

Body procurement for medical education and research in Türkiye: confronting legal, institutional, and cultural challenges toward a sustainable national framework

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Abstract

Cadaveric dissection provides a unique setting for medical students to develop spatial understanding, empathy, and professional respect for the human body. In Türkiye, however, the sustainability of this practice is challenged by persistent shortages and fragmented governance. This paper presents a national overview of the legislative, institutional, and sociocultural barriers affecting body procurement for medical education and research. It examines the three principal cadaver sources, voluntary donation, unclaimed bodies, and imported cadavers, within the existing legal and regulatory context. Legal ambiguities, overlapping authorities, and missing implementing regulations have produced inconsistent practices across faculties. Social factors, including limited family involvement, institutional reluctance, and religious hesitation, further constrain donation rates despite official religious endorsement. Addressing these challenges requires harmonized legislation, transparent institutional procedures, family-inclusive consent models, and active public engagement. A coherent national system would ensure equitable access to cadaveric resources while reinforcing anatomy's educational and ethical foundations. Beyond logistics, sustainable body procurement must integrate respect, gratitude, and social trust, transforming donation from an administrative act into a shared moral commitment that upholds scientific progress and human dignity.

Keywords: anatomy; body donation; ethics; legacy collections; legislation; sociocultural barriers; Türkiye

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Anatomy's Enduring Dependence on Human Bodies

Dissection remains a unique way to learn three-dimensional anatomy while supporting professional formation, including respect for the human body and the capacity to confront death.^[1,2] Historically, it has marked entry into the medical profession,^[2] with cadavers framed as a formative “first patient” linking technical learning to moral responsibility.^[1]

In Türkiye, this foundation is increasingly threatened by persistent shortages and uneven access. Since the 1990s, the number of medical faculties has expanded rapidly without a comparable increase in procured bodies.^[3–5] Consequently, the continuity of cadaver-based education depends on procurement and stewardship systems that remain fragmented and inconsistently regulated.^[6–8]

Cadavers are obtained through three principal sources: voluntary whole-body donation, unclaimed bodies, and imported cadavers.^[6,9] Although Law No. 2238 provides a legal basis, limited specificity for whole-body donation and inconsistent implementation have produced divergent institutional practices.^[8,10,11] Additional constraints, including procedural barriers, limited public visibility, and variable family and religious engagement, further shape access to cadavers despite formal permissibility statements.^[9,11–15]

This article addresses these legal, institutional, and sociocultural constraints through legislative analysis, professional reports, and empirical evidence, and proposes directions for a more coherent national framework.

Sources of Cadavers in Türkiye

In Türkiye, existing cadaver sources operate under different administrative authorities and ethical rationales, producing marked institutional disparities. A national survey reported that only 49 cadavers were available across 28 of 67 medical faculties in the 2013–2014 academic year,^[3] and later analyses indicate that, despite modest increases in donation, procurement continues to rely predominantly on unclaimed bodies.^[6] Key differences in legal basis, consent structure, and governance are summarized in **Table 1**.

Unclaimed bodies

Unclaimed bodies from state hospitals, municipalities, and forensic institutions remain the primary source of cadavers in Türkiye.^[4] Under the 1982 Regulation, bodies unclaimed within fifteen days may be transferred to anatomy departments, while forensic corpses may be released following completion of judicial procedures.^[16,17] Although this mechanism sustains anatomy education, it raises persistent ethical concerns due to the absence of informed consent. Internationally, reliance on unclaimed bodies is widely regarded as an ethically residual practice that conflicts with contemporary principles of autonomy and human dignity.^[18,19] In Türkiye, where

voluntary donation remains limited, dependence on unclaimed bodies persists as both a practical necessity and a moral dilemma.

Voluntary whole-body donation

Voluntary whole-body donation, grounded in explicit consent and posthumous autonomy, is widely regarded as the most ethically sustainable source of cadavers.^[20,21] It frames the body as an altruistic gift and emphasizes transparency, witnessed consent, and donor commemoration as professional values.^[20] In Türkiye, donation is legally supported by Article 14 of Law No. 2238 and the 1982 Regulation, which require written consent before two witnesses and a physician.^[10,16] However, the absence of a centralized donor registry has led universities to operate independent programs, resulting in procedural variation. Although several faculties report increasing registration and realized donation rates through outreach and commemorative practices,^[5,6,22] participation remains concentrated in metropolitan centers, leaving many faculties reliant on unclaimed or imported bodies.^[4,9]

Imported cadavers

When domestic sources are insufficient, some universities, particularly foundation-based medical schools, import

Table 1

Main sources of cadavers for anatomical education and research in Türkiye and their key characteristics. *Informal inter-faculty transfer is not an independent legal category but reflects customary practice between anatomy departments.

