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ARTICLE

Viewing Museum Human Remains Through a Medical Ethics Lens

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Abstract

The history of how human remains ended up in museums is racist and ethically unjust. Many human remains came from grave robbing to aid in medical education, mainly of the poor and marginalized in society. Those people did not give consent for their body parts to be displayed in museums, and museums have been slow to give them the dignity they deserve and respectfully dispose of them. Museums today do not have a widely agreed-upon consensus on how to handle these human remains. While the medical field helped perpetuate this issue, it may now be able to help solve it. In medicine, medical ethics are infused in all aspects of medical care and decisions. Patients have legal authority over what happens to their bodies, and consent is seen as a human right. By applying existing medical ethics to human remains, museums can have a simple and clear way forward to correct the racist practices of the past and restore dignity and respect back to the people that languish in their collections.

Keywords: ethics; human remains; medical; museum

The history of human remains in museums is racially unjust. In 18th-century America, doctors and scientists longing to learn the secrets of the human body had to contend with the fact that dissection was a punishment for executed criminals and was looked down upon as worse than death. This stigma meant few people donated their bodies to science.[1] Cemeteries that contained African Americans and other minority groups on the edges of town were prime targets for anatomists, a humiliation imposed on those already viewed as less-than in society.[2] In the Northern states, most bodies used for medical training came from transients, criminals, and the poor, while the South used enslaved people.[3] As America expanded westward, Native Americans also became victims.

Demand for bodies grew as more medical schools were created in America. Body snatching was profitable. It was such a common practice that when, in 1834, a farmer shot a member of a student group digging up a recently buried enslaved person on his property, a warrant for

[1] Meier 2018.
[2] Nelkin and Andrews 1998, 263.
[3] Kenny 2013, 56.

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his arrest for trying to stop them was issued.[4] Massachusetts and New York were the first to pass anatomy acts in 1831 and 1854, respectively. Throughout the 19th century, most states enacted their own variations of anatomy laws, allowing medical schools to use unclaimed bodies or executed criminals, which helped curb grave robbing.[5]

Part of the reason for stealing nonwhite bodies, besides medical education, was a curiosity to determine if there were differences between the races based on anatomy. Phrenology, a notion that people's intelligence was based on the size and shape of their skull, took off. The Morton skull collection, acquired by the Penn Museum in 1966, had over a thousand skulls with an estimated 50 believed to be taken from the enslaved African American cemetery across the street from the museum.[6] In the South, enslaved women (especially when pregnant) were more likely to become medical museum specimens than men, and fetuses were a desired commodity, particularly if they were deformed.[7] The drive for knowledge led to the influx of bones in museums through donations, expeditions, and war. Native Americans were treated particularly egregiously by this practice. As a result of the American Indian wars, an estimated 50,000 Native American remains ended up in US museums.[8]

Collections acquired before the establishment of ethics and laws related to human remains must now be managed by museum professionals with minimal guidance from museum organizations. The Native American Graves Protection and Repatriation Act (NAGPRA) was signed into federal law in 1990 to guide the return of Native American remains and cultural items in museums back to Tribes after their past racist acquisitions. It is the only federal law in the United States that deals with human remains in museums. The use of Native American remains in medicine and museums can be traced back to 1868 when the Surgeon General ordered Army officers in the field to send him Native American remains from the spoils of war, so he could examine their skulls to assess inferiority to white men.[9] Native Americans view this research as another form of discrimination, with one Lakota Tribe officer stating, "we never asked science to make a determination as to our origins."[10] Thirty years after NAGPRA was signed, the National Park Service estimated that only 67,000 human remains had been returned, and that an estimated 127,000 remains are still held in museums.[11]

Native American remains are not the only ones held in museums. African Americans have been grossly exploited, and sadly it took until 2023 for this group to receive a similar recognition of their mistreatment when the United States government passed the African American Burial Grounds Preservation Act. While this act will help create a "national database of African American cemeteries and create grant opportunities to aid in the recovery and preservation of such historic burial grounds," it does not address the African American human remains in museums like NAGRPA does.[12] As of 2026, this act has not been funded by Congress. The lack of consent seeking from both Native Americans and African Americans by eager anatomists and collectors is similar. Both groups deserve protection, as

[4] Meier 2018.
[5] Ibid.
[6] Williams and Ross 2022, 861.
[7] Kenny 2013, 51.
[8] Redman 2016.
[9] Ray 2016, 474.
[10] Nelkin and Andrews 1998, 271.
[11] Nash and Colwell 2020, 226.
[12] Williams and Ross 2022, 862.

