

[00:00:00] **Tamsin:** So Swathi, have you got a strong stomach or are you squeamish?

[00:00:08] **Swathi:** Okay,

[00:00:09] **Tamsin:** why do you ask that?

Well, we should maybe start by letting you know that this episode is not gruesome, but if you struggle to listen to medical things or just don't want to hear discussion of death and dead bodies, [00:00:20] maybe go and listen to another Beyond Boundaries episode.

We've got episodes about psychology, AI, sports and nutrition, a real smorgasbord of topics.

But if you're still with us, this episode is totally fascinating. Welcome to the Beyond Boundaries podcast. I'm Tamsin, I studied law at the University of Aberdeen.

[00:00:37] **Swathi:** And I'm Swathi, and I just graduated from the [00:00:40] University of Aberdeen, studying person- centred counselling.

[00:00:42] **Tamsin:** For this episode, I've been talking to Simon Parson from the School of Medicine, Medical Sciences and Nutrition. He's got a very important job.

[00:00:50] **Simon Parson:** I'm the Regius Chair of Anatomy at the University of Aberdeen, and I've been here just for 11 years. I am responsible for all anatomical [00:01:00] teaching, so to everybody who comes to our facility, so whether that be a dental student or a medical student or a science student or a physician associate student or a trainee, I'm responsible for all of that training and teaching as well as upholding the legal side of donations.

[00:01:15] **Swathi:** Wait, donations? Uh, what does he mean by donations?

[00:01:18] **Tamsin:** Simon's talking about the use of [00:01:20] real human bodies, known as cadavers, for use in teaching and research at the University of Aberdeen. Did you realise that they use real bodies in teaching?

[00:01:28] **Swathi:** No, I had no idea. I'm quite surprised.

[00:01:30] **Tamsin:** Does it shock you?

[00:01:31] **Swathi:** Absolutely.

[00:01:33] **Tamsin:** Okay, let's hear more about it from Simon.

[00:01:35] **Simon Parson:** Our body donation programme, as has run at all the medical [00:01:40] schools in Scotland, virtually all the medical schools in the UK, you know, it's absolutely fundamental. But it relies on people's charity.

I run almost a charity shop that relies on people's donations. And if I don't have donations, I can't teach. It's quite unusual position to be in, but we absolutely rely on [00:02:00] people having that totally selfless choice to leave themselves to others. To a university, which they may never have been to. They may not have any association with.

We struggle here because we don't have a big population. If you don't have many live people, you haven't got so many dead people. It's that simple. I look after the largest [00:02:20] part of the UK cause I run from here right up to the outer islands, but there's not many people in them.

[00:02:24] **Swathi:** Wow, okay, so how do people actually donate their bodies?

[00:02:29] **Tamsin:** There's a couple of steps, but it's vitally important that you get all the paperwork right and make properly clear that it's your wish to have your body donated in this way once you die.

[00:02:37] **Simon Parson:** You have to decide in advance of [00:02:40] your death that it's something you want to do. It can't be done post hoc. Your power of attorney can't do it, your family can't, nobody can.

You have to do it yourself and you have to fill in the correct paperwork, not just put it in your will. Your will's not enough, unless it's really carefully worded. By the time you've carefully worded it, you might as well have done a bequest form.

I was asked only this morning by some guests [00:03:00] if I would donate. And I said it's easy for me to say yes, but I think it's for your family to decide. Because they're left behind, and they have to deal with the fact that the body goes away, it goes away to a medical school, they have to wait up to three years before the body's released, and that's a long time, so you don't have really a

funeral, and you have a long wait, and what do you do in [00:03:20] three years time?

Which is why we have a memorial service every year in the chapel for the families who donated that year and the students that we've taught, which will be in the first year, nearly 400 students that we'll invite, and that's a chance for them to come and we speak, we read out the [00:03:40] names, the students speak, they give pieces that they've written and it's a really nice piece of closure for them.

I think they struggle about coming about how they'll feel about it. I struggle about when I'm going sometimes about how I'll feel about it, but afterwards people are so pleased they've come.

[00:03:53] **Tamsin:** It sounds like such an important thing to do. We actually have a recording of one of those tributes, written and read for us [00:04:00] by medical student Elizabeth Donnelly.

[00:04:02] **Elizabeth Donnelly:** This is gratitude. As a medical student at the University of Aberdeen, it is a privilege to have the opportunity to study anatomy and learn from donors who cared enough for the advancement of medical education that they offered the precious gift of their [00:04:20] own body. This selfless act makes a difference to so many.