Source	Legal / regulatory basis	Consent status	Primary administrative authority / route	Practical role in Türkiye	Main ethical and governance concerns
Unclaimed bodies	Law No. 2238; ^[10] 1982 Regulation on Studies Conducted on Human Corpses; ^[16] Ministry of Justice Circular No. 156 ^[17]	No prior informed consent	Transferred from state hospitals via Ministry of Health or municipalities, or Council of Forensic Medicine	Historically and currently the principal source for many faculties ^[6]	Lack of autonomy; reliance on social vulnerability; seen as ethically “residual” rather than a preferred long-term solution ^[6,19,21]
Voluntary whole-body donation	Law No. 2238; ^[10] 1982 Regulation; ^[16] TSACA model donation forms ^[11]	First-person consent; family donation (presumed consent) or veto is possible	Donors register with individual medical or dental faculties; procurement coordinated by Anatomy Departments	Ethically preferred and educationally coherent source; ^[20,31] growing but concentrated in large cities ^[6]	Strict in-person consent procedure; no national registry; variable documentation; family veto power despite prior registration ^[6]
Imported cadavers	Law No. 2238 (2016 amendment permitting importation when domestic supply is insufficient); ^[10] no implementing regulation ^[6,23]	Consent dependent on foreign program	Imported by universities via private broker companies licensed by Ministry of Health	Supplementary source, especially for newer or foundation medical schools; ^[6] primary source for post-graduate training centers	Limited transparency about donor consent and conditions; risk of commercialization; legal gray zone regarding profit and brokers ^[23–25]
Informal inter-faculty transfer*	Not explicitly regulated in law or regulation	Inherits consent status of original source	Cadavers moved between faculties through collegial arrangements	Mitigates local shortages by redistributing limited resources ^[3]	No standardized authorization, tracking, or reporting; unclear responsibility and provenance documentation

embalmed or plastinated cadavers, predominantly from the United States.^[6,7] National data indicate that importation is the third most common procurement route.^[6] Although the 2016 amendment to Law No. 2238 permits importation,^[10] the absence of an implementing regulation by the Ministry of Health leaves this practice procedurally undefined.^[6,23] While importation may temporarily alleviate shortages, continued expansion of medical faculties without parallel growth in domestic donation suggests increasing reliance on foreign suppliers.^[6] Ethical concerns include consent verification, commercialization, and global equity, particularly when donor intent becomes detached from educational use.^[23,24] Recent ethical discourse therefore emphasizes transparency, reciprocity, and moral provenance alongside material adequacy.^[18,25]

Informal inter-institutional transfer

Beyond formal procurement routes, cadavers are occasionally transferred informally between faculties. Established metropolitan universities may share cadavers with newer institutions to mitigate shortages.^[3] Although this reflects professional solidarity, the absence of standardized authorization, documentation, and tracking creates uncertainty regarding provenance and consent. Because neither Law No. 2238 nor the 1982 Regulation addresses inter-institutional transfer, these practices persist based on custom rather than formal policy.^[10,16] Conversely, the supplier department could be interpreted as a station under the 1982 Regulation.^[16]

Legal and Institutional Fragmentation

Inconsistent legal frameworks

Body procurement in Türkiye is governed primarily by Law No. 2238 and the 1982 Regulation.^[10,16] Although Article 14 of Law No. 2238 recognizes the right to donate one's body for education and research, it embeds detailed procedural requirements, including personal presence, witnesses, and physician approval, that would ordinarily be specified at the regulatory level. As an alternative to in-person procedures, electronic informed consent has been proposed to improve accessibility and standardization,^[12] drawing on the Ministry of Health's transition to fully digital organ-donation consent via e-Nabız as a regulatory precedent.^[26,27]

The physician-approval requirement further conflicts with the 1982 Regulation, which assigns procurement authority to anatomy departments.^[10,16] In practice, many Turkish anatomists are not medical doctors yet routinely

execute donation procedures, while the law appears to authorize any physician to approve donation. This inconsistency creates legal ambiguity regarding who may legitimately oversee body procurement and consent processes.

