



Cadaveric bioethics and professionalism: A narrative review of ethical comportment, donor dignity, and professional identity formation among medical students during anatomical dissection

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Abstract

Background: Cadaveric dissection remains a cornerstone of preclinical medical education, providing not only anatomical knowledge but also a formative environment for bioethical reasoning and professional identity formation. However, the ethical foundations underpinning cadaver use — informed consent, donor dignity, non-maleficence, and justice in body procurement — are unevenly understood and inconsistently taught across medical curricula worldwide.

Objective: This narrative review synthesizes contemporary literature on the bioethical dimensions of cadaveric anatomical education and examines how professionalism is cultivated, challenged, and assessed among medical students in the dissection laboratory.

Methods: A narrative synthesis was conducted using peer-reviewed articles, task-force reports, and institutional guidelines indexed in Scopus, PubMed, and Google Scholar, published predominantly between 2015 and 2026, supplemented by foundational bioethics literature. Thematic analysis focused on four domains: historical-ethical evolution of body procurement, the four-principle bioethical framework as applied to donor use, pedagogical strategies for professionalism development, and religious/cultural perspectives, with particular attention to Islamic bioethical discourse relevant to Muslim-majority educational contexts.

Results: The reviewed literature demonstrates a clear historical trajectory from coercive and non-consensual body procurement toward donor-based, consent-driven anatomical gift programs, though unclaimed-body practices persist in several low- and middle-income countries. Structured interventions — including cadaveric oaths, memorial ceremonies, donor narratives, and reflective writing — are consistently associated with improved empathy, gratitude, and professional identity formation. Digital and virtual alternatives complement but do not fully replicate the affective and ethical learning generated by direct cadaveric engagement. Lapses in professionalism, particularly social-media-related misconduct, remain a persistent concern requiring explicit institutional policy.

Conclusion: Bioethical professionalism in anatomical education is best cultivated through an integrated curriculum that couples technical dissection skills with explicit ethics instruction, ritualized respect practices, and culturally and religiously congruent donor engagement frameworks. Institutions, particularly in pluralistic and Muslim-majority settings such as Indonesia, should formalize bioethics instruction as a core competency parallel to anatomical knowledge.

Keywords: Bioethics, professionalism, cadaveric dissection, medical education, informed consent, body donation, anatomy curriculum, Islamic bioethics

Introduction

The dissection of human cadavers has, for more than five centuries, occupied a singular place in the formation of physicians. It is simultaneously a technical exercise in gross anatomy and a profoundly moral encounter — the first sustained, physical contact most medical students have with a deceased human being (Ghosh, 2017; Rizzolo, 2002) [14, 34]. Within this encounter lies an implicit curriculum: how students treat the cadaver often foreshadows how they will treat future patients. Consequently, the anatomy laboratory has increasingly been recognized not merely as a site of anatomical instruction but as a formative environment for bioethical reasoning, empathy, and professional identity (Lachman & Pawlina, 2006; Ong *et al.*, 2023) [29, 33].

Bioethics, broadly understood through the four classical principles of autonomy, beneficence, non-maleficence, and justice (Beauchamp & Childress, 2019) [7], provides a robust analytic lens for examining cadaveric education. Each principle maps onto a concrete practical question in the dissection hall: Was the donor's consent genuinely informed

and voluntary (autonomy)? Does the educational and scientific benefit justify the use of the donor's body (beneficence)? Are students prevented from treating remains disrespectfully, carelessly, or performatively (non-maleficence)? And is the pool of donor bodies procured without exploiting socioeconomically vulnerable populations (justice)? These questions are not merely theoretical; they recur throughout the historical and contemporary literature on anatomical body procurement (Jones, 2012, 2026; Winkelmann, 2016) [22, 24, 47].