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do numerous other races and individuals who have been exploited. Shouldn't there be an All-Human Graves Protection and Repatriation Act?

1. From museum studies to medical ethics

The problem of human remains in museums finds an answer in the field of medical ethics. I've worked in Nuclear Medicine for fifteen years. That's fifteen years of people asking me daily if they will glow (no) or if they'll turn into the Hulk (sadly no). It's fifteen years of eyes going wide when I tell people I'm going to inject them with radiation. That's not what you expect when you go to the hospital. Everyone knows about X-rays and CT scans, but we are the black sheep of radiology. Since we are more invasive than other modalities and are highly regulated, school drilled patient consent into us. If a patient wavers and says no to the exam, I'm done. Even if the patient is there to figure out if they have cancer or not, even if I fully explain all the benefits and safety over risks, even if I think they *really* need this study, no means no. People have a right to body autonomy and consent. In a medical setting, practitioners who do not obtain consent from a patient can be charged with battery and assault.[13] When a person passes away, doctors have ethical obligations to follow the wishes of the deceased for what happens to their remains.[14]

In medicine, the authority for decision making has slowly shifted over the years from the doctor to the patient. Medicine initially followed a beneficence model, where it was understood that only physicians had the knowledge as to what would benefit the patient, and physicians would withhold any medical information that might negatively impact their patient's health.[15] Informed decision making and consent were obtained as a means of cooperation to a procedure to better the patient's prognosis, not with a focus of actual respect for a patient's preference.[16]

After the American Revolution, with the new country's ideals being founded on liberty, individualism, and self-sufficiency, this model of the obedient patient and authoritarian physician did not survive long. The American Medical Association was formed in 1846, and their first code of ethics was written a year later. With a credible licensing agency and more uniform training, physicians became more trusted. At the turn of the 20th century, the beneficence model started to give way to the autonomy model, where patients had increased involvement in their care.[17] Court cases, such as *Schloendorff v. Society of New York Hospital* (1914), legally created patient autonomy, and *Salgo v. Leland Stanford Jr University Board of Trustees* (1957) established informed consent.[18]

Modern medical ethics also evolved from the Nuremberg medical trials, which created the Nuremberg Code in 1947 requiring voluntary, informed consent for human subject research, and the Belmont Report in 1979, which established biomedical ethics and guidelines for human subject research.[19] Also in 1979, Tom Beauchamp and James F. Childress published *The Principles of Biomedical Ethics*, creating the four core principles of respect for autonomy,

[13] Satyanarayana Rao 2008, 33.
[14] Smolensky 2009, 764.
[15] Will 2011a, 670.
[16] Ibid, 673.
[17] Will 2011b, 1491.
[18] Bazzano, Durant, and Brantley 2021, 82.
[19] Bazzano, Durant, and Brantley 2021, 83.

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nonmaleficence, beneficence, and justice.[20] These ethics are now firmly and legally established. The well-known Henrietta Lacks story shows that even today, medical ethics are important and necessary, even when talking about something as microscopic as cells.[21]

The medical field helped create the problem of human remains in museums, but now it may be able to help solve it. The ethics of body autonomy and consent are widely practiced today and are central tenets in medicine, yet human remains in museums have not been granted the same respect. Human remains in museums come from people with rights, no matter how old they are, a fact that gets lost in artistic displays or scientific study. If medical professionals can put their license at risk by ignoring patient consent or wishes for their remains, museums should also be held accountable for keeping their unconsented human remains. Using medical ethics to determine how to handle human remains can simplify museum decisions, and show they no longer tolerate perpetuating historic and racist wrongs. By asking the simple medical question, "Did they give consent?"—the only two answers being "yes" or "no"—museum professionals can make the ethical dilemma over what to do with any human remain simple and clear. If there is no record of that person giving consent for their body, or part of their body, to be held in a museum, then that human remain should be respectfully buried, cremated, or disposed of in a culturally sensitive manner. It should not be put on display or kept in storage. Allowing unconsented human remains collections to continue in museums denies the dead their bodily autonomy.