Several regulatory provisions were also never implemented. The 1982 Regulation envisaged centralized embalming and storage stations under the Ministry of Health, but these facilities were never established, leaving anatomy departments as de facto procurement authorities.^[6] The two legal texts further diverge on family claim periods and conceptual framing. Law No. 2238 allows a six-month claim period, whereas the Regulation limits this to forty-five days, during which bodies must be retained without educational use. In addition, the law defines donation as *vasiyet* rather than *bağış* while still permitting familial override of donor intent. Neither document defines whole-body donation as an informed-consent process, resulting in heterogeneous institutional practices until professional model consent forms were introduced.^[11]

Unclaimed bodies are regulated even more vaguely. The 1982 Regulation obliges chief-of-staffs of state hospitals to report unclaimed or donated bodies, whereas the law merely permits reporting, reducing a legal duty to discretion.^[10,16] Because the envisaged stations were never established, medical and dental faculties now negotiate directly with hospitals or municipalities, resulting in irregular notification in cadaver supply.^[3,5,6]

A similar gap exists for imported cadavers. The 2016 amendment to Law No. 2238 permits importation when domestic supply is insufficient and assigns oversight to the Ministry of Health,^[10] yet no implementing regulation has been issued.^[6,23] Consequently, the outdated 1982 Regulation remains the only operative text and explicitly prohibits financial gain from body procurement, despite routine importation through private intermediaries operating without a clear legal basis.^[16]

Governance is further fragmented by divided ministerial authority. Responsibility for donated, unclaimed, and imported bodies is split among the Ministries of Health, Justice, and Interior, with no coordinating body or formal mechanism for inter-institutional transfer. In practice, some faculties share cadavers informally, a tolerated but unregulated practice that contributes to unequal access, inconsistent interpretation, and reluctance to report procurement data.

An additional jurisdictional layer involves the Ministry of Culture and Tourism, which authorizes the

permanent transfer of human skeletal remains uncovered during archaeological excavations to universities for research and education.^[28] While lawful, this arrangement extends governance of human remains into the cultural heritage domain, further complicating provenance documentation and ethical accountability in the absence of harmonized standards.

Another challenge concerns consent documentation. International studies show that many body donation forms omit key domains, including duration of use, potential transfers, and image permissions, and rarely allow re-consent when institutional policies change.^[29] Because donor expectations also vary,^[30] consent is often formal rather than meaningfully informed. In response, Turkish Society of Anatomy and Clinical Anatomy proposed unified, tiered donation forms, later expanded through electronic informed consent to support ongoing donor communication and preference updates.^[11,12] These approaches strengthen donor autonomy while remaining consistent with international ethical standards.^[20,31]

Ethically, these structural gaps undermine transparency and accountability. Coherent governance is essential for public trust, and anatomical ethics depend on both valid consent and institutional integrity.^[18,20,25] Clarifying authority, harmonizing legal texts, and establishing national coordination in Türkiye would strengthen both legal clarity and the moral relationship between donors, institutions, and society.

Institutional disparities and post-use management

Because procurement is decentralized, each faculty manages its own anatomical resources. While this autonomy allows flexibility, it has produced marked inequality: established metropolitan universities maintain relatively stable access, whereas newer faculties often have only one cadaver, or none, for entire cohorts.^[3–5] The resulting landscape depends largely on local initiative rather than coordinated policy.

In the absence of a national distribution network, cadavers are sometimes shared informally between faculties. Although this practice partially mitigates scarcity, it lacks documentation and oversight, resulting in inconsistent tracking and incomplete national data.

Post-use management shows similar inconsistency. The 1982 Regulation requires burial of cadavers after educational use, while medical-waste regulations mandate incineration of chemically treated human remains,

permitting burial only in limited circumstances.^[16,32] Because anatomical cadavers are routinely preserved with chemicals such as formaldehyde, current practices conflict with environmental standards and raise concerns regarding soil and groundwater contamination.

These contradictions reflect the absence of a coherent post-use framework. Neither Law No. 2238 nor the 1982 Regulation provides guidance on the disposal of preserved human remains, leaving faculties to rely on custom rather than standardized policy.^[10,16] A unified national protocol, developed jointly by relevant ministries, would better align legal, ethical, and environmental responsibilities.