To appreciate the beauty and intricacy of the different vessels, tissues, and organs of the human body through touch, that cannot be learned from textbooks or virtual models. My experience of Anatomy Lab is one of [00:04:40] gratitude, respect, curiosity, and awe. It is a tranquil place of calm focus and fascination.

We have learned the anatomical structures, the terminology, Learned to understand the vasculature and nerves that sustained life. [00:05:00] We cannot know what gave those lives meaning, what made their eyes twinkle, or the cheeks blush, what quickened their pulse, or the music that made the neurons fire with excitement.

We have studied the powerful muscles of the legs, but not the roads they have travelled, [00:05:20] the innervation of the arms, but do not know who they embraced, or who found comfort there. We have learned about the vertebral column. and the weight bearing muscles of the spine, but do not know the burdens they carried, or what make them walk tall with pride.

We have learned about [00:05:40] the airways, the mechanics of breathing and production of sound, yet not what inspired the laughter they produced, the whispers of love, or secrets shared. We may have discovered unique variations in their anatomy, but we do not know what made your loved one unique. [00:06:00] However, studying anatomy is not simply the physical being.

To be entrusted with such intimate access to a person's body creates a connection like no other. Connection with the physical and the spiritual, with the past, the now, and the future. [00:06:20] The opportunity to learn from a body in death. Yet appreciate the humanity and connection to life is a very special privilege.

We are changed by learning through the generosity of our donors and their loved ones who have honoured their wishes. We are thankful to the families and loved ones of our donors who [00:06:40] have forgone the usual rituals of remembering a loved one, and instead entrusted them into our care. I pray that as the families and loved ones of our donors, you will take comfort and pride in knowing the impact of their precious gift and that their memory will live on.

The [00:07:00] exploration of anatomy and the respectful relationship with our donors form the foundations of the clinicians, teachers and researchers we hope to become. The lives of many patients will be touched and improved by their decision to make a difference. We celebrate the special relationship you had with your [00:07:20] loved ones and hope to hear some of those special memories you've shared.

Thank you.

[00:07:28] **Tamsin:** Oh, it's incredibly touching. That's just beautiful. It's so nice that the students have that opportunity to thank the families and pay their respects as well.

[00:07:37] **Swathi:** I agree. I think that's really heart touching. [00:07:40] It's kind of an honour to have that special time to acknowledge the families as well and also the person.

Thank you so much, Elizabeth. And Tamsin, now let's hear more from your chat with Simon.

[00:07:59] **Tamsin:** So how many [00:08:00] bodies would you ideally need donated to do all the science you're hoping to do?

[00:08:05] **Elizabeth Donnelly:** I've got almost 2, 000 people who've signed up to donate. Now that might sound like a lot. It isn't really. That turns into maybe 50 to 60 offers a year, just over one a week. We can't [00:08:20] accept everybody. Sometimes the timing's difficult. Sometimes they have a condition which would make it difficult for us to have them in. If they're infectious etc, you can imagine there are problems. But we absolutely do our best we can to fulfill the requirements of that individual who really wanted to do this.

[00:08:37] **Swathi:** And how are the bodies actually used?[00:08:40]

[00:08:40] **Tamsin:** They use them in a variety of ways, um, by students, researchers, and people that are already working in healthcare. The use also depends on the permissions that were given by the donor and their families. Here's Simon on how they can be used by surgeons.

[00:08:53] **Simon Parson:** We ran a course last month called the pain course, which may sound strange, but it's how do you treat people with [00:09:00] intractable back pain?

And so all of the suppliers of the equipment brought in their newest equipment, ultrasound, freezing, high frequency radio waves, and we can train individuals on how to use those in their practice when they go back to their home countries. I think that's an amazing thing that we can do with a donation because we're helping [00:09:20] so many more people. You know, we help our students who might look after thousands of people in the future, but this is really now.. We train people to go back to the hospital to improve their care of patients. We also offer surgical rehearsal. This may also sound strange. A lot of surgeries now are very complicated, especially when you go back to do a [00:09:40] revision process. So often after complex removals of tumours, they have to go back and have another go because they haven't got everything removed.

Those You're going into almost an unknown. You know, what's it going to look like because it's not the normal anatomy anymore. So quite a few of the surgeons will phone us and say, is there any chance we can come across [00:10:00] and rehearse? And they'll bring across the whole team sometimes and we'll spend an hour to half a day thinking how are we going to approach?