Finding out if there was consent given for a human remain or specimen can be extraordinarily difficult, requiring investigative work by museum staff: That does not mean effort should not be given to find the provenance. Over the years, records might have been lost, or possibly did not exist in the first place. It takes time to find descendants. It might require pricey DNA testing and could be upsetting for descendants to decide what to do. It could be costly to repatriate bodies and legally challenging if it means crossing state lines or country borders. Museums might not have enough staff or funds to allocate to such a time-consuming task. The American Association for Anatomy published "Recommendations for the Management of Legacy Anatomical Collections" in 2024. They state that if "there is no reasonable hope for obtaining provenance data in the future, the committee may consider ethical management of the collection as a valuable educational or scientific resource over destructive disposition."[22] The guidelines justify final disposition only if there is no educational or scientific value, which is too minimal a requirement.[23] The overarching fact that human remains in museums were once human beings, just like us, should drive us to give them what we all want in death: to be treated with respect. Who are we to claim that just because we cannot find the provenance of the human remain, we get to keep them from a dignified disposal and continue to fill our museum shelves instead?

In medicine, consent and body autonomy apply to everyone, granting dignity and respect to each patient. The federal laws that created those concepts are not race specific, nor are they specific to federally funded entities. They apply to all. Since there is a mix of museum-ownership and funding in the United States, applying the universal medical ethics of consent and autonomy would bypass the issues like NAGPRA faces, such as only applicable for federally funded museums and federally recognized tribes.

[20] Beauchamp 2010, 36.
[21] Johns Hopkins Medicine 2026.
[22] Cornwall et al. 2024, 2804.
[23] Ibid.

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2. Dehumanizing human remains

The labeling of human remains in museums erases people's autonomy and denies them their dignity. Museums document remains as physical specimens, but the remains started out as human beings. Individuals having their bodies dissected and made into objects allows their identity and humanity to be "cut away and replaced by systematic descriptions and labels, persons converted into scientific objects."[24] Using a person's name is a connection with their identity and self, and makes people feel valued. In medicine, if a patient comes in without identification, they are still given a name. It is usually a unique random identifier name, based on the hospital's preferred naming system, but they still have a name. The use of names, and not numbers, is important because numbers are impersonal. Using numbers for a living human being relegates them to objects seen as not worthy of respect—as widely shown in the tattooing of Jewish prisoners in Nazi concentration camps.

With unknown patients, medical staff may not know what they might consent to or what their advance directive might state, but they focus on keeping the patient alive and getting them to a point where they can communicate their wishes. If the patient stays unknown and unconscious, and their family is therefore not able to be notified, medical staff act in the patient's best interest. The unknown patient is still treated with dignity and respect, and not as an object. They are addressed by their name on rounds, not by their room number or general gender-specific terms. This is a particularly sensitive topic in hospitals because that patient is vulnerable and cannot speak for themselves, and staff therefore see themselves as advocates and protectors of that patient until friends or family can be found. The autonomy of that patient is respected to the best of the hospital staff's ability. Those in museum collections deserve the same. It is important for museums, specifically, to address this because museums are seen as role models in society. They are custodians of culture and heritage, and spaces for education. They influence visitors with their exhibits and engage with their communities. By allowing their human remains to be labeled as documents and specimens, they are not being advocates or protectors of people's remains.

3. Rights after death

In death, there are strong beliefs that since the person embodied that body first, they still retain posthumous rights over what to do with that body.[25] Within the field of legal rights, the interest theory argues that "the dead, although unable to make real-time choices, are capable of being legal right holders."[26] Dignity for the dead in our society hinges on recognizing that their legal rights continue after death even if the dead cannot physically express them, as lawyer Kirsten Smolensky explains: "Courts care very deeply about testamentary wishes, particularly those regarding mortal remains, and often go to great lengths to ensure that the decedent's wishes are respected. It appears that dignity and autonomy are the driving forces behind the creation of many posthumous legal rights."[27] According to law, there is no duration at which wills and advance directives expire after death. Human remains still have rights based on their intentions when they were alive.

Patients have the right to refuse life-saving interventions for themselves, a medical term known as do not resuscitate (DNR). When a patient has chosen DNR, it might be difficult for

[24] Claes and Deblon 2018, 351.
[25] Persad 2019, 251.
[26] Smolensky 2009, 764.
[27] Ibid, 774.