Legacy anatomical collections and provenance ethics

An under documented aspect of body procurement in Türkiye concerns historical or legacy anatomical collections in anatomy departments, including skeletal material, preserved organs, prosections, and fetal or embryological specimens.^[33] Much of this material likely originated from unclaimed bodies obtained through municipalities or state hospitals, while some skeletal remains were acquired through archaeological excavations authorized by the Ministry of Culture and Tourism.^[28] Fetal specimens were commonly transferred from state hospitals, with parental consent introduced only in later decades. Although some institutions describe these holdings as anatomy museums, formal accreditation and standardized curation policies are absent. To the author's knowledge, no systematic national inventory or provenance documentation has been conducted so far.

International guidance emphasizes that legacy collections created before the modern consent era require transparent historical review and ethical contextualization rather than indiscriminate disposal.^[34] Studies of embryological and fetal collections further support historically informed reassessment and renewed policies for stewardship and respectful display.^[35] In Türkiye, a systematic inventory and provenance audit would align anatomy departments with emerging international standards while safeguarding educational value and public trust. Accordingly, the fragmented governance underlying these practices is summarized in **Figure 1**.

Sociocultural and Ethical Dimensions of Body Donation

Public perceptions and awareness

Body donation is shaped by social, cultural, and religious context. Even where its educational value is widely accept-

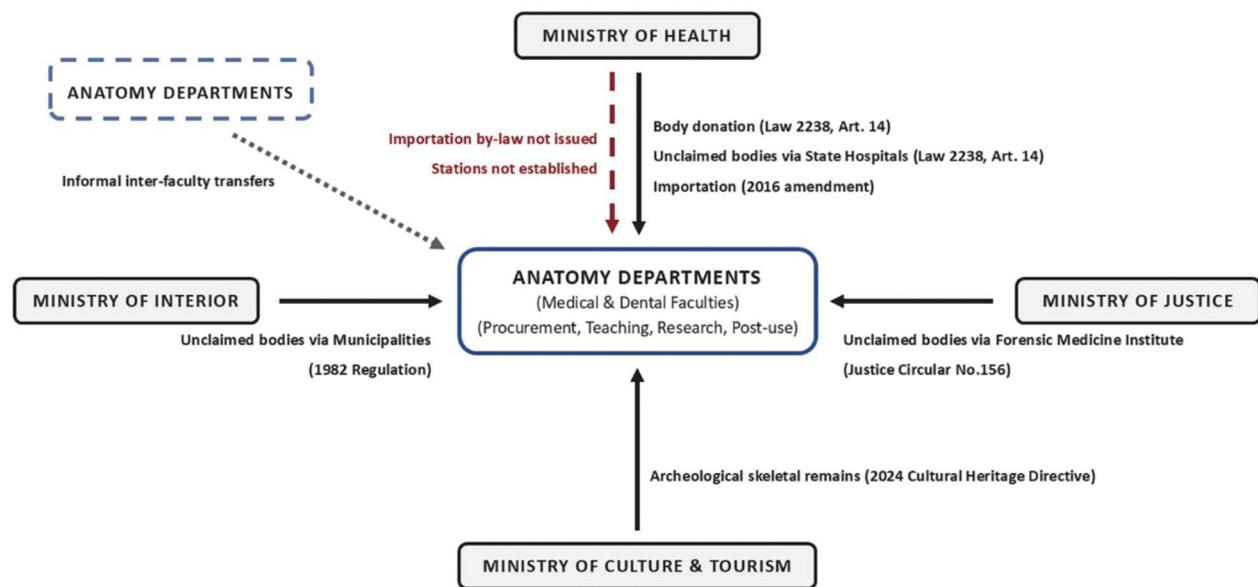


Figure 1. Fragmented governance of body procurement and human remains in Türkiye. This conceptual diagram illustrates the multi-layered administrative structure that regulates the procurement, transfer, and post-use management of human bodies and skeletal material in Türkiye. Four ministries, Health, Justice, Interior, and Culture & Tourism, operate under separate legal instruments with no unified coordination mechanism. Solid arrows represent active procurement pathways, while dashed red arrows indicate missing or unimplemented regulations, and dotted grey arrows represent informal inter-faculty cadaver transfers. The figure highlights how overlapping jurisdictions, absent implementing regulations, and inconsistent authority contribute to unequal cadaver access and procedural ambiguity.