Professionalism, in turn, is increasingly recognized as a teachable and assessable competency rather than an incidental byproduct of clinical exposure (Spampinato *et al.*, 2014) [39]. The anatomy laboratory functions as an early and potent site of professional socialization — part of what educational scholars term the "hidden curriculum," the unwritten, implicit lessons transmitted through institutional culture, rituals, and role-modeling rather than formal lectures (Ghosh, 2019 [15]; American College of Physicians Ethics, Professionalism and Human Rights Committee,

2018) [3]. Whether a program conducts a dedication ceremony, permits photography, discloses donor identities, or actively teaches consent law shapes, often silently, the ethical disposition students carry forward into clinical practice. This review addresses three interconnected aims. First, it traces the historical evolution of cadaver procurement from coercive, non-consensual practices toward donor-based, consent-driven programs, situating contemporary ethical debates within this trajectory. Second, it applies the four-principle bioethical framework systematically to the practices of body donation, dissection conduct, and professionalism assessment. Third, it examines pedagogical interventions — including memorial ceremonies, reflective writing, donor narratives, and hybrid digital-cadaveric curricula — that have been empirically associated with improved bioethical professionalism among medical students, with particular attention to religious and cultural considerations relevant to Muslim-majority medical schools such as Universitas Islam Indonesia.

Materials and Methods

This paper adopts a narrative review methodology appropriate for synthesizing a heterogeneous, cross-disciplinary literature spanning anatomical sciences education, bioethics, and medical professionalism. A structured search was conducted across Scopus, PubMed/MEDLINE, and Google Scholar using combinations of the terms "cadaver," "body donation," "bioethics," "professionalism," "medical students," "dissection," "informed consent," and "hidden curriculum." Priority was given to peer-reviewed articles published between 2015 and 2026 in journals such as Anatomical Sciences Education, Clinical Anatomy, BMC Medical Education, and Academic Medicine, supplemented by seminal older works establishing the bioethical and historical foundations of the field (e.g., Beauchamp & Childress, 2019; Rizzolo, 2002) [7, 34]. Institutional and

professional-body documents, including American Association for Anatomy task-force reports, were also incorporated to capture practice-based standards. Articles were included if they addressed ethical dimensions of cadaver procurement or use, professionalism development in the dissection setting, or comparative pedagogical modalities (prosection, virtual reality, plastination) with explicit ethical implications. Thematic synthesis, rather than meta-analysis, was used given the predominance of qualitative, cross-sectional, and normative-ethical study designs in this literature.

Historical Evolution of Cadaveric Ethics

The ethical trajectory of human dissection is one of gradual, often reluctant, movement from coercion toward consent. Prior to the sixteenth century, dissection was rare and typically reserved for the bodies of executed criminals, reflecting a punitive rather than educational rationale (Jones, 2012) [22]. The Renaissance flowering of anatomical science, epitomized by Andreas Vesalius, expanded demand for cadavers far beyond the supply of judicially sanctioned bodies, giving rise to grave robbing and, in the notorious case of Burke and Hare in 1820s Edinburgh, outright murder for the anatomical trade (Jones & Whitaker, 2009) [25]. Legislative responses such as the UK Anatomy Act of 1832 legalized the use of unclaimed bodies — typically those of the poor, the institutionalized, and the marginalized — thereby formalizing rather than eliminating the ethical asymmetry between those who benefited from anatomical education and those whose bodies involuntarily supplied it (Jones, 2012, 2026) [22, 24]. Only in the mid-to-late twentieth century, alongside the broader bioethical turn toward informed consent in research and clinical care following the Nuremberg Code and Declaration of Helsinki, did voluntary body bequest programs become the ethical norm in high-income countries (Winkelmann, 2016) [47]. Table 1 summarizes this trajectory.

Table 1: Historical Evolution of Cadaveric Procurement Ethics

Period	Dominant Source of Cadavers	Ethical Characteristics	Representative Milestone
Pre-16th century	Rare dissections of executed criminals	No consent; dissection viewed as post-mortem punishment	Sporadic anatomical study in ancient Alexandria and medieval Bologna
16th–18th century	Executed criminals; grave robbing ("resurrectionists")	Coercive procurement; bodies of the marginalized disproportionately used	Vesalius' <i>De Humani Corporis Fabrica</i> (1543); rise of anatomy schools
19th century	Anatomy Acts permitting use of unclaimed/pauper bodies	Legalized but still non-consensual; class-based exploitation	UK Anatomy Act 1832 following the Burke and Hare murders
Mid-20th century	Transition toward voluntary bequests	Emergence of informed consent as an ethical requirement	Post-Nuremberg emphasis on bodily autonomy and consent
Late 20th–21st century	Willed body donation programs	Formal consent, donor dignity, memorialization ceremonies	Establishment of body donation task forces and AAA guidelines
Contemporary era	Mixed: donation programs (high-income settings) and unclaimed bodies (many LMICs)	Ongoing disparities; push for global harmonization and digital alternatives	AAA Best Practice Standards (2025); rise of virtual and hybrid anatomy pedagogy

Despite this progress, the transition remains incomplete on a global scale. Several low- and middle-income countries continue to rely substantially or exclusively on unclaimed bodies for anatomical education, a practice increasingly

criticized as ethically unsustainable (Wondimu *et al.*, 2021) [48]. A comparative examination of donation-based versus unclaimed-body procurement, presented in Table 2, illustrates the ethical asymmetries that persist.