And they might do that surgery the next day, the next week. And then they often call me and say, it went much better. It was smoother. It was quicker. And we hope there'll be a much, much better outcome. I think it's amazing for me. You know, one of the, one of the university's [00:10:20] 2040 (goals) is, you know, is about helping people in the local community and that's what this does. You

know, so our local donations allow us to train our local surgeons to improve their work on our local people in our local hospital. Not that I'm local, if you can't tell.

[00:10:38] **Tamsin:** Well, I am local. I'm from Aberdeen, [00:10:40] born and bred, and I am actually on your body donation register. Ever since I turned 18, I decided to donate my body because my mum was taught in healthcare and went all the way through a career in the NHS and being brought up hearing about her working on a body and learning on a body and things like that just made me think I want to do it too. So my [00:11:00] body will go to Aberdeen one day, hopefully.

[00:11:02] **Simon Parson:** Well, that's fantastic. I, I hope I won't be there because I hope I should have long retired before that, that occurs. But it's, it's quite unusual for younger people too. It's nearly always because there's a family connection. You know, we don't go to speak about it in schools.

You don't think about dying when you're 18. [00:11:20] Actually, the saddest thing is when families call us and say, my husband, wife, father, brother, uncle always wanted to donate. And I say, well, you know, "Did they get in touch with us?" "No". "You can't. That's really sad. There's usually nothing I can do then. They have to have something in writing that I can work on and it has to be worded correctly. And somebody saying, I [00:11:40] think this is what they always wanted to do, isn't enough. And I feel really sorry when that's happened.

[00:11:43] **Swathi:** I didn't know that you had been on the register, so that was really interesting.

[00:11:47] **Tamsin:** Yeah, as soon as I was legally able to, I signed up.

[00:11:49] **Swathi:** Oh, that's, that's great.

[00:11:50] **Tamsin:** I'd wanted to since I was a kid. Like, that morbid idea of my body going to science. Like, one day someone might work on my body and learn from my body. And they might go [00:12:00] on to cure something incredible. And that just feels amazing.

[00:12:03] **Swathi:** That's a great service to the community.

[00:12:12] **Tamsin:** Can you tell us more about what actually happens to the bodies once they're in your care?

[00:12:16] **Simon Parson:** When the body arrives, after we've decided, can we accept them? [00:12:20] I said, this is, you know, we, we absolutely try our level best to accept all donations, but sometimes we just can't. Usually because of health reasons, as in potential danger to our staff.

Sometimes because of timing, which is really unfortunate, various reasons. But once you arrive, our first choice is, we have to preserve you, [00:12:40] clearly. So, what we would have done 30, 40 years ago is, is that each table of maybe 10 students would have a body each and they would work slowly through the body over three years.

That hasn't been the case here for about 15 years. Isn't the case in very many medical schools anymore. I think actually it wasn't the best way to teach. [00:13:00] So we teach by what's called pro section now. So my staff pre dissect the bodies to show what we think needs to be seen. So we might open the chest to expose the lungs and the heart.

We might open the abdomen to show the small intestine, large intestine, and the stomach. So we can create [00:13:20] something which we know we can use to teach with. But those prosections will be used multiple times by multiple students. They need to be quite durable. Um, so we do this as a very hard fix. We have maybe 600 parts in the department at the moment. All carefully labeled and recorded. and kept. We have absolutely [00:13:40] scrupulous records. I know every single part. When the inspector comes, he checks parts at random. Tell me all about this part. Who did it come from? Where have you had it? How long have you got it? When will you keep it till? You might say, how long can we keep people?

We can keep the whole body for up to three years. At the point of donation, you're asked two extra questions. [00:14:00] Is that, Can we keep some parts after three years and can we take any sort of imaging? The imaging is often for research purposes. So we do quite a lot of research projects and the imaging can be used for documentation that has to be covered.

But can we keep some parts? We're allowed to keep what's called a [00:14:20] minority of the body. It's not laid down in percentages or it's, it's called a minority and we're all very careful with that. But those parts we can keep as long as we need. But we have to record them, keep recording them, and at the point we have no parts left we fill in a special form to go back to the government to say we no longer have this individual within our store.

