
Original Paper

Preserving Our Professional Legacy as Professor Cadavers: A Parody¹

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Abstract

Research funding cutbacks and thousands of university layoffs, plus rising costs and budget constraints require an innovative and even radical response. Since the 3rd century B.C., one tried-and-true, cost-effective teaching approach for medical students was cadaver-based education. If they can learn so much from cadavers, why shouldn't students in all other disciplines be given that opportunity? After we pass, what if our institutions rehired us as *professor cadavers* (PCs). The intent is to draw on our knowledge and experience, not to dissect us. This program provides an opportunity to both publish and perish simultaneously. PCs can preserve their legacy literally (with formaldehyde) and figuratively. Deceased educators provide an underutilized, reliable, accessible, and highly compliant labor pool that aligns with the university's commitment to human sustainability. This article describes more than 30 advantages, 10 disadvantages, and preliminary results from a pilot study to consider before rolling out a PC initiative.

Keywords: Anatomy education, cadaver-based education, cadaver lab, cadaveric dissection, gross anatomy, human anatomy, innovative teaching

¹The Introduction section and References in this article are real. The remainder is pure fiction, intended for your entertainment only. Any other use, such as for teaching, is strictly prohibited.

Introduction

Problem

Research funding cutbacks and thousands of university layoffs, plus rising costs, faculty shortages, budget constraints, and increasingly distracted students require an innovative and even radical response. These challenges are occurring not just in medical schools but in other health professions and most other disciplines.

Cadaver-Based Education

Since the 3rd century B.C. in ancient Greece (Ghosh, 2015; Neelamegan et al., 2025), first-year medical students encounter their *first teacher*, a cadaver in the anatomy lab (Lin et al., 2009; Ropmay, 2018; Sheriff & Sheriff, 2010; Sousa et al., 2020; Winkelmann & Güldner, 2004), or *silent mentor* (Hong et al., 2017; Kanter, 2010; Wong et al., 2025). What do students learn from this teacher or mentor? Der Bedrosian (2016) reflected on what Johns Hopkins University medical students learn from their assigned cadavers:

He'll [the cadaver] teach them more about gross anatomy than they ever thought they could absorb in seven weeks. But he'll also teach them how to care. How to detach. How to work as a team. A sense of curiosity and discovery.

After seven weeks, students discover a newfound appreciation for professors who occasionally show signs of life. Hands-on cadaveric training is a uniquely visceral experience. It is also a tried-and-true

approach to teaching (Gray, 1858; Standing & Tubbs, 2026).

Benefits to Current Medical and Health Professions

Medical students and physicians experience initial anatomical education and ongoing surgical training for various specialties (e.g., orthopedic surgery, neurosurgery, plastic surgery, general surgery, OB/GYN, and emergency medicine). However, these aren't the only living students and professionals who are taught by cadavers. They also include the following (Claveria et al., 2024; DePeau-Wilson, 2024):

- *Physician Assistants (PAs) and Nurse Practitioners (NPs)*: To gain experience with advanced training procedures, such as aesthetic injections and specialized clinical skills.
- *Dentists and Oral Surgeons*: To understand the intricate anatomy of the head and neck region, crucial for dental implants, oral disease prevention, and facial esthetics procedures.
- *Physical Therapists*: For students in Doctor of Physical Therapy (DPT) programs to get an in-depth, hands-on understanding of musculoskeletal anatomy.
- *Emergency Medical Technicians (EMTs) and Paramedics*: For practicing life-saving procedures like intubations, chest decompressions, and emergency cricothyrotomy in a realistic setting.
- *Military Medical Personnel*: For medics and surgeons to use cadavers for training in high-pressure, trauma-related scenarios.
- *Forensic Pathologists and Coroners*: To perform autopsies and dissections to determine the cause of death.
- *Medical Device Company Representatives*: To understand surgical approaches and product applications in a real anatomical context, allowing them to provide knowledgeable support to surgeons in the operating room.

This hands-on experience allows professionals to develop practical skills, build confidence, and understand anatomical variations in a risk-free environment before working with living patients.