Table 2: Ethical Comparison of Willed Body Donation and Unclaimed Body Procurement

Dimension	Willed Body Donation	Unclaimed Body Procurement
Consent	Explicit, informed, and voluntary consent obtained during the donor's lifetime	Absent or presumed; frequently no documented consent from the deceased or family
Autonomy	Upholds donor self-determination over post-mortem disposition	Bypasses donor autonomy; decisions made by institutions or the state
Socioeconomic pattern	Skewed toward donors with health literacy and institutional trust	Disproportionately drawn from impoverished, unclaimed, or marginalized populations
Legal basis	Regulated by anatomical gift legislation (e.g., Uniform Anatomical Gift Act)	Regulated by older Anatomy Acts originally designed to manage pauper burials
Professionalism modeling	Reinforces respect, gratitude, and consent-based ethics	Risks normalizing utilitarian or exploitative attitudes toward the dead
Global prevalence	Predominant in North America, Western Europe, and parts of East Asia	Persists in several low- and middle-income countries, including parts of Africa and South Asia

As Table 2 indicates, unclaimed-body systems are not merely a logistical alternative to donation; they represent a distinct ethical paradigm in which autonomy is structurally absent. Jones (2026) ^[24] argues that continued reliance on unclaimed bodies, absent extraordinary mitigating circumstances, constitutes a failure to keep pace with four decades of bioethical consensus regarding consent. This has direct pedagogical implications: students trained in institutions dependent on unclaimed bodies may absorb, however implicitly, a utilitarian rather than consent-based

orientation toward the dead — precisely the orientation that anatomy educators now seek to counteract through explicit ethics instruction (Hildebrandt *et al.*, 2025) ^[20].

A Four-Principle Bioethical Framework for Cadaveric Education

Applying the Beauchamp and Childress (2019) ^[7] framework to the dissection laboratory clarifies otherwise diffuse ethical concerns into four actionable domains, illustrated conceptually in Figure 1.

