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SHORT COMMUNICATION

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IFAA Recommendations for good practice for the donation and anatomical study of human remains (revised 2026)

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Abstract

The study of human anatomy is foundational to education and research in the anatomical and health sciences. In 2012, the International Federation of Associations of Anatomists (IFAA) first published Recommendations to promote ethical practice in the acquisition of human remains for this purpose. In the intervening period, increased awareness of contemporary ethical issues and challenges in the discipline have made revision necessary. These revised Recommendations update and expand prior guidance to reflect evolving sociocultural expectations and technological developments, including revisions that address new concerns such as the international transfer of human remains. The 2026 Recommendations, developed by the Federative International Committee for Ethics and Medical Humanities (FICEM) of the IFAA, provide an updated framework to assist institutions in strengthening or establishing body donation programs to meet contemporary international ethical expectations. They also acknowledge that institutions may acquire human remains through avenues other than body donation programs, incorporating guidance around multiple aspects of good practice where use of human remains occurs. Through the use of these revised Recommendations, it is hoped the global anatomy community can continue to develop and apply ethical practices while promoting and supporting the sustainable use of human remains in anatomical education and research.

KEYWORDS
anatomical donation, anatomy, anatomy education, body donation, governance, guidelines, human tissue, standards

The original "Recommendations for Good Practice for the Donation and Anatomical Study of Human Remains," published by the International Federation of Associations of Anatomists (IFAA) in their periodical "Plexus," were first circulated in 2012.[1] Driven forwards and developed by an international group of anatomists led by D. Gareth Jones, they provided a point of reference for ethical body donation practice where few previously existed. This activity was also the genesis for the formation of the Federative International Committee for Ethics and Medical Humanities (FICEM) of the IFAA, which was in part established to provide guidance on ethical issues for the anatomy community.

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Since 2012, the subject of "ethics in anatomy" has become more visible within the anatomy community. Increasing numbers of publications are now available with body donation or ethics in anatomy as central themes, while a growing proportion of conference symposia focusing on ethics has also been observed. This reflects a growing interest in the topic which has been, at least in part, a stimulus for the revised document. Increasing interaction between anatomists around the world has led to an awareness of pluralistic and evolving ethical standards. When coupled with a mounting recognition of difficulties surrounding access to first-person consented bodies and establishing body donation programs, revision of the Recommendations appeared to be called for.

Preliminary drafts of this current revision of the Recommendations date back to November 2023, when FICEM first discussed revisiting the document. A long process of internal discussion around document direction culminated in multiple revisions of the Recommendations, before these were passed to the Executive Committee of the IFAA for approval. The Recommendations were subsequently distributed to anatomy associations for input, and the helpful feedback received from several associations contributed to the revised Recommendations.

The Recommendations retain their focus on the moral principles of dignity and respect, maintaining also the visibility of voluntary participation in body donation. Additionally, they incorporate new information and new issues that impact ethics in anatomy. Within the document, further transparency was necessary in reference to informed consent, while the increasing visibility and debate surrounding international transfer of body parts has required comment. Increasing recognition of the difficulties of accessing first-person consented bodies or establishing body donation programs is also acknowledged in an expanded introduction and throughout the document. Guidance around oversight frameworks has been further refined to assist those utilizing the document in establishing their own local processes.

The work of FICEM, and the global anatomy community, is not yet complete with the publication of these revised Recommendations. They are, we hope, a welcome and useful adjunct to other recently published guideline documents from anatomy[2–4] and other disciplines[5–14] around the ethical treatment of human remains. However, ongoing debate around the topic of body donation is still required. This includes further exploration of what constitutes a 'vulnerable population' to establish definitions that are broadly useful to a global anatomy community, while topics including donation of children, neonates and fetuses require extensive consultation to provide guidance reflective of a broad range of international perspectives. The use of willed body donors who undertake medically assisted death or who have died from accident or foul play, and the determination of what constitutes an appropriate level of capacity to consent require ongoing consideration and engagement.

The Recommendations are guiding principles, not policy or law. They allow for flexibility in interpretation, reminding us that they cannot solve all problems in all scenarios: sound professional judgment is still a necessity when approaching ethical issues and will help identify solutions where none are specified. The Recommendations attempt to provide a balanced ethical view based on global ethical perspectives on body donation practice, seeking to protect against exploitation while allowing the space for individuals to make a generous gift.