Proposal: The Parody Begins

If medical students and several related health professionals can learn so much from cadavers, why shouldn't students and professionals in all other disciplines take advantage of this powerful teaching tool? For example, students in arts-and-sciences courses can benefit from cadaver-based education in ways PowerPoint lectures could never match. Consider what our students could learn from us once we've passed away, maybe more than when we were alive. We contain a stockpile of knowledge, expertise, and experience that we can bring to the gurney once we are wheeled back into the classroom.

You guessed it: I am proposing that after we pass, our institutions should rehire us to resume our teaching and mentoring as *professor cadavers (PCs)*. The intent is to draw on our knowledge, not to dissect us.

Definition

A *PC* is a faculty member who has achieved a state of biological stillness (aka deceased) and whose physical and cognitive inactivity may be indistinguishable from that of a live faculty member.

Qualifications

A *PC* has a terminal degree, cessation of vital signs, absence of metabolic activity, ability to remain stationary for 50–75 minutes, and a body of peer-reviewed publications.

Hiring and Appointment in Three Possible Tracks

1. *Tenured Cadaver*: Endowed chairs, emeritus/emerita faculty, and those who passed away several years ago, but whose names remain on the department's website and catalogs

2. *Adjunct Cadaver*: Part-time faculty who teach at least one course each semester and who typically inflate their title inappropriately to Adjunct Professor on their vitae
3. *Visiting Cadaver*: Those who are temporarily borrowed from other institutions or recovered from old buildings during reconstruction and renovation

Advantages and Disadvantages of Professor Cadavers

PCs can continue to contribute and preserve our legacy literally (with formaldehyde) and figuratively. Imagine how students in courses other than gross anatomy could benefit from their *PCs*. Deceased educators provide an underutilized, reliable, easily accessible, and highly compliant labor pool that aligns with the university's commitment to human sustainability.

Unlike their breathing counterparts, *PCs* do not expect a salary or oxygen. A *PC* program provides an opportunity to both publish and perish simultaneously. However, before you roll out a *PC* initiative, assess its potential impact on your institution. Start with the following advantages and disadvantages. Here is a top-10 list of several administrative advantages:

Administrative Advantages of PCs:

1. No need for an office; just one cold storage room like the cadaver lab.
2. No need for furniture; just gurneys.
3. No need for computers.
4. No salary or healthcare benefits.
5. No need for a parking spot.
6. No vacations or sabbatical.
7. No bodily sounds during faculty meetings.
8. No objections to administrative decisions and policies.
9. No classroom management problems.
10. No travel and hotel conference expenses; can be accessed virtually or from the conference city's morgue.

On interpersonal and professional levels, here are 20 other significant advantages:

Interpersonal and Professional Advantages of PCs:

1. Available office hours 24/7.
2. No complaints about teaching load.
3. No objections to committee assignments.
4. No complaints about a frigid office or classroom temperature.
5. Accepts budget cuts that freeze salaries and ban conference travel.
6. Unchanged syllabi and course materials.
7. Increased positive course evaluations.
8. Research cannot be revised or altered.
9. IRB review of research proposals is unnecessary.
10. Peer review by *PC* peers is impossible.
11. Does not require administrative support.
12. Does not threaten to quit, unionize, or retire.
13. Will not request sabbaticals to "finish their book".

14. Highly reliable attendance (no sick leave).
15. Always punctual to class and meetings.
16. Does not participate in office politics.
17. Will not ask for IT support.
18. Ideal for hybrid teaching.
19. Provides diversity of living vs non-living teaching.
20. Provides opportunity to both publish and perish simultaneously.

Disadvantages of PCs

Despite all of the previous advantages of a *PC* program, here is a top-10 list of some disadvantages to consider:

1. IT has to remind them of their passwords every day.
2. There is no emotional connection with the students.
3. It is tough to get volunteer teaching and research assistants.
4. It is impossible to get federal funding for research on posthumous pedagogy.
5. Parents of prospective students find PCs repulsive.
6. They do not contribute to faculty and committee meetings.
7. They are unresponsive to students' questions in Q&A sessions.
8. Student engagement is nearly impossible.
9. Gurney maintenance and repairs become budget items.
10. Climate-controlled carts and refrigeration storage can be expensive.

