

Developing Empathy and Clinical Detachment During the Dissection Course in Gross Anatomy

To the Editor, *Anatomical Sciences Education*:

In their excellent quantitative analysis of students' valuation of gross anatomy as an "important" course, Böckers et al. (2010) come to the conclusion that this high valuation could depend on the students' perceived growth in professional competencies during the course. The students counted among these competencies their increased abilities in teamwork, time management, learning strategies, stress-coping strategies, independent learning, and self-reflection. At the same time, students found their reflections about death and dying as well as empathy toward the body donor reduced over the duration of the dissection course. From this latter finding, the authors draw the conclusion that "dissection in the gross anatomy course is not suitable for encouraging an early development of empathy" (Böckers et al., 2010).

On the surface, this might be the logical conclusion from the findings; however, I would like to suggest an alternative interpretation. The students had entered the course expecting to develop empathy as part of their professional skill set but found at the end to not have done so to the degree they had expected. Could this not have been due to the fact that while they had entered with greater or lesser empathy for the donor, they developed the skill of clinical detachment, which might have impressed them at the end of the course as "lesser empathy"? Clinical detachment is necessary to actually be able to cut into a human body and carry a student of anatomy through the experiences of the dissection, that is, the skilled disassembling of a human body, albeit a dead one. This professional skill was early recognized by anatomists and has been described as "a certain inhumanity" by William Hunter in the 18th century (Richardson, 2000), or as John Ware, dean of the Massachusetts Medical College put it to his students in 1850 a "difference between us and other men in the feelings with which we regard the remains of the dead"

(Ware, 1851). In the clinical setting, this was later called clinical detachment, the ability to distance oneself from the patient to be an objective observer, who can serve with empathy for the good of the patient. Clinical detachment and empathy have to be in balance for physicians to be fully functional and retain their humanity (Montross, 2007). Thus, it is possible that the students in this study, while developing clinical detachment, interpreted this as a loss of empathy. If this is so, it is important to point this fact out to the students as one of the "hidden learning objectives" of the course mentioned by the authors. It would be interesting to see if they still judged their empathy as lessening at the end of the course if they were made aware of the factor of clinical detachment.

The dissection course in gross anatomy can serve as one of the ways to develop the professional skill of clinical detachment and its balance with empathy.

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