ed, willingness to donate often remains low due to concerns over bodily integrity, family approval, and posthumous dignity.^[20] In Türkiye, limited public awareness and institutional invisibility continue to restrict participation. Surveys show that although most citizens support cadaver use in medical training, few are willing to donate, citing mistrust in procedures and emotional discomfort with death.^[14] Qualitative studies suggest that resistance stems less from explicit religious prohibition than from family hesitancy and social ambivalence.^[6,36]

This pattern of awareness without willingness is consistent across stakeholder groups. Medical students, healthcare professionals, and academics largely endorse cadaver-based education, yet only a small proportion consider donation themselves, citing fears of disrespect, family objection, and procedural uncertainty.^[14,37] Donor registration among anatomists remains rare despite broad ethical agreement, with little change over time.^[38,39] Physicians, who often serve as first points of contact, also demonstrate gaps in knowledge regarding referral pathways and family authorization.^[13]

Collectively, these findings reveal a persistent paradox in Türkiye: broad moral support for anatomy coex-

ists with personal reluctance to donate. Bridging this gap requires transparent communication, visible institutional leadership, and sustained public engagement.

Family involvement and civil code implications

Under Article 28 of the Turkish Civil Code, personality rights end at death, yet dignity, honor, and privacy remain legally protected through the Theory of Protection of Memory, granting next of kin authority over the deceased body.^[40–42] As a result, body donation in Türkiye is embedded in familial rights and responsibilities rather than being an exclusively individual decision.^[43]

Empirical studies show limited family involvement in donation decisions. Nearly half of registered donors in İstanbul reported no prior family discussion, and witnesses were more often institutional staff than relatives, increasing the likelihood of family veto at death.^[6,11,12] Although standardized consent forms promote witnessed consent and improved communication, these measures remain largely institution-centered.^[11] Addressing the gap between the legal authority of next of kin and limited family engagement is therefore critical for both ethical legitimacy and operational reliability. The donation pathway and procedural points where family-related fric-

tion commonly disrupts successful procurement is illustrated in **Figure 2**.

Institutional reluctance and transparency

Despite functioning donor programs in several faculties, institutional transparency in Türkiye remains limited. Only a small proportion of anatomy-department websites provide information on body donation, contributing to persistent public invisibility.^[6,22] A similar reticence surrounds donor commemoration ceremonies, which are central to international ethical standards but are held by only a few departments and rarely on a regular basis.^[22] Their absence weakens cultures of gratitude and reflection that elsewhere support donor-family relationships and public trust.^[4,6]

Professional attitudes among anatomists further reinforce this inertia. Despite ethical consensus, donor registration remains uncommon, often due to family concerns or institutional uncertainty.^[38,39] Combined with weak digital presence and fragmented data reporting, this caution limits public engagement.^[12] Strengthening transparency through routine information sharing, data publication, and outreach could improve trust and institutional accountability.

Religious perspectives in the Turkish context

Within Islamic scholarship, body donation is generally regarded as permissible under specific conditions. Donation and dissection for educational purposes only are accepted when they are conducted in dignity and followed by appropriate funeral rites. In Türkiye, the Presidency of Religious Affairs affirms the permissibility of cadaver use for medical education under these conditions, while broader Islamic bioethics invoke necessity and public benefit.^[15,44]

Despite this permissibility, reservations persist. Some Islamic scholars around the world argue that post-mortem dissection compromises bodily sanctity and that humans, as trustees rather than owners of their bodies, lack posthumous disposal rights.^[44] Other contemporary perspectives emphasize reconciliation through gratitude-based stewardship and culturally sensitive practice, framing donation as acceptable when dignity, consent, and proper burial are upheld.^[6,44]

As summarized in **Table 2**, religious considerations intersect with broader barriers, including limited communication, procedural uncertainty, and emotional discomfort, underscoring the need for coordinated institutional engagement.

