

The Importance of Body Donation to Wisconsin Health Science Programs and the Role a Health Care Team Can Play

To the Editor:

Wisconsin has two nonprofit academic, whole-body donation programs: the University of Wisconsin School of Medicine and Public Health (SMPH) Body Donor Program and the Medical College of Wisconsin (MCW) Anatomical Gift Registry. Donation to these programs supports the education of undergraduate and graduate-level health science students in gross anatomy and research laboratories and postgraduate medical training. Anatomical education is a cornerstone of foundational science curricula in health science programs. Learning from anatomical donors provides students with hands-on application of anatomical knowledge, appreciation of human anatomical variation, and comprehension of 3D anatomical relationships. Whole-body donation also strengthens the training of postgraduate medical professionals as they practice and perfect clinical skills and surgical techniques.

Beyond scientific concepts, students also learn about donors as their first patients: people who lived full lives with varied experiences, health, disease, and access to health care. In the anatomy lab, students develop and reflect upon the skills needed to treat their future patients respectfully and holistically.¹ Whole-body donors have lasting impacts on the students they help to teach. At both SMPH and MCW, students organize an annual memorial ceremony to honor and express immense gratitude to body donors and their families.

Whole-body donation to an academic program is different than organ donation or donation to a private body donation program, and the many options can be difficult for an individual who wants to “donate their body to science” to parse. The health care team, and especially those who help guide patients through end-of-life decisions, play an important role in education about all available options. For those individuals who seek to be part of health science education, whole-body donation to academic programs provides direct influence on hundreds of health science trainees each year in Wisconsin.

In 2020, due to COVID-19 restrictions, whole-body donation decreased significantly, and some

programs have not yet recovered.^{2,3} The numerous positive impacts whole-body donation has on undergraduate and postgraduate health professional training should encourage health care providers to be open to discussing whole-body donation with patients interested in exploring this option during end-of-life planning. Planning and registering with donation programs ensures that a donor's family can carry out their loved one's last wishes, and individuals can have a memorial service for their families while also donating their body to science. The health care team should familiarize themselves with the legal requirements and program policies of donation programs to best assist patients through end-of-life decisions.

—Meghan M. Cotter, PhD; Ryan Hillmer, PhD

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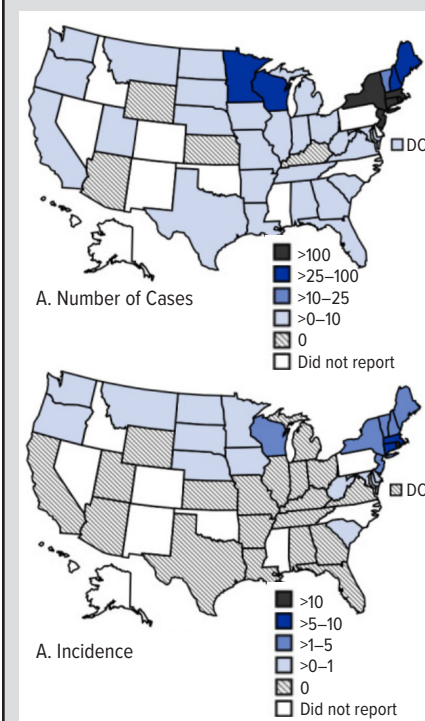
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Babesiosis—An Unseen Epidemic

To the Editor:

Babesiosis, a tick-borne zoonotic disease, is an emerging health issue in the United States, including in Wisconsin. A parasite, *Babesia microti*, is primarily transmitted by deer ticks (*Ixodes scapularis*), the same vector responsible for Lyme disease. Uncommon modes of transmission include blood transfusions, organ trans-

Figure. Average Number of Reported Babesiosis Cases (A)^a and Average Babesiosis Incidence (B),^b by State — United States, 2011–2019



Abbreviation: District of Columbia.

^aCases classified by state of residence (16 456).