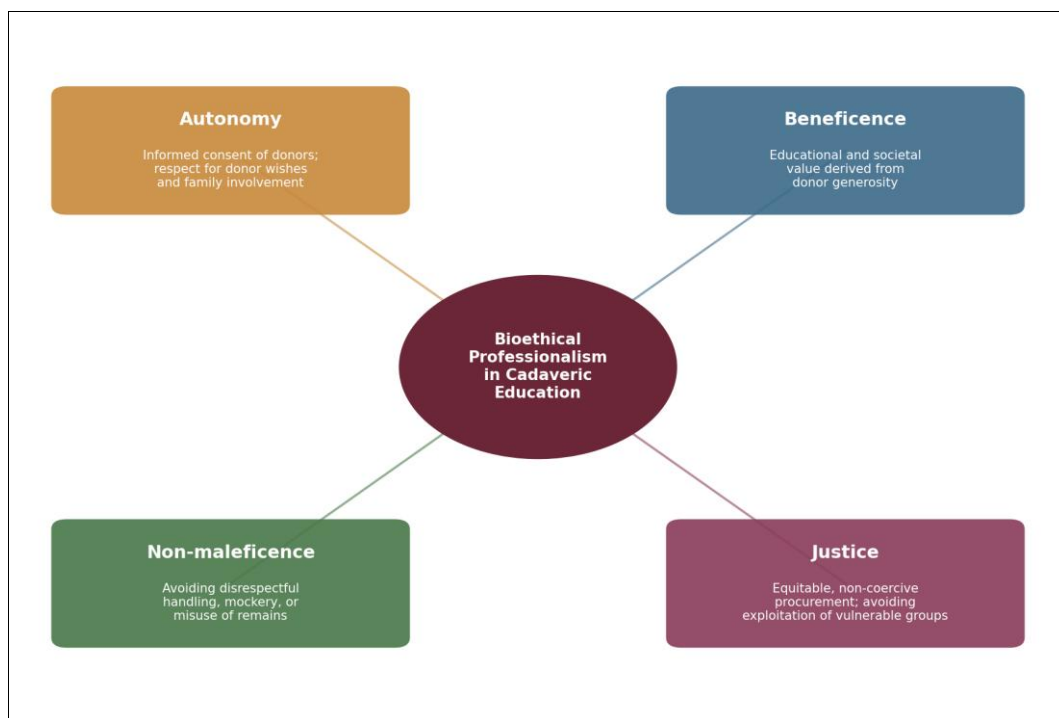


Fig 1: The Four Bioethical Pillars Applied to Cadaveric Anatomical Education

1. Autonomy

Autonomy in this context centers on the donor's right to determine the post-mortem use of their own body. Contemporary body donation programs operationalize autonomy through detailed consent documentation specifying permissible uses (education, research, photography), disposition preferences, and revocation rights (Bagian *et al.*, 2024; Balta *et al.*, 2025) ^[4, 5]. Co-designed, participatory consent processes — incorporating perspectives from prospective donors, families, and anatomists — have been proposed as best practice to ensure

consent is genuinely informed rather than a procedural formality.

2. Beneficence

Beneficence justifies cadaver use insofar as it produces substantial educational and societal benefit — competent physicians capable of safe clinical practice. Evidence consistently associates hands-on dissection with superior three-dimensional spatial understanding, procedural confidence, and long-term retention relative to purely digital instruction (Waldrop & Waldrop, 2024) ^[45], lending

empirical weight to the beneficence justification for continued cadaver use, provided that benefit is not achieved at the expense of the other three principles.

3. Non-maleficence

Non-maleficence obligates students and educators to avoid disrespectful, careless, or exploitative treatment of donor remains. This principle is operationalized through laboratory conduct codes, restrictions on unauthorized photography, and disciplinary consequences for misconduct (Wilson *et al.*, 2020) ^[46]. High-profile violations — such as unauthorized cadaver photographs circulated on social media or included in yearbooks — illustrate the reputational and ethical stakes when non-maleficence is breached (Chretien *et al.*, 2009) ^[10].

4. Justice

Justice requires that the burden of body procurement not fall disproportionately on socioeconomically disadvantaged or otherwise vulnerable populations. This principle underlies contemporary critiques of unclaimed-body reliance and motivates calls for harmonized national donation legislation, particularly in settings where legal ambiguity or religious hesitation constrains formal donation programs (Wondimu *et al.*, 2021; Hadie *et al.*, 2024) ^[17, 48].

Professionalism Development in the Dissection Laboratory

Professional identity formation in anatomy education is shaped substantially through the "hidden curriculum" — the implicit norms, rituals, and role-modeling that accompany,

but are not formally codified within, the technical dissection syllabus (Ghosh, 2019). Ong *et al.* (2023) ^[15, 33], using the Ring Theory of Personhood and the MacLeod-Clark Professional Identity Scale, found that while hours of hands-on dissection showed no simple linear correlation with quantitative professional identity scores, qualitative interviews revealed rich, nuanced accounts of dissection deepening students' appreciation of patient personhood — an effect notably absent among students in non-dissection cohorts. Similarly, a cross-sectional study of first-year students found dissection enthusiasm positively correlated with perceived value for both bioethics learning and professionalism, underscoring that affective engagement, not mere exposure, drives ethical learning.

Structured interventions appear to reliably enhance these outcomes. Chang *et al.* (2018) ^[9] documented that students' initial apprehension and anxiety diminished with gradual exposure, but that positive emotions such as gratitude and responsibility tended to erode under the pressure of heavy workloads and frequent examinations — a finding that argues for sustained, rather than one-off, memorial and reflective practices throughout the course rather than only at its outset. Reflective writing exercises conducted before dissection have similarly been shown to surface deep gratitude and a sense of forthcoming professional responsibility among premedical students, even prior to physical contact with donors (Kwon *et al.*, 2025) ^[28].

Table 3 synthesizes the principal pedagogical strategies identified in the reviewed literature, alongside their reported bioethical and professionalism outcomes.