So it's very carefully [00:14:40] maintained. Every piece is tagged. Everybody's got a unique number. Our bequeathal administrator is also a trained counsellor because people call us at such a difficult time. You know, they call us the day. That somebody's passed sometimes within hours of them passing because they know how important it was an individual so they can be incredibly [00:15:00] upset Sometimes a little worse for wear and she has to deal with a lot.

I mean, she's absolutely brilliant , is Aggy, you know, and and she... some of our donors call us quite often to tell us they're fine. They're like, they're sort of friends, she knows some of them quite well. Um, but she's sort of separate, she's outside the door when she meets the people, when they come [00:15:20] through the door, we have to have a number, we have to separate from, so you know, they arrive with a name, they stay with us as a number, and they leave with a name, so we have to keep that separation.

[00:15:30] **Swathi:** What does that mean?

[00:15:31] **Tamsin:** What Simon's basically saying is that when they get in a body, they'll give it a number and that'll be its identity. So from that point, the staff then will [00:15:40] dissect it so that those dissections can be used in the classes. So the students don't have to do all the like really nitty gritty bits.

The staff can basically cut up into the appropriate parts so students can work on them easier than having here's a whole body. Mm hmm. And then after that, if they keep some little parts or things like that, they log them, they know exactly what part is [00:16:00] where and what body it belonged to, what person it was.

So they'll know it as a number, but. they'll always know if they still have that person somewhere or bits of that person. So after three years they have to give back the majority of the body and then they can keep the rest up to 10 years, I think he said.

[00:16:17] **Swathi:** That's really respectful when it comes to the final [00:16:20] procedures of giving it back with a name.

[00:16:22] **Tamsin:** Him and his bequeathal administrator, Aggie, that he mentioned before, they just sound like a dream team for being respectful and being kind to these bodies, but also using them to the best that they can, which is quite inspiring, really.

[00:16:39] **Swathi:** So, [00:16:40] I've heard about how the cadavers are used in training by undergraduates and surgeons, but what about research?

[00:16:45] **Tamsin:** "They're really useful for medical professionals from many different specialisms.

[00:16:49] **Simon Parson:** You might think we should know about anatomy because we've been doing it for so long. But there's lots and lots we don't know, and that's now often because surgical practice becomes so advanced, there's very [00:17:00] small things which are now important, which were never important because we couldn't do anything about them.

So like the very fine points of the blood supply to your skin and underlying tissue was not really ever that important. But when you wanted to cut a surgical flap to move to a part of the body, it's absolutely key that you know where the blood [00:17:20] vessel comes in and precisely what it supplies. So you have to look at that and work out how to do that.

So there's a lot. I've got several projects looking at the spine and the innovation and the nerves traveling there and actually how to put in implants, working on the shoulder. There's a lot we can do with what seems like an [00:17:40] old subject that people think is long dead. But it isn't. We're training plastic surgeons to try to put people back together, either after the trauma or large scale operations.

So when you've had a part of your body resected and there's a huge piece missing, they're the ones who come in and say, "how can we, how can we fix that? What can we put [00:18:00] back?" So we're training to cope with, you've just lost a finger. How do we make that look right now? You've had a tumor taken out from your jaw, the bones missing, the skin's missing, the overlying muscles missing.

How can we make that look better? So these surgeons are training on a flap. So what a flap is. It's a piece of skin with the underlying muscle and the blood supply that you can take and you can [00:18:20] plumb in somewhere else. Because these people who've been injured want to look what they would say was normal again.

And it's really important to feel you look yourself. So they, by incredible care, it's not some slapdash cut around the edges, off you go. You know, they're beautifully reconstructed. And the [00:18:40] surgical training is absolutely for those who are already qualified. So these are people in the training programmes for their specialties, so whether that be orthopaedics, whether it be neurosurgery, whether it be anaesthesia, they now know what track they're on and they're coming in for that specialist training.

So we are hosting these things. I don't teach these because the [00:19:00] expert surgeons come to teach. We provide the space, the venue and the possibilities. You can't do this outside of the licensed anatomy facility. It's illegal. You can't take the parts out of the facility without specific permission and without a licensed teacher being with it.

We sometimes scan individuals at the hospital [00:19:20] to learn techniques and do things. I have to go check the area, check the place. How are we getting there? Who's going to be there? And I have to go on the day and I have to accompany a part out of the department. You know, it's, it's, it's very tightly regulated.

[00:19:33] **Tamsin:** How do you see the future of what you do with these donated bodies? Is there more you can [00:19:40] do in surgeries? Is there other technology we're pulling in? What's the next steps, especially for new students that are coming to you? What's their future going to be like?