Over the recent decade, the global anatomy community has become more connected, aware, and vocal in regards to issues surrounding ethics in anatomy. It is hoped the revised Recommendations contribute to these ongoing conversations. FICEM would like to express its gratitude to those who have used the previous recommendations, those that have assisted with the revision processes, and the donors and families of those who have selflessly contributed to the discipline of anatomy. The revised Recommendations are published with the intent they are considered an iterative document, delivered to serve the community in a spirit of mutual respect while understanding that greater awareness of our individual differences will serve to strengthen the discipline moving forward.

Foreword: Jon Cornwall, Chair of FICEM.

IFAA RECOMMENDATIONS FOR GOOD PRACTICE FOR THE DONATION AND ANATOMICAL STUDY OF HUMAN REMAINS

The study of human anatomy is essential for education and research in the anatomical and health sciences. Institutions rely on the altruistic donation of bodies by the general public to support this purpose. It is acknowledged that in many countries substantial challenges exist to the establishment of body donation programs in the form of financial, legislative, social, cultural, and religious barriers. While some countries have institutions with robust body donation programs, many regions of the world do not, and alternative sources are often used to acquire bodies for the purpose of anatomical study. These alternative sources can include the use of unclaimed or unidentified bodies, bodies donated by next of kin, or importation of bodies. It remains the goal of the International Federation of Associations of Anatomists (IFAA) to have first-person consented body donation programs as the primary source of bodies used in anatomical study, where those wishing to donate their body undertake registration for such purposes. However, it is recognized that such a transition will take time, and the transition to reliance on body donors will need to be supported by a high standard of ethical practice and transparency. This will help to ensure that the public's trust in the processes surrounding body donation is maintained while new body donation programs are established.

Accordingly, it is imperative that institutions follow guidelines of the highest ethical standards to give prospective donors full confidence in their decision to donate their bodies for anatomical study.

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Transparency regarding the use of human tissues increases the public's trust, which in turn increases public support of body donation. These recommendations provide foundational guidance which assists the global anatomy community in the delivery of ethically sound body donation practices. In cases where institutions cannot adhere to these recommendations because of a lack of an existing body donation program or because they do not have access to donors from an established program, they should strive to establish and undertake practices that are congruent with the spirit of the document.

1. Consent from prospective donors should be obtained and recorded in an approved format, such as by signed hard copy or electronic means, prior to their death. Consent forms should provide adequate information in language that is clear and easily understandable, enabling a competent individual to make an informed decision about donation. Processes around consent should be culturally appropriate for the location in which the donation is taking place. Donors should be entirely free in their decision to donate. Donation should be avoided in the case of individuals with impaired decision-making capacity or whose circumstances create a risk of coercion or exploitation, including vulnerable populations such as children or prisoners condemned to death. Although not essential, it is useful to have the donor's next of kin sign the form to ensure they are aware and supportive of the donor's intent.
2. Transparent information about the use of donor bodies should be readily accessible to prospective donors. The clear communication of information in simple language should apply to all communications, such as consent documents, brochures, websites, and informational outreach. Information should include the following:
   a. The procedures relating to registering donations, suitability and eligibility criteria, the procedures to be followed after death, and those related to the disposition of the donor's remains.
   b. Information on the range of uses of donated bodies at that institution, and any available choices or options that are available (e.g., opting in or out of acquisition and use of images, public display, or retention of the body or body parts).
   c. Possible costs, if any, that might be incurred by the donor's family or estate in making a bequest, and the costs to be met by the institution accepting the donor.
   d. If a donor's anonymity will be preserved.
   e. If medical records and/or any other personal data about the donor may be used.
   f. Whether the body or body parts might be transferred domestically or internationally for use at another institution or organization.
   g. If any support for the development of a commercialized product will result from the donation (e.g., textbooks, software, models, medical devices, therapeutic products).
   h. The anticipated amount of time the donor's body or body parts will be retained, and whether all tissues will be returned.
   i. How and with whom the donation institution will communicate information about the donation or disposition after the donor's death.
   j. Clear instructions for the donor highlighting that they are free to rescind their registration at any time without penalty, and the process for doing so.
   k. The circumstances in which a donated body may be refused by an institution, which may include reference to alternative options of body use or disposition.
3. The decision to donate should be free from financial incentive, with the acknowledgement that covering disposition costs (e.g., for burial, cremation) of the donor is standard in many programs.
4. All human remains must be treated with respect at all times. This includes, but is not limited to, the appropriate storage, use, and display of human remains both in public and in private.
5. The commodification and commercialization of human tissues for financial gain, including payment for human tissues, is not acceptable. If donor or other bodies, body parts, or plastinated specimens created from bodies are to be supplied to other institutions for anatomical study, any associated fees for use should be revenue neutral. Charging for real costs incurred, including the cost of maintaining a body donation program and preparation and transport costs, is appropriate.
6. The transport of bodies, or body parts, within and between countries should only occur when clear evidence of donor consent for this purpose can be provided. Where this may occur, appropriate mechanisms for tracking and identification must exist, and information around disposition practices or the return of remains must be transparent. Transport, where occurring, should take place in a manner which maintains the dignity of the individual whose body or body parts are being moved.
7. Guidance should be provided by those overseeing the use of donor bodies around the extent to which images, digital resources, or other artifacts derived from body donations are placed in the public domain, including on social media, both to respect the privacy of the donor and their surviving next-of-kin, as well as to prevent morbid curiosity and voyeurism. Public display of human tissue requires careful consideration, should include specific donor consent for this purpose, and should also include consultation with stakeholders and communities of care to ensure any such display is respectful, dignified, and appropriate. No individual should be identifiable in images generated from human remains unless specific consent was given for this purpose.
8. Anatomists are encouraged to advocate for clear and rigorous legal frameworks on a national level, and where necessary a regional or local level, to support good body donation practices and any processes guiding the use of unclaimed or unidentified bodies. Where applicable, national or regional operating standards relating to the management of laboratories, human tissue utilization, or handling of human remains should be adopted or developed to