As experience with *PC* programs increases, additional disadvantages may emerge. *PCs* are unexplored teaching territory. I know what some of you are thinking: Show me the research evidence that this *PC* program works.

A Pilot Study

It is such a cutting-edge and contentious teaching strategy that there is only a smidgen of evidence on the effectiveness of professor cadavers (*PCs*) compared to conventional live human professors (*LPs*) and generative AI professors (*AIPs*). A preliminary pilot study was conducted at Noname Research University (NRU) (*NOTE*: Name withheld to protect the living). A brief description of that study follows:

Research Question

Do students taught by *LPs* learn significantly more than students taught by *PCs* and *AIPs* in different nonmedical courses?

Primary Hypotheses

H1: Students taught by *LPs* will perform significantly higher on outcome measures than students taught by *PCs* and *AIPs* in different courses.

H2: The levels of student performance differences across the three teaching modes will generalize to different nonmedical content courses.

H3: Students taught by *LPs* will report higher teacher and course ratings than students taught by *PCs* and *AIPs* in different courses.

Research Design

A randomized controlled trial using a between-subjects (*LPs* vs *PCs* vs *AIPs*) design, stratified by undergraduate course (chemistry, U.S. history, psychology, business), tested the hypotheses. A total of 50 undergraduates were randomly assigned to each of the three teaching modes and one of the four courses in which they had no prior enrollment or documented expertise. These samples yielded statistical power of 80% for medium effect sizes of .50 with $\alpha = .05$. A total of 150 students participated.

A mixed-effects model examined main effects and interactions (teaching mode vs course). A pretest-posttest 3 X 4 analysis of covariance (ANCOVA) for the learning outcome test in each course was computed, and ANOVA tested for differences in teaching and course ratings. Pairwise comparisons were run for significant multigroup F ratios.

Intervention

Standardized syllabi, lecture scripts, PowerPoint slides, timing, examples, practice problems, demonstrations, and Q&A procedures were followed for all three teaching modes and four courses. The TA handled the Q&A for the *PC* classes. This standardization of the content and teaching materials permitted the isolation of the independent variable of type of professor (live, dead, AI).

All students took the pretest (scored 0–100) online for their teaching mode and assigned course just before the first class. Then, they attended 12 50-minute classes over six weeks. *PC* lectures were prerecorded verbatim; *AIP* delivered adaptive lessons via a training module; and *LP* lectures were presented live. After the last class in each course, the teaching and course rating scale (0–40) and posttest were administered online following standardized procedures.

Results

The ANCOVA and ANOVA between-groups F ratios were statistically significant for the final posttests ($p < .001$) and teaching and course ratings ($p < .01$), respectively. Pairwise comparisons yielded significance across the adjusted posttest means and ratings ($p < .001$), with *LP* the highest, followed by *AIP*, then *PC*. *PC* consistently scored the lowest in all comparisons in all four courses.

Conclusions

In this small-scale pilot study investigating the effectiveness of a *PC* program in different nonmedical courses, the results indicated that students in the live professor (*LP*) courses outperformed students in the *AI* and *PC* courses. *LP* students also expressed higher positive ratings about the professor and course characteristics than students in the other professors' courses.

Coda

Further (actually, any) research is needed before a *PC* initiative should be rolled out in any college or university. Weigh the advantages and disadvantages in your institution. Perhaps a hybrid teaching model where *PCs* can be used in conjunction with virtual and augmented reality programs (Chiyanika et al., 2026; Sinou et al., 2023; Zhao et al., 2020) to boost their effectiveness. Despite the numerous cost-savings and other advantages of *PCs*, their use to replace current faculty or add new ones is premature. It's difficult to estimate when it will be mature. Hold on to your *LPs* as long as possible.

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