saint is that they had already achieved immortality in a sense because they were these supposedly holy people who did these great deeds, and the body was part of a totemism, that was also representative of them in life – the same point as about the disrespect to the bodies of criminals and suicide cases, after they were dead. So I do think we have to take a sense in which people are more than just their bodies, and the way in which the body is perceived tends to impact upon how people are perceived.

Also, final question, this point about identity and the place of the state. It seems to me that in this debate about consent and in the one on genetics, people seem to want the state to underwrite their identity in some kind of way. I wondered what people thought of that.

TJ Well obviously there's quite a lot on the table so don't try and answer everything. Mike

MF As you say, there's a lot of issues. Just in response to the lady from Alder Hey, I think there's no doubt that parents at Alder Hey were very badly treated, but I think there are two issues that are constantly confused in this matter. One is, and I read about it just recently, one of the parents making the point that the children's bodies were stripped of their organs and they were kept unused, and not used for any research purposes, on the shelves of the path lab. And it's unclear which was the greater offence in this regard, and the two things have been confused and blurred together. I think what we had at Alder Hey was a very peculiar combination of circumstances, which is partly why it has been latched upon by the government and by the medical hierarchy.

One is that there was this stripping of bodies that, as I said at the beginning, I think was a routine practice. The other was a particularly chaotic state of organisation and a senior pathologist who was guilty of (by any criteria) the most extreme fraudulent and corrupt practices, which would have merited instant dismissal and appearance before the General Medical Council and being struck off in any medical institution. Unfortunately in the whole handling of this thing the particular grievances about the conduct of this one pathologist have been confused with what were really pretty standard practices in hospital pathology departments.

And the whole question of the rather blurred and muddy character of consent that was given in the past and was approved under the Human Tissues Act, which now people demand to be more precisely codified, but which was not precisely codified at the time, precisely because the kind of preoccupations that now prevail did not exist at the time. That's why the legislation did not reflect those kind of concerns. I think then the parents understandably got locked into a cycle of anger and blame, grieving for their lost children and a grievance at the way the matter was handled by the hospital.

I think the problem that has spiralled out of control, it seems to me, is that when they went to higher medical authority instead of getting support and help for dealing with their problems of grieving they were encouraged to go into politics effectively, and encouraged to join a campaign. Effectively the parents went to see Liam Donaldson and instead of providing with support he offered them a press conference. That seems to me to be a manipulative and extremely unhelpful response to this kind of problem; and I think it played a very significant role in the corrosion of trust. I think the corrosion of trust has been more the result of the handling of this than what actually happened in the past, excepting the specific grievances of Dick van Velzen at Alder Hey.

On the wider point about sentimentality, coming back to Alastair Campbell's earlier points on this. I must say I do think that this advice that you give to medical students doing anatomy – to hold onto the ordinary people's perception, to have a sense of that – is really very unhelpful in relation to the task of medically dealing with the human body. Because what is so striking in dealing with human bodies (and I've discussed this with a patient this week over a relative who had recently died) is the complete loss of personality that ensues upon the death of the body. Here you have a living person, here you have a dead body – no trace of the personality of the person you once knew. I remember knowing people on the hospital ward and then

seeing them on the path lab slab: no trace of their humanity or personality is really evident in their body.

When they end up on the path lab slab they are a piece of meat, they are dead meat, they are just an object and their interest lies in what that can yield for medical research. And what it can yield for medical research historically has been tremendous; tremendous advances have taken place as a consequence of that. And you need to deal with it on the slab as an object, not as a person. The heart and the brain on the slab are a pump and a set of neurological organs which can be very valuable to study. If you don't see it in that way then it seems to me that you cannot conduct the business of anatomy and pathology. That's the extension of a sentimental attitude to the body in the real world into the path lab.

And the business of the path lab – somebody made the point about secrecy – is not conducted in secret, it's conducted in private, and that's a very important distinction, and a distinction that in the past was recognised. In the past people understood that what went on in the path lab was not a pretty sight and there was a division of labour – doctors you get on with that, and will trust that what you do is in the general interest. I think we have to restore faith in that by engendering a wider trust in the whole project of medical science. I think that's only demeaned by this tokenistic, bureaucratic conception of consent, which has taken over, and by the conduct of the Retained Organs Commission. Which as Piers said (this is a very accurate account), every cupboard in every medical institution in the country has been searched with a rigour that is unprecedented in the operation of the Health Service. We would only that the care of the living patients was attended to with such industry and such resources and such concern.

That's what I feel as a doctor, and somebody else made this point, that the morbid pursuit of these things is taking place at the neglect of living patients. And a great hospital in Liverpool has been brought to its knees as a consequence of this. Research has been set back; organ donation has been set back. And I think we need to get real about how to look at the issues of death and how to deal with the human body.

TJ Thank you. Jane.

JW Well I think that Dr Fitzpatrick has given a very eloquent account of what it is to be a doctor and how important it is to be objective to go about one's professional business. However, the point about respecting irrational feelings and the good that can be done to the living – whilst we've heard a lot about the parents from Alder Hey being manipulated and politicised, I frankly find this very offensive to their feelings. I don't think that those parents would actually have taken to the soap box if they didn't have incredibly strong feelings about what had happened to them psychologically. And I go back to my point about the symbolism of the body and the way it can evoke memory and identity.