[00:19:49] **Simon Parson:** I think it's really important that we keep on doing this.

First of all, I have a lot of technology in the department. We have. 3D reconstructions, we have the virtual reality headsets, I have [00:20:00] whole sectioned human bodies sitting on a large table that's electronic that we can work through and slice through and look at. And there's some fantastic aides, but there's something special you get from the body. Part of that for the medical students is it's often their first association with death. And it's quite an important step because most of them have never [00:20:20] seen a dead body. We often say, you know, the cadavers they work with is their first patient. Uh, we often call them their silent teacher.

So I think it's, it's really important that we keep doing what we do. But also keep thinking, "what can we do more?" And we've talked a little bit before about surgery, and we've used [00:20:40] virtual reality to actually overlay the patient's anatomy onto the patient while they're being operated on. What we can do is we can scan the patient in advance, we can turn that into a 3D model, you can put it into the headset, and actually as you look at the patient to the skin, you can see what's underneath.

We [00:21:00] can take scans from the hospital of patients once they've anonymized and we've got permission and turn those into kind of teaching packages. So there's lots we can do. Lots of it's clever, but I think the donated

material, I think, is a really fundamental part of their learning and it just provides something that you can't do in any other way.

So, I'm not old [00:21:20] fashioned in that that's the only way, but I think it always remains an important way, even though we've got so many advances. I like to keep both.

[00:21:28] **Tamsin:** So do you sometimes have donations that come in with some sort of complicated health issues that would make them more useful for certain research or certain projects or, you know, I'm thinking tumours [00:21:40] or something that affects some part of the body that would be interesting to study?

[00:21:43] **Simon Parson:** So we have to spend some time teaching normal, because otherwise you wouldn't know what was abnormal. So if you've got a kidney with a cyst, you have to know what a normal kidney looks like, to know what one with a cyst looks like, to know it's got a cyst, to know there's something wrong with it. So, [00:22:00] abnormal versus normal is a key part of anatomical training.

You know, so having abnormalities, whether they be tumours or birth defects or anything else, is something we will find while we're working. And then often something we might choose to highlight, we get a lot of artificial joints in, hips, knees, shoulders, [00:22:20] elbows. We'll often show those to the students, they say, this is what these ones look like, but we can put them alongside a quite normal one.

We get a lot of pacemakers, replacement heart valves, um, when you look at the lung, it's really obvious usually where the person has lived actually. So Aberdeenshire is [00:22:40] very rural. Aberdeen's quite rural to be honest. If your lungs are healthy, they should be quite white, quite pink and quite soft. And sometimes I'll have a few little black marks in them and a student often says, Oh, that must've been a smoker.

I say, uh, I said, that's the cleanest lung you'll ever see. That's an 80 year old lung that's lived somewhere with healthy air. A smoker's lung, black, [00:23:00] hard, really unpleasant to look at. Actually, I haven't seen one looking like that for a long time, but I've seen them historically. But actually, everybody's got black carbon in it.

It's from the air pollution. It's from the car. It's from whatever you do. It's from somebody else smoking next door before the smoking ban. But actually, it's

quite clear in the lungs. But up here, they're often brilliant, because most people live out of town. [00:23:20] Absolutely beautiful. So it's really good to have both.

Sometimes tumors can be very complex and very expanded and make the normal extremely abnormal. But there's something for us to highlight compared to if everybody came in abnormal, we'd have trouble. But we have quite, we have quite a lot of normal.[00:23:40]

[00:23:40] **Tamsin:** So as a first year. medical student. What are we doing coming into your, into your space, I suppose? What's the first experience that they have with bodies?

[00:23:51] **Elizabeth Donnelly:** So for those students who already have an offer at the university, who have said, I want to come, we have an offer holder's day for them, which they do get to [00:24:00] see our cadavers.

Only for them. Not the prospective students. They, they don't because I don't know what they're going to decide to do. But the ones who have really committed, they've applied, they're coming through and they want to come to us on our offer holders day, they will have the chance. I like to show them how we're going to teach on those offer holders day.

So we actually do how we do things. That aside, for the first day, first of all, I've spoken [00:24:20] to them all and I've prepared them both in terms of the law, both in terms of their responsibility, and also in terms of they might find it difficult. And I said, and if you feel strange, tell the person that side of you, you feel strange because it's always the big tall guy at the back who falls over and bangs his head on the table and ends up me having to take him to A& E for stitches.