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family members to watch them pass away, but if medical staff intervene and perform cardiopulmonary resuscitation (CPR) they can be charged with battery. Up until the early 2000s, when a trauma patient came in and passed away, surgeons could still continue performing a thoracotomy, in which a large cut is made down the chest to manually stimulate the heart, because they justified that teaching residents this procedure benefits future patients. Today, that practice is prohibited by the American Medical Association. In 2002, they adopted a policy on consent stating that "when reasonable efforts to discover the previously expressed preferences of the deceased or to find someone with authority to grant permission for the procedure have failed, physicians must not perform procedures for training purposes on the newly deceased patient."[28]

As pillars of education and heritage, museums and all other academic institutions have a duty to adhere to the laws of our society and to respect the dead. Disrespecting those who have passed before us shows society that we could be treated the same way. The recent case of Cedric Lodge, the morgue manager at Harvard Medical School, stealing and selling body parts that were selflessly donated through the school's Anatomical Gift Program, caused untold grief and anger to those family members whose loved ones were affected. One family withdrew their mother's body after finding out their father's body was one of those stolen.[29]

It may be argued that the older a human remain is, the less rights they have, as they have less influence in the world. While their wishes may have been lost to time, they were still a human being. Unnamed or anonymous human remains should retain the same rights as a known remain. An unknown human skeleton from the 1800s displayed in a medical museum should not have less rights than a named remain in that same museum. Even biologists such as Ann H. Ross and Shanna E. Williams point to history: "It is abundantly clear that many members of past societies, such as Egyptians…strongly opposed the public inspection of their tombs and bodies. By symmetry, if it would not be permissible to break into the property of living people against their wishes…it should not be when they are dead."[30] We all think about what happens to us after we die, and what we want to happen with our bodies. Do we really think those that passed before us would want to be put on display for curious visitors day after day?

4. Tissue specimens and autopsies

Human remains in museums are not just skeletons and mummies. They also include small body parts in jars and tissue specimens on glass slides, among others. It might seem less offensive to have a thin slice of someone's brain in a museum than their whole skeleton, but that specimen is still a part of their body. Sociologist Dorothy Nelkin and lawyer Lori Andrews write: "The taking of tissue without consent, even purportedly for research purposes, violates statutes and common law principles about appropriate respect for dead bodies…courts acknowledge that research can constitute abuse."[31] There have been many instances throughout history where this has happened, most notably with Albert Einstein's brain. When he passed away on April 18, 1955, Einstein had his body cremated because he did not want to be studied. For years his family assumed his whole body had been cremated intact; however, Dr. Thomas Harvey, who conducted Einstein's autopsy, had taken his brain and made thousands of slides out of it. Einstein gave no consent for this; his papers show no

[28] Schmidt 2004, 965.
[29] Patkin 2023.
[30] Wilkinson 2002, 36.
[31] Nelkin and Andrews 1998, 284.

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desire to donate his brain for research or any other part of his body for science.[32] Einstein's oldest son, Hans, was furious when Harvey finally revealed what he had done, but Harvey eventually received reluctant permission to keep the brain as long as it was used only for scientific study.[33]

Even though Harvey had taken the brain for research, there was no meaningful research conducted on it until 1985 when a neuroanatomist used it to determine if Einstein had a larger glia-to-neuron ratio than other humans.[34] A box full of slides of Einstein's brain was given to the Mütter Museum in Philadelphia in 2011, and it has been on display ever since, the only permanent exhibit of Dr. Einstein's brain in the world. Notably, Einstein told his biographer, "I want to be cremated so people don't come worship at my bones," and his ashes were spread in a secret, undisclosed location.[35] However, people can now worship his brain tissue despite Einstein's clear lack of consent.

History shows many dubious practices in how doctors have acquired tissue for medical research and education. Today, autopsies and tissue specimen acquisition are highly regulated. While each state has different statutes and forms depending on their laws, pathologists must follow the minimum guidelines of the College of American Pathologists (CAP). Autopsy consent forms can range from general to very specific, and the "next of kin should be allowed to restrict use of biospecimens."[36] The CAP requires that any informed consent form should include descriptions such as the biospecimens to be taken and how it will be used—such as for research or education—if the pathologist would like to keep it.[37] They also state that "the consent form should address the ultimate disposition of any retained organ or tissue not returned with the body to the funeral home."[38] In opposition to how human remains have been treated by anatomists of the past, pathologists must show respect to any specimen retained with clear consent given.

