ORIGINAL ARTICLE

Evaluation of autopsy cases involving foreign nationals at the Erzurum Forensic Medicine Group, Presidency of the Forensic Medicine Institute between 2016 and 2021

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ABSTRACT

BACKGROUND: Individuals who are not citizens of a country are defined as foreigners, whereas those with citizenship ties are referred to as nationals. In cases where a foreign national dies in our country, a death certificate is issued by the director of the relevant institution if the death occurs in a public health facility, or by the attending physician in a private health institution. In cases of forensic or suspicious deaths, necropsy and autopsy procedures are conducted in accordance with the Code of Criminal Procedure and the circular issued by the High Council of Judges and Prosecutors. Based on the circumstances of the incident, a notification form is forwarded to the relevant consulates and the Ministry of Foreign Affairs. Data on the deaths of foreign nationals are crucial for understanding the demographic characteristics and causes of death within the foreign population. This study aimed to evaluate the deaths of foreign nationals within a geographical and socioeconomic context, to generate scientific data and identify potentially preventable causes of death.

METHODS: This study retrospectively analyzed autopsy reports of foreign nationals who underwent examination at the Morgue Specialization Department of the Erzurum Group Directorate of the Forensic Medicine Institute between 2016 and 2021.

RESULTS: A total of 90 cases were analyzed. Of these, 92% (n=83) were male, and 65.5% (n=59) were in the young to middle-aged group. The mean age was 34.1 years, and 78.8% (n=71) of the individuals were from Central Asia. The causes of death were as follows: diseases in 28.8% (n=26) of cases, traffic accidents in 16.6% (n=15), and hypothermia in 14.4% (n=13). The rate of negative autopsy findings, where no definitive cause of death could be determined due to advanced decomposition, was 5.5% (n=5).

CONCLUSION: The majority of autopsied deaths of foreign nationals were determined to be due to traumatic causes and occurred outside their country of origin, highlighting the fatal consequences of migration-related mobility. In cases involving the deaths of foreign nationals, the provisions of the Vienna Convention on Consular Relations should be observed, death notifications should be properly processed, and biological samples should be preserved for identification purposes.

Keywords: Foreign nationals; autopsy; forensic medicine.

INTRODUCTION

According to the Turkish Language Association, a foreign national is defined as a person who does not hold the citizenship of a specific state.[1] While most foreign nationals enter Türkiye legally with passports and visas, some may also enter the country through irregular means. Foreigners reside in Türkiye for various purposes, including tourism, healthcare, education, and employment (Fig. 1).[2]

In 2022, an analysis of the purposes of foreign visitors to Tür-

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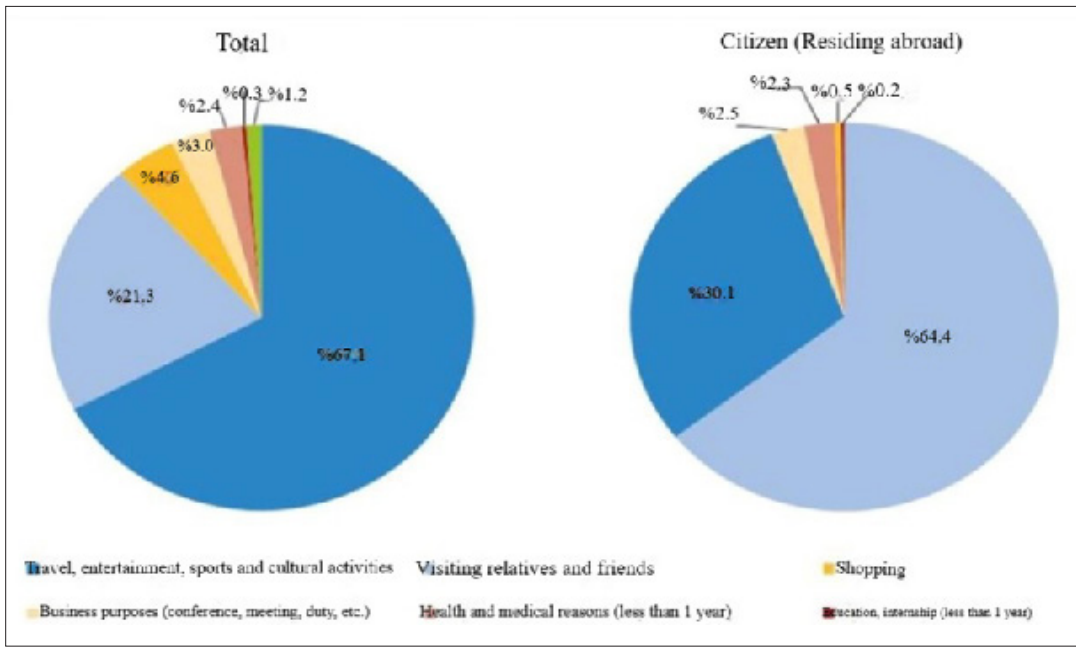