And I said, I don't want that to be your first day. [00:24:40] So if you feel a bit queasy, tell somebody immediately and get sat down. You come in the door, everything on the first day will be covered, because I don't want you to walk in and get too much of a surprise. So we start with the parts, because parts are a little bit easier to get used to.

We usually start with the limbs first, just to give a familiarization. So we'll start with upper limb, what you'd call [00:25:00] arms, lower limb, what you'd all call legs. And then we work the students around to the whole body, undissected. And last of all, the head and the face. Because the head and the face is always what people struggle with because it's when they look real.

So we like to slowly, in the course of an hour, half an hour, we work them around in [00:25:20] sort of groups and talk to them and train them and get them. But yeah, we do it gently and respectfully. And so their first day is a bit of seeing a little bit of everything. Not really a teaching day. It's an introduction day.

And then when they come up the next class, they'll be into it properly. So we teach a quarter of a class at a time, about 80 students at the moment, [00:25:40] 80 to 90 students with three or four of our staff in helping.

I can't do this without the charity. And the charity is donors. When I talk about donors, they think I mean money. I said, I don't mean money. I mean, something much more important. I mean, them, themselves. It's the, it's the ultimate [00:26:00] philanthropic gift, isn't it?

[00:26:02] **Tamsin:** Hypothetically, if your body charity shop dried up in some sort of way, what would happen?

[00:26:07] **Simon Parson:** Well, for a certain time I'd be able to cope because we have a stock. That stock would become more and more worn out and tired, and it would degrade the way we could [00:26:20] teach. And I think ultimately I'd have to stop working in this way and I'd have to go completely to electronic plastic, which some medical schools do.

Some of the new medical schools don't have any donated parts. It's an expensive thing to run is a facility like mine, but I think it's a really valuable thing we do. And they are absolutely reliant on the, [00:26:40] the fantastic gift of individuals. To donate themselves for the benefit of people who they've never met and will never meet.

I mean, it's amazing. I am unbelievably grateful, as is everybody in our profession for that. You know, and we don't miss any opportunity, I hope, [00:27:00] to say how important this is. And how grateful we are that it is still progressing. Little pieces in the news often cause a spike of donations. There was an article in the Scotsman last week about a little bit of a shortage at the Royal College of Surgeons for doing training.

And actually we got a lot more calls that week. So it's about more people hearing [00:27:20] because if you don't know, why would you think? So yeah, any chance to spread the word. So it's really pleased to be able to talk to you today about this.

[00:27:28] **Swathi:** I was just thinking about how passionate Simon is about helping the students have that experience and with a lot of respect and care. So that's what I really loved about how Simon has put his heart into this work.

[00:27:39] **Tamsin:** [00:27:40] Meeting Simon, he was incredible to talk to. He could talk about it all day, but there was this kind of overwhelming respect over all of it. And it was so kind. And I mean, At the end of the day, you're talking about cutting up people's passed away relatives.

For him to do it in such a gentle manner while [00:28:00] trying to educate the next generation of healthcare professionals. It's, it's amazing. There's no other word for it.

[00:28:06] **Swathi:** So Tamsin, do you feel at all differently about donating your body after you've learned so much about what happens to it?

[00:28:13] **Tamsin:** It kind of feels a lot more real. As he said, hopefully it's not for a long time yet, um, but I love to [00:28:20] know that my body will be improving the health outcomes and health care for people around me and in my own community once I've gone, because my body's not going to be use to me then, so at least it might be useful for our future professionals.

[00:28:34] **Swathi:** That's really great. Thanks to Simon Parson for telling us about his work. I had no [00:28:40] idea that job even existed.

[00:28:42] **Tamsin:** Me neither, but it's so, so important. Thank you also to Elizabeth Donnelly for sharing that very moving tribute from the Memorial Service for the Donated Bodies.

[00:28:55] **Swathi:** If you want to join the Boundary Breakers, you can come to one of Aberdeen's open [00:29:00] days and see our historic campus. You can also download our digital prospectus at www.abdn.ac.uk

[00:29:09] **Tamsin:** And check out the rest of the podcast to hear more from us. In each episode, we explore the groundbreaking research going on at Aberdeen.

[00:29:16] **Swathi:** See you next time.

[00:29:17] **Tamsin:** [00:29:20] Bye.