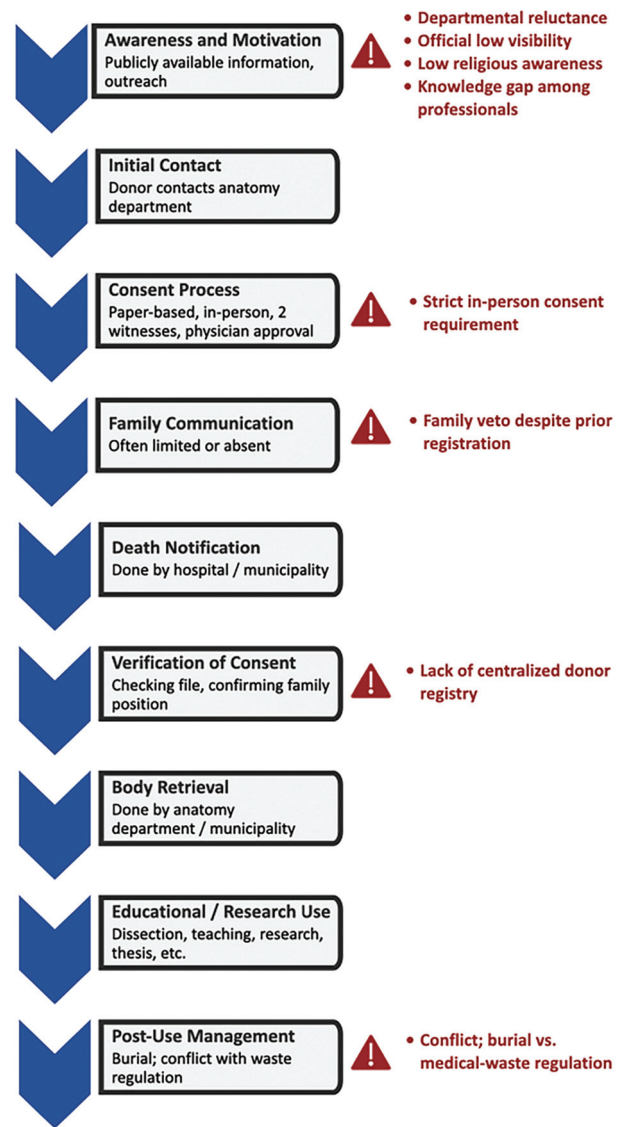


Figure 2. Conceptual pathway of voluntary whole-body donation in Türkiye. This model outlines the sequential stages in voluntary body donation, from initial motivation and contact to consent, family communication, death notification, retrieval, educational use, and post-use management. Red nodes mark structural “points of friction,” including strict in-person consent requirements, lack of a centralized donor registry, family veto despite prior registration, and inconsistencies between burial rules and medical-waste regulations. The flowchart emphasizes where targeted reforms, such as layered electronic consent, improved donor–family dialogue, and harmonized post-use protocols, could enhance both ethical integrity and operational sustainability.

Conclusion

Challenges in body procurement in Türkiye extend beyond legal and logistical issues to encompass ethical and educational dimensions. Fragmented governance, incomplete regulation, and uneven institutional practice have produced a system that lacks coherence, undermin-

Table 2

Sociocultural barriers to body donation in Türkiye and potential institutional responses.

Stakeholder group	Main barriers / attitudes (as reported in Turkish studies)	Implications for body procurement	Potential institutional responses
General public	Limited procedural knowledge; emotional discomfort; concerns about dignity and post-use handling; low visibility of institutions; uncertainty about religious permissibility ^[6,8]	Weak donor pipelines; limited uptake despite general support for medical education	Clear, plain-language outreach; transparent reporting of donation numbers and procedures; donor stories; collaboration with Presidency of Religious Affairs and community leaders
Medical & health-science students	High educational appreciation but low personal willingness; fear of disrespect; anxiety about death; strong family influence ^[14,37]	Underutilized future donor pool; potential mismatch between educational ideals and personal decision-making	Structured ethics teaching; reflection sessions; inclusion of donor-family narratives; visibility of faculty/staff donors; optional registration events
Physicians	Poor familiarity with body donation procedures; uncertainty about family authorization; lack of integration with hospital workflows ^[13]	Missed referrals; inconsistent guidance to potential donors	Targeted continuing medical education (CME); departmental guidelines; integration of anatomy departments into hospital death-notification systems
Anatomists	Ethical support but low donor registration; fear of family objection; ambivalence toward personal post-mortem use ^[38,39]	Weak professional modeling; institutional hesitation to promote donation	Internal dialogue on professional responsibility; staff donor-registration initiatives; departmental transparency; routine public-facing communication
Families of potential donors	Limited early communication; strong influence of “memory protection” doctrine; emotional hesitation; occasional veto despite donor’s prior registration ^[4,6,11,12]	Family objections remain a major point of procurement failure	Encouraging donor–family dialogue; family-inclusive consent options; structured communication at time of death; commemorative ceremonies and follow-up
Religious/cultural stakeholders	Prevailing view of permissibility not widely disseminated; misconceptions about Islamic rulings; cultural preference for bodily integrity ^[14,15,36,44]	Religious uncertainty is often cited as a reason to refuse donation	Joint statements with Presidency of Religious Affairs; educational materials emphasizing conditional permissibility; culturally sensitive framing of dissection and commemoration

