

Letter to the Editor, Calicut Medical Journal November 2008

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Sir

Rajkumari and colleagues provides a valuable insight in to the perceptions of medical students towards cadaver dissections in an Indian medical school.¹ There are, however, some limitations that I would like to point out.

The study uses a questionnaire which contains leading questions such as 'Do you think cadaver dissection is still considered important and indispensable in anatomy learning?' and 'Do you ever think that the cadaver you dissected was once a living human being like you?' which would explain the very high positive response. Anonymity of the questionnaire is not addressed which may have biased the responses if the respondents felt their answers could influence their teachers' attitudes towards them or their academic performance. The timing of the questionnaire delivery and response, which is not mentioned, is relevant as the students' attitudes may have changed depending on the number of sessions attended prior to answering the questionnaire.² It would have been interesting to correlate attitudes with the background of the respondents given the diaspora of cultures in India. This might have affected the emotional responses to cadaver dissection.

Another point of further investigation could be whether students in their clinical years feel that the anatomy learning in their first year prepared them effectively for clinical encounters, and whether the clinical tutors felt the pre-clinical anatomy knowledge could be adequately applied at the clinical stage. The problem of students unable to apply their knowledge of anatomy in the clinical context has been reported and relates to the lack of context.³ Prosected specimens, radiological imaging and life models are useful adjuncts better equipped to enable students to apply their knowledge in the very real situations within the clinical component of the medical course and future medical career. Collins points out that the anatomy learning should take place within a 'clinically meaningful [context]...related to the competencies required for new medical graduates'.⁴

Competing interests: None

References

1. Rajkumari A, Das BK, Sangma GTN, Singh YI. Attitudes and views of first year medical students towards cadaver dissection in anatomy learning. *Calicut Medical Journal* 2008;6(4):e2.
2. Snelling J, Sahai A, Ellis H. Attitudes of medical and dental students to dissection. *Clinical Anatomy* 2003;16(2):165-172.
3. Laksov KB, Lonka K, Josephson A. How do medical teachers address the problem of transfer? *Advances in Health Sciences Education* 2008;13(3):345-360.
4. Collins JP. Modern approaches to teaching and learning anatomy. *BMJ* 2008;337(sep09_1):a1310.

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