Figure 1. Visitors to Türkiye in 2022 by purpose of arrival.[3]

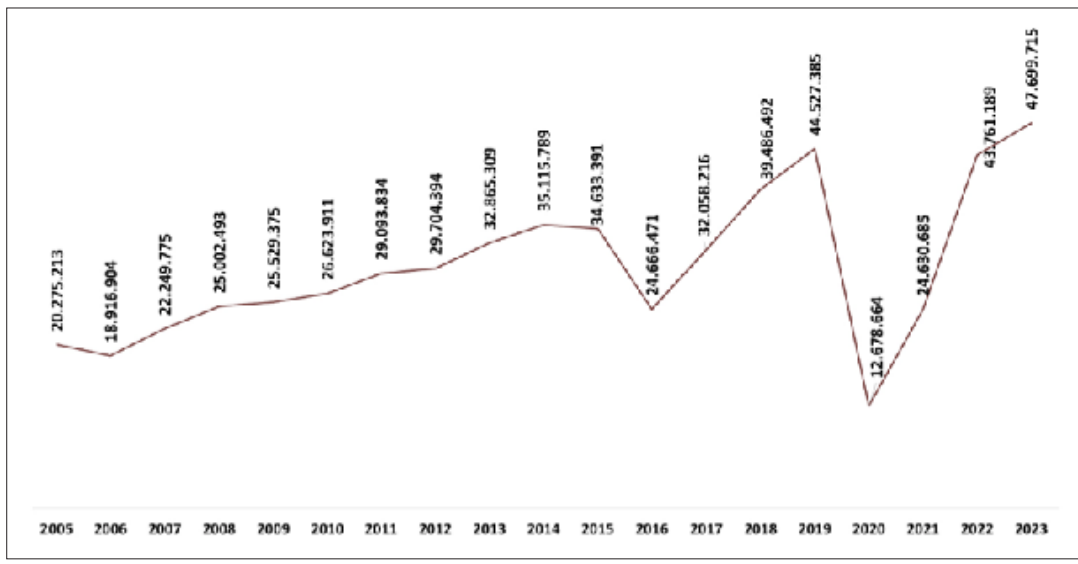


Figure 2. Annual number of foreign nationals entering Türkiye by year.[5]

kiye revealed that tourism, entertainment, sports, and cultural activities ranked first, accounting for 67.1% of all visits.[3] In 2023, Türkiye welcomed a total of 47,699,715 foreign nationals (Fig. 2).[4]

According to data from the Provincial Directorate of Migration Management of Türkiye, as of October 31, 2024, there were 1,685 foreign nationals with residence permits in Erzurum province (Fig. 3).[5,6] The number of foreign visitors to Türkiye for cultural and recreational activities was 44,564,395 in 2022, 49,209,180 in 2023, and 41,858,305 in the first nine months of 2024. In the field of health tourism, services were provided to 551,748 individuals in 2018 and 662,087 in 2019. Turkmenistan and the Russian Federation are the leading countries of origin for foreign nationals holding residence permits in Türkiye, while the Russian Federation, Azerbaijan, and Uzbekistan are among the top countries for family residence permits.[6-8]