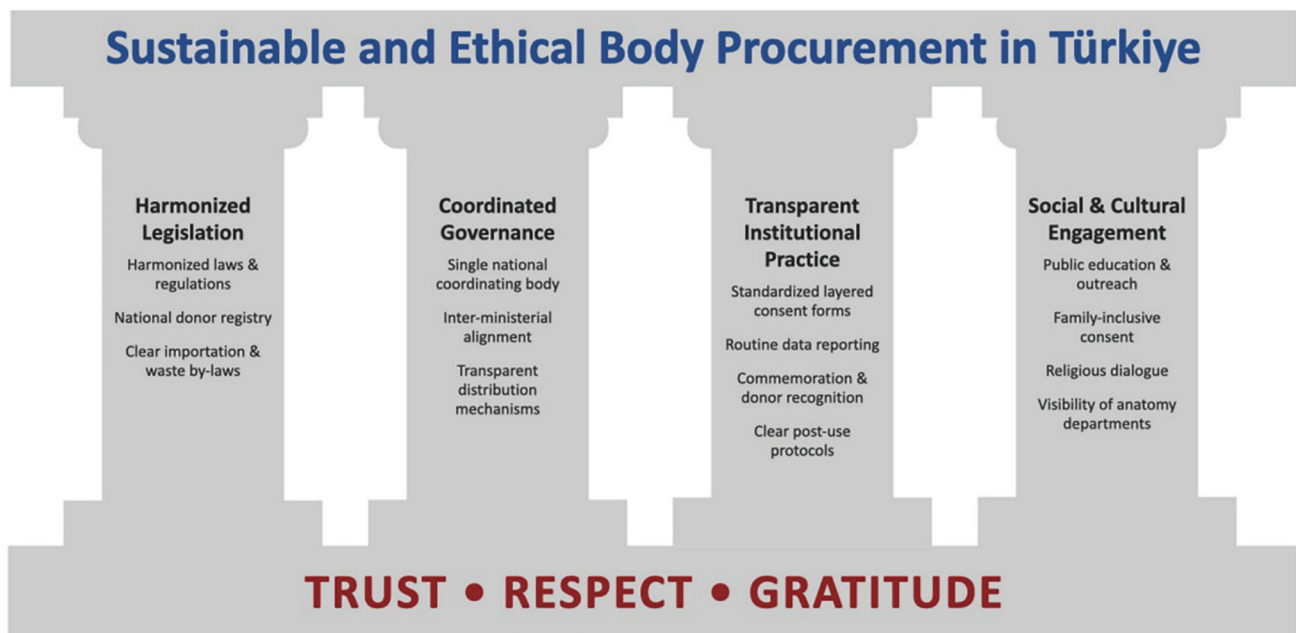


Figure 3. Conceptual framework for a sustainable and ethically robust national body-procurement system in Türkiye. The framework presents four inter-dependent pillars, harmonized legislation, coordinated governance, transparent institutional practice, and social and cultural engagement, supporting the goal of sustainable and ethically grounded body procurement. Trust, respect, and gratitude reflect the moral foundations that support all procedural and legal structures. The figure highlights the need for integrated rather than isolated reforms to strengthen public confidence, ensure educational continuity, and uphold dignity in anatomical practice.

ing both access and public trust. How bodies are obtained and honored remain central to educational quality, because anatomy education depends on cadaver availability as well as the integrity of procurement and stewardship.

Unequal access to cadavers restricts students' opportunities for dissection, an experience essential for developing spatial understanding, empathy, and professional respect. While digital tools, synthetic models, and limited reliance on unclaimed or imported cadavers can support technical learning, they cannot fully replace the formative moral experience of hands-on dissection.

A sustainable national system therefore requires legal clarity supported by an ethical culture grounded in transparency and inclusive family and public engagement. Aligning governance with respect and trust would allow body donation in Türkiye to evolve from a logistical necessity into a shared moral commitment that strengthens medical education and honors donor dignity. The conceptual framework integrating these legal, institutional, and sociocultural reforms is presented in **Figure 3**.

Conflict of Interest

The author declares no conflict or competing of interest.

Ethics Approval

This study did not involve human participants, animal subjects, or identifiable personal data. Therefore, ethics approval was not required.

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