Table 3: Pedagogical Strategies for Cultivating Bioethical Professionalism in the Anatomy Laboratory

Strategy	Description	Reported Bioethical/Professionalism Outcome	Key Source(s)
Cadaveric oath / dedication ceremony	Ritual pledge of respect performed before first dissection	Increased empathy, gratitude, and perceived responsibility toward donors	Ghosh (2019) ^[15] ; knowledge/attitude study on "Cadaver as Our First Teacher" (2025) ^[26]
Memorial/thanksgiving ceremony	Formal service honoring donors, often with family presence	Sustained humanistic values; mitigates decline in gratitude during the course	Chang <i>et al.</i> (2018) ^[9]
Donor biography / "silent mentor" narrative	Sharing donor life stories or family messages	Reframes cadaver as teacher rather than specimen; strengthens professional identity	Ghosh (2019) ^[15]
Reflective writing and journaling	Structured pre- and post-dissection reflective essays	Deeper articulation of gratitude, responsibility, and ethical reasoning	Kwon <i>et al.</i> (2025) ^[28]
Trauma-informed donor meeting sessions	Structured preparatory sessions applying trauma-informed principles	Improved emotional readiness and reduced distress	Trauma-informed bequeathed body donor sessions (2026) ^[43]
Integration of consent education	Explicit teaching on donation law, consent, and body donation ethics	Enhanced understanding of autonomy and donor rights	Balta <i>et al.</i> (2025); Bagian <i>et al.</i> (2024) ^[4, 5]
Hybrid digital-cadaveric curricula	Combining dissection with VR, 3D models, or prosection	Preserves affective/professionalism gains while extending accessibility	Ail <i>et al.</i> (2024) ^[11] ; Unveiling perceptions study (2025) ^[44]

A recurring theme across these interventions is the reframing of the cadaver from anonymous "specimen" to named or storied "silent mentor" or "first teacher." Programs that humanize donors — through biographical narratives, family interaction, or ceremonial recognition — are consistently associated with stronger reported empathy and professional responsibility than programs treating donor identity as strictly anonymous (Ghosh, 2019; Talarico, 2013) ^[15, 41]. This is echoed in South and East Asian contexts, where the "silent mentor" and cadaveric oath

traditions have become deeply embedded components of the formal and hidden curricula alike.

Religious and Cultural Perspectives: Islamic Bioethical Considerations

For medical schools situated within Muslim-majority societies, such as Universitas Islam Indonesia, bioethical instruction in anatomy cannot be divorced from Islamic jurisprudential perspectives on the sanctity of the human body, both living and dead. Classical and contemporary

Islamic scholarship generally holds that while the human body is sacred and its dignity (karamah) must be preserved even after death, the principle of necessity (darurah) and considerations of public benefit (maslahah) permit dissection when it serves an essential medical educational purpose that cannot reasonably be achieved otherwise (Shaikh Mohd Saifuddeen, 2023; Elamrani *et al.*, 2015) ^[13, 35].

Hadie *et al.* (2024) ^[17] provide a systematic theological analysis drawing on the Qur'an, Hadith, Ijma (scholarly consensus), and Qiyas (analogical reasoning), concluding that body donation, dissection, and appreciation ceremonies can be reconciled with Islamic teaching when framed through gratitude and reverence rather than mere utility. Nonetheless, the same review documents persistent reservations among some scholars and students, who emphasize that humans are trustees (khalifah) rather than owners of their bodies and therefore may lack unilateral posthumous disposal rights — a tension that institutions must navigate transparently rather than dismiss. National authorities such as Indonesia's and Malaysia's religious bodies, along with Turkey's Presidency of Religious Affairs, have affirmed the permissibility of cadaveric use for medical education under conditions of necessity, informed consent, and respectful treatment, including timely and appropriate burial rites for remains following educational use (Shaikh Mohd Saifuddeen, 2023) ^[35].

This theological framework aligns closely with, rather than contradicts, the secular four-principle bioethical model: both traditions converge on the centrality of consent (autonomy), the requirement of genuine benefit (beneficence and maslahah), the prohibition of disrespect or desecration (non-maleficence), and equitable, non-coercive procurement (justice). For institutions such as Universitas Islam Indonesia, explicitly integrating Islamic bioethical reasoning alongside the standard biomedical ethics curriculum offers

an opportunity to strengthen, rather than complicate, students' internalization of professionalism norms, situating cadaveric respect within a familiar moral and spiritual vocabulary.

