How to change West-African minds in order to increase general acceptation of autopsies?

*Charlier P^{1,2}, Brun L³, Mamzer MF², Hervé C²

- 1. Department of Forensic Medicine, University Hospital R. Poincaré (AP-HP, UVSQ), Garches, 92380 Garches, France.
- 2. Laboratory of Medical Ethics and Forensic Medicine, University of Paris 5, 75006 Paris, France.

3. Department of Pathology, University Hospital, Parakou, Benin.

African Health Sciences 2013; 13(2): 526 http://dx.doi.org/10.4314/ahs.v13i2.48

Dear Editor,

Medical education in Western African countries is at a very important evolution stage: how to integrate occidental research modalities into traditional beliefs? How to accommodate both?

We agree with the opinion expressed by Dr Kieran Walsh¹ saying "insight into beliefs alone is insufficient"; before changing things, things have to be described. With our previous article², we just focused on a description of such beliefs as the first step of any educational process.

Indeed, minds have to be changed for both medical and general public groups, in order to help and facilitate the acceptation of post-mortem body openings, but also long-term conservation for scientific/educational or forensic purposes. But not too fast. Giving courses of medical anthropology at the university of Parakou, Benin, showed to one of us (PC) that even if the scientific level of medicine graduate students is high, some details or some parts of the courses remain strictly taboo or, at least, "delicate". For example, speaking about the death of individuals from the student's families, or their future death (maybe for superstition reasons? that has to be respected).

Dr Kieran Walsh is right again when writing that respected opinion leaders may be recruited in order to facilitate the acceptation of autopsies; religious ones may be some of them, helping by giving strong and clear positions toward autopsies. But also international experts in the fields of

*Correspondence author:

Dr Philippe Charlier

MCU-PH

Service de Médecine Légale et d'Anatomie/ Cytologie Pathologiques, CHU R. Poincaré (AP-HP, UVSQ), F-92380 Garches

Laboratoire d'Ethique Médicale et de Médecine Légale, (Université de Paris 5), 45 rue des Saints Pères, F-75006 Paris

Email: ph_charlier@yahoo.fr

medicine, biomedical sciences, and bioethics may play a key role by influencing positively previously reticent minds.

In the University of Paris 5 (France), a special course has been created, entitled "from the student of medicine to the responsible physician" (EM2R program); it gives opportunity to all students to discover and take into account the values of their specialty, and the inherent responsibilities. Patients are integrated into these courses, and express their wills during the treatment process (and after, for example after their death with the post-mortem utility of their cadaver for medical education and scientific research).

Administrative and political authorities have to understand that autopsies (whatever their exact nature: forensic and scientific ones) are clearly carried out for the benefits of the dead's family (in order to get a diagnosis and eventually prevent an hereditary disease) and for general sanitary reasons. Autopsies are mainly part of any public health program³, as an objective indicator of the pathological background of a population.

This description of attitudes toward autopsies, whatever the geographic origin of the group, may be at the origin of an ethical reflection. A student of medicine cannot just be facing a dead individual, or he is just a materialistic one. Modern medicine is a living proof that the collective is more important than the individual (at the only one condition of respecting individual liberties). But when one is dead, the global health is clearly preeminent. A French expression qualifies this point of view: "Phumanité en marche".

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African Health Sciences Vol 13 Issue 2 June 2013