^bCases per 100 000 population.

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plants, and transplacental spread. Clinical manifestations range from fever, chills, headache, and myalgia—potentially fatal outcomes in immunocompromised people.

Babesiosis is most common in northeastern and some Midwestern regions of the United States (See Figure). Its incidence has risen significantly—especially in the last decade—with a 25% increase reported between 2011 and 2019.¹ This trend coincides with environmental deviations, including warmer climates and land development, which amplify human exposure to ticks. Data suggest that each 1°C temperature increase correlates with an 18% rise in incidence, underscoring the impact of climate change on disease spread.²

The clinical history/patient presentation often indicates the diagnosis potential. Laboratory evidence includes anemia, thrombocytopenia, hyponatremia, elevated hepatic enzymes, and might include renal dysfunction. Confirmation comes through blood smear or polymerase chain reaction testing. Pharmacotherapy is a combination

of atovaquone and azithromycin or clindamycin and quinine. Supportive care is provided. Severe cases may require exchange transfusions. Co-infections with other tick-borne diseases, such as Lyme disease or anaplasmosis, are common and may necessitate additional treatment with doxycycline.³

Prevention is important and comes through public awareness and tick avoidance. As the disease burden grows, there is need for advancements at clinical and laboratory diagnostic recognition, therapeutic options, and vaccine development. This multifaceted approach should mitigate the impact of disease in this part of the country.

—Noor Fatima, MD; Steven Lippmann, MD

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asthma, and asthma-COPD overlap syndrome (ACOS)—particularly in resource-constrained settings where advanced diagnostic tools such as spirometry may not always be available.

The researchers' use of structured clinical questionnaires, validated against spirometric results, is a pragmatic and innovative approach. By examining 1443 patients over 3 years, the study demonstrates that age, smoking history, environmental exposures such as wood smoke, and respiratory symptoms like wheezing and dyspnea are significant predictors of obstructive lung diseases. The diagnostic accuracy of the questionnaires, with area under the curve (AUC) values of 0.75 for COPD, 0.68 for asthma, and 0.78 for ACOS, underscores their potential utility in primary care.

The study's methodology is also commendable. The prospective design ensures systematic and unbiased data collection, while adherence to standardized spirometry guidelines strengthens the reliability of the findings. Moreover, the inclusion of a large, diverse cohort enhances the generalizability of the results, making the study relevant to various clinical settings.

While the findings are promising, it is worth noting that the performance of these questionnaires may be influenced by the context in which they are used. Differences in health care infrastructure, patient populations, and training of clinicians could impact their effectiveness. The study also stops short of developing a new or integrated diagnostic tool, which could have built on the strengths of the existing questionnaires to further improve accuracy.

Nonetheless, the implications of this research are significant. It highlights the potential for non-specialist clinicians to use structured tools

for initial assessments, bridging diagnostic gaps and enabling earlier intervention for obstructive pulmonary diseases. This approach is particularly valuable in low-resource environments, where reliance on clinical acumen and simple tools can make a substantial difference in patient outcomes.

This study is an important contribution to respiratory medicine, blending clinical practicality with scientific rigor. It opens doors to improving diagnostic processes globally, emphasizing that even simple, well-structured tools can have a profound impact when thoughtfully applied.

—Rachana Mehta, PhD; Ranjana Sah, MD; Shubham Kumar, MS

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Comment on 'Enhancing Diagnosis of Obstructive Lung Diseases: Insights From Clinical Characteristics in a Prospective Cohort Study'

To the Editor,

We read the interesting study, "Classification of Obstructive Pulmonary Diseases Through Clinical Characteristics in a Prospective Cohort Study,"¹ with great appreciation for its thoughtful approach to a complex diagnostic challenge. The study addresses the critical need for accurate and accessible methods to differentiate between chronic obstructive pulmonary disease (COPD),

advancing the art & science of medicine in the midwest

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