Türkiye has adopted international refugee law by ratifying the 1951 Geneva Convention and its 1967 Additional Protocol, thereby assuming obligations toward refugees. With the enactment of the Law on Foreigners and International Protection in 2013, Türkiye officially recognizes individuals from European countries as refugees and grants temporary protection status to others. The country evaluates the applications

1	Adana	4.527	42	Kahramanmaraş	1.348
2	Adıyaman	492	43	Karabük	7.112
3	Afyonkarahisar	2.602	44	Karaman	603
4	Ağrı	400	45	Kars	536
5	Aksaray	2.122	46	Kastamonu	1.018
6	Amasya	514	47	Kayseri	5.727
7	Ankara	67.637	48	Kırıkkale	567
8	Antalya	115.887	49	Kırklareli	3.091
9	Ardahan	224	50	Kırşehir	1.047
10	Artvin	390	51	Kilis	723
11	Aydın	9.806	52	Kocaeli	13.384
12	Balıkesir	5.454	53	Konya	8.204
13	Bartın	1.502	54	Kütahya	4.959
14	Batman	426	55	Malatya	910
15	Bayburt	288	56	Manisa	2.537
16	Bilecik	1.659	57	Mardin	902
17	Bingöl	281	58	Mersin	44.784
18	Bitlis	191	59	Muğla	21.175
19	Bolu	4.158	60	Muş	101
20	Burdur	1.265	61	Nevşehir	1.144
21	Bursa	48.461	62	Niğde	793
22	Çanakkale	3.307	63	Ordu	1.334
23	Çankırı	1.105	64	Osmaniye	588
24	Çorum	1.739	65	Rize	843
25	Denizli	3.496	66	Sakarya	14.364
26	Diyarbakır	1.111	67	Samsun	8.182
27	Düzce	1.825	68	Siirt	313
28	Edirne	6.295	69	Sinop	341
29	Elazığ	1.098	70	Sivas	2.245
30	Erzincan	834	71	Şanlıurfa	1.646
31	Erzurum	1.685	72	Şırnak	526
32	Eskişehir	6.498	73	Tekirdağ	6.491
33	Gaziantep	9.890	74	Tokat	2.626
34	Giresun	1.725	75	Trabzon	5.553
35	Gümüşhane	1.157	76	Tunceli	50
36	Hakkari	585	77	Uşak	1.872
37	Hatay	2.693	78	Van	1.150
38	Iğdır	559	79	Yalova	18.053
39	Isparta	2.520	80	Yozgat	1.623
40	İstanbul	500.221	81	Zonguldak	1.567
41	İzmir	25.678			

Figure 3. Distribution of foreign nationals holding residence permits in Türkiye by province (Total: 1,032,379 individuals).[6]

of all individuals without discrimination and provides protection in accordance with international legislation.[9] The highest number of international protection applicants in Türkiye was recorded in 2017 and 2018, with nationals from Afghanistan comprising a significant portion of the applicants.[10]

Temporary protection in Türkiye is an emergency status granted by a decision of the Council of Ministers in cases of mass migration. The Temporary Protection Regulation, which came into effect in 2014, outlines the scope, rights, and obligations of this status. Under this regulation, individuals under temporary protection, particularly Syrian asylum seekers, are provided with access to healthcare, education, employment opportunities, and social assistance. Thus, Türkiye has established a comprehensive protection system for mass migration, in line with the principles of international law.[11]

According to data from the Turkish Statistical Institute (TUIK), a total of 504,839 deaths occurred in Türkiye in 2022, of which 54.6% were male and 45.4% were female. The most common cause of death was circulatory system diseases. However, data on foreign nationals are monitored separately by the Migration Administration and the Ministry of Interior.[12] Legal regulations govern the notification procedures for the deaths of foreign nationals, and approval from an official health institution is required for issuing death certificates. Official death notifications are forwarded to the relevant consulates and the Ministry of Foreign Affairs. In forensic cases, death examinations and autopsy procedures are conducted in accordance with legal frameworks.