Digital Alternatives and the Ethics of Hybrid Anatomy Pedagogy

The growing availability of virtual reality (VR), three-dimensional printed models, plastination, and augmented reality has prompted debate over whether such technologies can substitute for, rather than merely supplement, cadaveric dissection (Waldrop & Waldrop, 2024) ^[45]. A randomized comparison of virtual reality and prosection-based instruction found VR comparable for certain regional anatomy tasks but noted a persistent literature gap regarding its capacity to replicate the affective and professional-identity benefits of direct cadaveric engagement (Ail *et al.*, 2024) ^[1]. Complementary evidence from a randomized crossover trial of virtual versus donor dissection similarly emphasizes that while virtual tools support knowledge acquisition, they were not designed to, and do not appear to, substitute for the humanistic encounter afforded by physical donor contact.

Synthesizing findings across the reviewed comparative studies, Figure 2 presents an illustrative summary of relative reported benefits across three modalities — cadaveric dissection, prosection, and virtual/digital tools — spanning anatomical knowledge retention and bioethics-relevant affective domains. The synthesis indicates that while digital tools can approach or match cadaveric dissection on discrete knowledge-retention tasks, they lag substantially on outcomes tied to empathy, professional identity formation, and ethical engagement, reinforcing the argument that cadaveric contact carries a bioethical educational value that is not readily substitutable by technology alone.

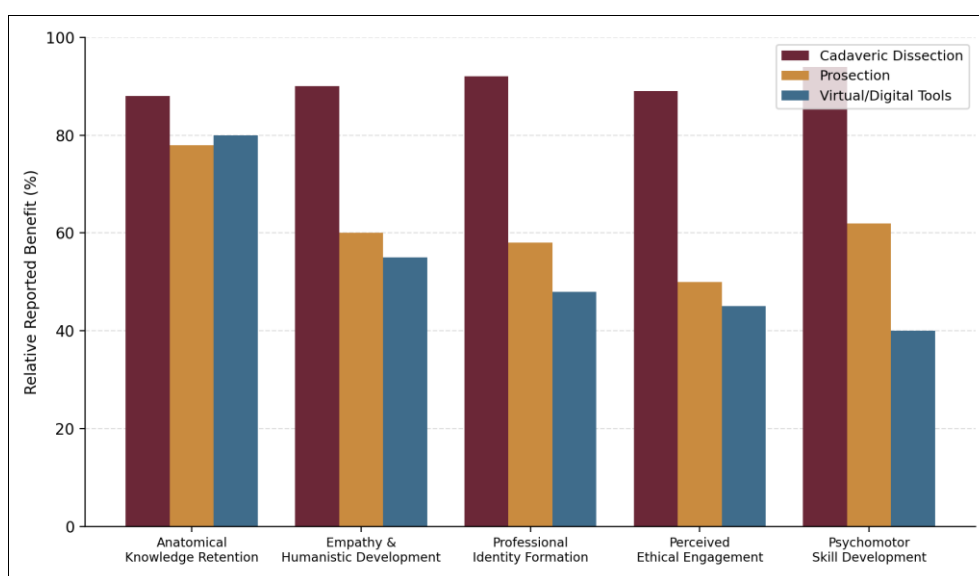


Fig 2: Illustrative Comparative Synthesis of Reported Educational and Professionalism Outcomes Across Anatomy Teaching Modalities

This pattern suggests that the optimal ethical and pedagogical configuration is not a binary choice between cadaveric and digital instruction, but a deliberately sequenced hybrid curriculum in which digital tools extend accessibility and repetition while preserving dedicated, ritualized cadaveric contact for the affective and

professionalism-forming components of the curriculum (Horiuchi-Hirose *et al.*, 2024) ^[21].