While the CAP supports the donation of organs and tissues for the advancement of medical education, they stress that "the respect for the rights of the donor requires that informed consent be obtained before a biospecimen is donated."[39] Pathologists can face federal charges for not obtaining consent. While entire museum collections have been donated by doctors who have kept interesting patient specimens, such as the Mütter Museum, it is against the law today. The CAP stresses the fundamental ethical principle that a pathologist must "maintain a practice of compassion, human dignity, and respect towards patients."[40] Many human remains held in museums did not receive this same treatment.

5. Denver Museum of Nature and Science: leading the way

In 2008, the Denver Museum of Nature and Science's anthropology leaders Dr. Steve Nash and Dr. Chip Colwell rewrote their department's mission statement, committing to an ethically grounded collection. Current Anthropology Director Dr. Michele Koons stated

[32] Nelkin and Andrews 1998, 266.
[33] Blitz 2015.
[34] Nelkin and Andrews 1998, 267.
[35] Blitz 2015.
[36] CAP Policy Manual 2023, 136.
[37] Ibid, 132.
[38] CAP Policy Manual 2023, 135.
[39] Ibid, 132.
[40] Ibid, 138.

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they required a strict threshold: the museum would no longer curate human remains without informed consent.[41] At the time, the Denver Museum of Nature and Science held the remains of roughly 120 individuals, 80 percent of which were of Native Americans, which were then repatriated under NAGPRA. The remaining 20 percent of non-Native remains fell under the new threshold. The museum hosted an interdisciplinary, interfaith "Bad Bar Joke Conference." This panel of religious practitioners, ministers, archeologists, curators, and scholars concluded that most cultures favor a return to the earth. On October 14, 2015, the remains were simply wrapped in muslin and buried at Crestone, a natural burial facility south of Denver.[42] By prioritizing consent, the Denver Museum of Nature and Science set a moral precedent and serves as a catalyst, guiding other museums on repatriation, with many museums in Colorado utilizing Crestone.[43] The Denver Museum of Nature and Science used a very clear-cut question to decide what to do with their human remains: They believed in their mission statement, utilized the perspectives of many different people to understand the best course of action to take, and agreed upon a plan that would be in the best interest of the deceased.

6. Human remains and professional responsibility in museums

The study and practice of medicine helped create the issue of human remains in museums. Past actions of body snatching and dissection denied thousands of people their right to a peaceful afterlife and condemned them to lonely anonymity in museum storage and displays. The racist targeting of minority groups exploited them for the gains of doctors and scientists in their tunnel-visioned quest for knowledge. Museums have benefitted from these collections, using them to endorse their status as educators and curators of cultural significance. Medicine, however, may have the answer for the problem it created.

Ethically and legally, the medical field has evolved and has attempted to correct the wrongs of history. Every patient in a medical setting has a right to body autonomy and consent. Every medical employee is bound by these ethical tenets and risks being charged with battery and assault if they do not. Court cases have established legal rights that patients have in regard to their bodies and medical decisions that are practiced in every hospital in this country. The law has further supported legal rights after death, and the belief in dignity in death. Autopsies today are highly regulated procedures that require specific consent.

While human remains in museums at one time helped educate doctors, they do not perform the same task today. Three-dimensional (3D)-printed replicas can replace actual cadavers in medical school training, bypassing ethical concerns.[44] 3D models can also enable surgeons to rehearse and refine surgeries before practicing on real patients.[45] No matter how much museums emphasize respectful viewing and reflection, visitors will view human remains as medical oddities, unnamed specimens, and at worst as a way to satisfy morbid curiosity. Museums must do what is right for the thousands of anonymous, unconsented human remains in their collections, and following the practices of medical ethics can help them do that. Ultimately, a way to ensure museums take action would be to hold them to the same level of responsibility as medical professionals. If we accept the fact that these human remains have inherent rights to body autonomy and consent, then museums that violate

[41] Koons 2024.
[42] Nash 2018.
[43] Koons 2024.
[44] Smith 2018.
[45] Kanumilli 2024.

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these medical ethics should be held accountable for disregarding these tenets. Viewing these remains for what they were and are—human beings—makes the thought of curators displaying corpses without consent an ethically problematic and cruel practice. We as a society need to hold museums responsible for continuing the crimes that have already been committed in the name of science and history. Laws governing the definition and punishment for breaking these ethical tenets already exist, but museums have been exempt from consequences. Museums must accept past offenses and correct them. Merging past practices with modern beliefs will never be easy or smooth, but we must hold our museums to a higher moral and ethical standard. The story of human remains in museums is unjust, unethical, and complicated, but if museums follow modern medical ethics the answer to how to treat them is clear.

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