



**Stiff: The Curious Lives of Human Cadavers by Mary Roach**  
*WW Norton & Company, 2004*

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## Summary<sup>1</sup>

*Stiff: The Curious Lives of Human Cadavers* is an oddly compelling, often hilarious exploration of the strange lives of our bodies post-mortem. For two thousand years, cadavers - some willingly, some unwittingly - have been involved in science's boldest strides and weirdest undertakings. In this account, Mary Roach visits the good deeds of cadavers over the centuries and tells the engrossing story of what happens to our bodies when we are no longer with them.

## Ethics Issues

- End-of-life decision-making
- Organ transplantation
- Medical education
- Substitute decision-making
- Research ethics
- Advance care planning

## Discussion Questions

1. Mary Roach states that death doesn't have to be boring and that death makes us helplessly polite. Why are we compelled to use polite language when discussing death, rather than discussing it in the way Roach does in this book?
2. What role does/ should humour play in discussions about death and the end of life?
3. How does Roach distinguish between death and dying in this book?
4. Roach discusses questions of when death occurs and how death is defined. How do your views align with those discussed in the book? What ethical issues arise as part of these discussions?
5. Research that makes use of cadavers can raise questions about the dignity of the deceased. What does it mean to treat a cadaver with dignity?
6. Do you think that the benefits of experimenting on cadavers outweigh any potential disrespect for the dead? Why or why not?
7. Roach discusses various ways in which cadavers are used. Are some more ethical than others? What makes them so?
8. Is there an ethical difference between a dead body and a living body?
9. Although cadavers are clearly dead, Roach uses the phrase "lives of" in her title. After reading the book, why do you think she decided to title it *Stiff: The Curious Lives of Human Cadavers*
10. Roach says, "On a rational level, most people are comfortable with the concept of brain death and organ donation. But on an emotional level, they may have a harder time accepting it." Why is this?
11. Did reading this book change your views about death and end-of-life decision-making in any way?
12. Discuss the following passages in the book:
  - "We are biology. We are reminded of this at the beginning and the end, at birth and at death. In between we do what we can to forget."
  - "It is astounding to me, and achingly sad, that with eighty thousand people on the waiting list for donated hearts and livers and kidneys, with sixteen a day dying there on that list, that more than half of the people in the position H's family was in will say no, will choose to burn those organs or let them rot. We abide the surgeon's scalpel to save our own lives, our loved ones'

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<sup>1</sup> Adapted from the publisher's summary

lives, but not to save a stranger's life. H has no heart, but heartless is the last thing you'd call her."

- "You are a person and then you cease to be a person, and a cadaver takes your place."
- "It makes little sense to try to control what happens to your remains when you are no longer around to reap the joys or benefits of that control. People who make elaborate requests concerning disposition of their bodies are probably people who have trouble with the concept of not existing. ... I imagine it is a symptom of the fear, the dread, of being gone, of the refusal to accept that you no longer control, or even participate in, anything that happens on earth.... The survivors shouldn't have to do something they're uncomfortable with or ethically opposed to. Mourning and moving on are hard enough. Why add to the burden?"
- "It's the reason we say "pork" and "beef" instead of "pig" and "cow." Dissection and surgical instruction, like meat-eating, require a carefully maintained set of illusions and denial. Physicians and anatomy students must learn to think of cadavers as wholly unrelated to the people they once were."
- A patient on the way to surgery travels at twice the speed of a patient on the way to the morgue. Gurneys that ferry the living through hospital corridors move forward in an aura of purpose and push, flanked by caregivers with long strides and set faces, steadying IVs, pumping ambu bags, barrelling into double doors. A gurney with a cadaver commands no urgency. It is wheeled by a single person, calmly and with little notice, like a shopping cart."