Professionalism Lapses and Institutional Governance

Notwithstanding structured interventions, professionalism lapses in the dissection laboratory remain a documented and

recurring concern. Chretien *et al.* (2009)^[10], in a survey of medical school deans, found that a majority were aware of incidents of unprofessional online conduct among students, including the posting of cadaver-related content, yet only a minority of institutions had formal policies governing such behavior at the time of the study. Subsequent, well-publicized incidents — including unauthorized cadaver photographs circulated on social media and, in one documented case, published in an institutional yearbook — illustrate that informal norms alone are insufficient to guarantee non-maleficent conduct (Wilson *et al.*, 2020)^[46]. These lapses are rarely attributable to malice; they more often reflect a failure to translate implicit respect into explicit behavioral rules, particularly regarding photography, humor, and social media disclosure. Effective governance therefore requires signed conduct agreements specifying permissible and impermissible behavior, clear disciplinary consequences, and proactive orientation sessions addressing digital professionalism alongside traditional laboratory etiquette (Wilson *et al.*, 2020; Balta *et al.*, 2025)^[5, 46]. Embedding these policies within the broader bioethical framework — rather than treating them as separate disciplinary matters — helps students understand misconduct not merely as a rule violation but as a breach of the non-maleficence owed to donors and their families.

Discussion: Toward an Integrated Bioethics-Professionalism Curriculum

Synthesizing the evidence reviewed above, several convergent recommendations emerge for medical schools seeking to strengthen bioethical professionalism in anatomical education. First, informed consent education should be explicit and bidirectional: students should learn not only the technical content of donor consent forms but also the historical and ethical rationale for why consent supplanted unclaimed-body procurement, situating their own conduct within this moral history (Jones, 2026)^[24]. Second, ritualized respect practices — cadaveric oaths, dedication ceremonies, and memorial services — should be distributed throughout the course rather than concentrated only at its beginning, given documented erosion of gratitude under examination pressure (Chang *et al.*, 2018)^[9]. Third, reflective writing and structured donor-narrative exposure should be formally incorporated and, where feasible, assessed as part of professionalism competencies rather than treated as optional enrichment (Kwon *et al.*, 2025; Shapiro *et al.*, 2009)^[28, 36]. Fourth, institutions in religiously plural or Muslim-majority contexts should explicitly integrate relevant theological perspectives, avoiding the assumption that secular bioethics language alone will resonate with all students and communities (Hadie *et al.*, 2024)^[17]. Fifth, digital and virtual tools should be adopted as pedagogical complements that extend access and repetition rather than as wholesale replacements for cadaveric contact, given the persistent gap in affective and professional-identity outcomes documented in comparative studies (Ail *et al.*, 2024; Waldrop & Waldrop, 2024)^[1, 45]. Finally, explicit conduct policies — covering photography, social media, and laboratory decorum — should be formalized, signed, and reinforced through orientation and periodic reminders, closing the gap between implicit expectation and explicit accountability (Wilson *et al.*, 2020)^[46]. Limitations of the current evidence base merit acknowledgment. Much of the literature relies on cross-

sectional, self-report, or qualitative designs from single institutions, limiting generalizability; longitudinal studies tracking professionalism outcomes from the anatomy laboratory into clinical practice remain scarce. Comparative studies of digital versus cadaveric modalities, while growing, rarely employ validated professionalism or bioethics-reasoning instruments, relying instead on satisfaction or knowledge-retention metrics. Future research should prioritize longitudinal, multi-institutional, and cross-cultural designs, including settings such as Indonesia, where the intersection of Islamic bioethics and formal biomedical ethics curricula remains comparatively understudied.

Conclusion

Cadaveric dissection remains an ethically consequential and pedagogically irreplaceable component of medical education, one that functions simultaneously as a site of anatomical instruction and moral formation. The historical shift from coercive, unclaimed-body procurement toward consent-based donation programs reflects broader advances in biomedical ethics, yet this transition remains incomplete across much of the world. Applying the four-principle bioethical framework — autonomy, beneficence, non-maleficence, and justice — offers a coherent lens for evaluating both institutional donor programs and individual student conduct. Structured pedagogical interventions, including cadaveric oaths, memorial ceremonies, reflective writing, and donor-narrative engagement, are consistently associated with strengthened empathy, gratitude, and professional identity formation, while digital and virtual tools, though valuable for accessibility and repetition, have not been shown to substitute fully for the affective and ethical learning generated by direct cadaveric contact. For institutions operating within Muslim-majority contexts such as Universitas Islam Indonesia, integrating Islamic bioethical reasoning with standard biomedical ethics instruction offers a culturally congruent pathway to reinforce donor respect and professional comportment. Ultimately, bioethical professionalism in the anatomy laboratory should be treated as an explicit, assessed curricular competency rather than an incidental outcome of technical dissection training, ensuring that the profound generosity of body donors is honored through the deliberate cultivation of respectful, reflective, and ethically grounded future physicians.

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