I was interested Claire Fox when you said that it is to reduce people to organs – I don't think you can have read very widely; the whole of the history of literature is packed with the heart particularly, and the brain, as a great symbol of personality and identity. I think that if we do listen quietly to what a great number of parents from Alder Hey have said, what was so painful to them was the symbolic reminder of

these organs being returned to them when they thought they had put those bodies to rest. I think that's a great distinction between saying, 'Oh it's just a piece of meat on a slab' – we're very clear that is the way doctors have to go about their business, but it's quite inappropriate to suggest that for the relative who does not have that professional way of going about their life. We've heard a lot about ordinary people and what we think they are – it is a real response, that those symbols have come back to them, they thought they had dealt with it and now another piece has come back. You cannot underestimate the effect. It is not sentimental, it's huge symbolism; and I think we should respect it, and I think we should consider how we go about our business in the future.

Finally, just to say to the legal representative in the audience: you may disapprove and feel censorious about artists working with the dead. It is absolutely a part of the artistic tradition; they are not going to stop wanting to do it. But I agree with you, they should do it in a responsible way; and if we don't discuss what is a responsible way, we can't complain when they are abusive.

TJ Thank you. Alastair.

AC First of all, I think I've communicated quite badly tonight because a number of people seem to have misunderstood what I was trying to say. Let me just get to this question of medical students very quickly again. These are young people who are going to go and do something very strange; they have to learn to do it to in order to be doctors. I don't believe they will become good doctors by shutting off those feelings that they have when they enter the dissection room or the first time they have to witness a post-mortem. Of course they have to know where to put those feelings, but medicine is essentially a combination of detachment and involvement. And what I am trying to get across to these students is that you will not be a good doctor if you merely step right back and shut off your emotions because you will be shutting off emotions that anyone would feel in these circumstances.

Now we know from research that many young people find it hard to go into the dissection room the first time, and that there are parts of the cadavers that are much more significant than others: the face, obviously, but also the hands. Because these remind them this was a living person, and they have to learn to forget that. But it's the way they incorporate it in their learning that will allow them then to know what it must be like when confronting a patient whose had a sudden death of a child or a relative, and they must speak to that person about a post-mortem. It's that essential balance between involvement and detachment which is so critical, and which is held on magnificently by nearly all doctors in fact. And it's very true that it's easy to caricature the profession but you'll find if you talk to parents in Alder Hey and Bristol too that they have huge admiration for many of the doctors that have dealt with them, as well as nurses and other health professionals. So we can overemphasise that.

Secondly, I am not a regulation freak; I do not believe that regulation can solve everything. Of course it can't. On the other hand, it's the very absence of clarity in our law, as that parent so evocatively said, that has lead to the position we are now in. And although I don't think regulation solves everything, I think we do need to get the regulation right.

Finally, the restoration of trust – no, we can't restore that by legislation, and no, we don't want to get litigious. I think the best way is actually to not be patronising (as I may have seemed to be) of the general population, and ever more to bring them in as partners in the medical enterprise, and find ways to understand why what does happen in medicine to the dead body is so important to us all.

TJ Thank you. Ken, your succinct comments. Sorry, we're slightly pressed for time.

KA I have mixed reactions at the end of this evening – a joy at having been here and a slight frustration. My joy is the aspects of the debate this evening that have circled around the issues of regulation and consent seem to me to have shed a huge amount of light; I've learnt an enormous amount. I feel as though I mostly sign up to the idea of consent and regulation, but I do have deep worry about it getting in the way of some genuine truths. And that points me to my frustration about the evening, which is that I'm not sure I've learnt a great deal about death. And I confess, I came here to learn, rather than to teach. We've ended up with this sense that the science of death is about objectivity, the art of death is about subjectivity and symbolism. It seems to me that there's much much more to be said about that; both of those points of views are too simplistic. And perhaps I should just say that I'm looking forward to the next series of lectures that tackles those issues, and maybe puts aside the incredibly important issues around regulation and consent.

TJ Thank you. Piers.

PB I think just responding to what Ken has just said about not learning about death: I think the reason for that is that we're talking about two quite distinct subjects. There's the issue about how death can be bad for the dead and whether we should fear it, and what our attitudes should be in light of our knowledge of own mortality. And the issue of human remains left behind, which I agree with Alastair Campbell and others, are not to be identified with a person, given that the corpse is not a person, but a former person, an ex-person if you like. It is materially continuous and identical with some living entity that was a person; and it's that very continuity which I think leads the sensitive person to care about how dead bodies are treated and how we view them.

I mean Ranaan Gillon nicely struck the balance, although possibly in a more optimistic way than I would, in saying, well all these irrational feelings are fine so long as they don't get in the way of research. But the question is, not whether we should override people's feelings in the course of research, because as you say those feelings might be irrational, but whether or not those feelings are in fact irrational, whether the feelings are good feelings to have. If they are good feelings to have, maybe we should be more cautious about what we do, even in the name of research. Which leads us to the question of whether they are good feelings to have.

As I suggested in my original talk, I think there are ways in which we can behave wrongly with respect or towards corpses, or by proxy towards the persons who were those bodies. But it's still a further question as to what sorts of behaviour are disrespectful. I think in the case of Alder Hey, my feeling that I've formulated in the

course of these talks this evening, is that in a way that is was the parents and relatives who were the people treated with disrespect in those cases rather than the dead children themselves. Because if we imagine a parent, say a very unusual parent, but it's a logical possibility, who says, yes, here's my child, please do what you want with it for the purposes of medical research, please eviscerate the brains, please keep the organs in jars, that's what I want you to do. Well we might have worries about the attitude shown by the parent towards their child but I don't think we would necessarily feel that the child had been wronged,

Because I don't actually think there is anything wrong with keeping organs and corpses for this sort of purpose, not per se, not intrinsically. When it comes to the Gunther von Hagens, that's perhaps a different matter; if it really was entertainment, then I think I'd agree with Alastair; I enjoyed it myself because I didn't think of it in that way, but there are different issues to be raised.