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support and guide local operational mechanisms. These oversight frameworks should include:

a. Who is legally entitled to receive human remains for the purposes of anatomical study.
b. Who is legally responsible for managing any human remains.
c. Legal requirements surrounding the process of donating human remains, such as consent processes.
d. The length of time human remains can be lawfully retained by institutions.
e. The formal recognition of those institutions that may accept donations, which could involve licensing or registration.
f. The facilities and requirements for safe and secure storage and transportation of human remains.
g. Procedures or standards to be followed in the management, utilization, and disposition of human remains.

9. Institutions receiving donated bodies, or those bodies that may be unclaimed or unidentified, should develop accessible and transparent policies on the use of human tissues for anatomical study. This may include the establishment of a governance structure and oversight committee that is responsible for developing and managing ethical and operational guidelines. The policies guiding use and management of human tissues should be reviewed at regular intervals. Policies should address the following topics:
   a. Procedures to be followed in accepting body donor registrations and donations of human remains.
   b. Record retention, including consent, chain of custody, and disposition documents. Copies of the consent document should be retained both by the donor and by the institution for whom the donation is intended. Records should be retained by the institution for a period that is at a minimum legally required and exceeds the longest expected retention of body parts.
   c. Preparation and preservation of the body to ensure staff and user safety.
   d. Efficient tracking of the body to ensure efficient chain-of-custody such that the identity and location of all body parts from an individual donor or body are known at all times.
   e. Ensuring that facilities where bodies are prepared, stored, and used are appropriate for the respectful and safe use of human remains.
10. Additional considerations around ethical practice are useful, and the following suggestions are offered as guidance. Institutions should consider holding memorial or commemoration ceremonies for those whose bodies have been used for anatomical study. A permanent memorial should also be considered to memorialize body donors and/or other persons whose bodies may have been used. Resources on ethics relating to the donation of human remains should be available in order to encourage the development and maintenance of appropriate behaviors from persons that handle and benefit from the use of human remains. Special lectures/tutorials in ethics relating to the bequest of human remains should be made available to all students studying anatomy to foster the development of ethics and professionalism.

IFAA Recommendations (2026) developed by FICEM of the IFAA.

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CONFLICT OF INTEREST STATEMENT

The listed authors are members of the Federative International Committee for Ethics and Medical Humanities (FICEM), the ethics committee of the International Federation of Associations of Anatomists. Jon Cornwall is the Chair of FICEM. Sabine Hildebrandt is a member of the Human Remains in Harvard Museum Collections Research Review Committee. She receives royalties from her book "*The Anatomy of Murder.*" Thomas H. Champney oversees the South Florida Body Donation Program, is entrusted with the care of human remains in this program, and serves on the University of Miami's Anatomical Advisory Committee. He receives royalties from Wiley Publishers for *"Essential Clinical Neuroanatomy"*.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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