In the event of the death of a foreign national in Türkiye, the relevant consulate, the Ministry of Foreign Affairs, and other competent authorities must be notified immediately. Necropsy and autopsy procedures are then carried out, and the relevant documents are forwarded to the appropriate institutions. If the family or diplomatic authorities do not request the return of the body, or if no response is received within 15 days, or if a response is received but the body is not claimed within five days, the body of the foreign national, if no next of kin are identified, will be buried by the municipality, and biological samples will be retained for identification purposes for five years.

Presenting data on the deaths of foreign nationals serves as an important resource for understanding the demographic characteristics and causes of death within this population. Such data can support the development of health policies targeting foreign nationals and enable comprehensive analyses of mortality data, living conditions, and health-related issues in this group. In this study, we aimed to retrospectively analyze cases of foreign nationals who underwent autopsy at the Erzurum Forensic Medicine Group Directorate of the Forensic Medicine Institute between 2016 and 2021. We examined variables including age, gender, ethnicity, place of death, and cause of death, with the goal of providing insight into the mortality characteristics of foreign nationals in our region.

MATERIALS AND METHODS

In this study, we retrospectively analyzed data from 4,599 autopsy cases performed at the Erzurum Forensic Medicine Group Presidency of the Ministry of Justice between 2016 and 2021. The data were recorded using Microsoft Office Excel, and statistical analyses were conducted using the IBM SPSS Statistical Program. Complementary statistics were presented as numbers (n) and percentages (%).

Approval for the study was obtained from the Atatürk University Faculty of Medicine Clinical Research Ethics Committee on April 28, 2022 (Decision Number: 10), and from the Presidency of the Forensic Medicine Institute, Ministry of Justice on May 10, 2022 (Decision Number: 201589509/347). All stages of the research were conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

Autopsies of 90 foreign nationals were performed at the Erzurum Forensic Medicine Group Presidency of the Forensic Medicine Institute between 2016 and 2021. The highest number of autopsies was conducted in 2017 (36%), followed by 2016 (25%), 2018 (15%), 2019 (8%), 2020 (7%), and 2021 (9%). Among the cases, 92.2% were male, 65.5% were aged between 19 and 39 years, and 52.2% were found deceased at the country border or in open land. The majority of the individuals were nationals of Afghanistan, Iran, and Azerbaijan,

Table 1. Data on age, gender, nationality, place, and time of death among autopsied foreign nationals

Year	n (%)	Age Group	n (%)	Gender	n (%)	Place of Death	n (%)	Nationality	n (%)	Season/ Month	n (%)
2016	23 (25)	0-18	5 (5.5)	Male	83 (92.2)	Border/Open land/Hospital	44 (48.8)	Central Asia	71 (78.8)	Winter	24 (27)
2017	32 (36)	19-39	59 (65.5)	Female	7 (8.8)	Home/Dormitory/ Hotel/Camp	7 (7.7)	Afghanistan	35 (38.8)	December	10 (11)
2018	14 (15)	40-64	23 (25.5)			Workplace	15 (16.6)	Iran	19 (21.1)	January	9 (10)
2019	7 (8)	≥65	3 (3.3)			Vehicle	3 (3.3)	Syria	3 (3.3)	February	5 (6)
2020	6 (7)						14 (15.5)	Pakistan	11 (12.2)	Summer	18 (20)
2021	8 (9)							Iraq	1 (1.1)	June	7 (8)
								Turkmenistan	1 (1.1)	July	4 (4)
								Europe	16 (17.8)	August	7 (8)
								Azerbaijan	14 (15.5)	Spring	27 (30)
								Ukraine	2 (2.2)	March	10 (11)
								Africa	1 (1.1)	April	11 (12)
								South America	2 (2.2)	May	6 (7)
										Autumn	21 (23.3)
										September	3 (3)
										October	4 (4)
										November	14 (16)
Total										90 (100)	

with deaths occurring most frequently in November, as well as during the spring and winter months (Table 1).

It was determined that 65.1% of male cases and 71.4% of female cases resulted from unnatural causes, such as accidents, suicide, or homicide. In contrast, 66.7% of individuals aged 65 years and older died due to natural causes, primarily disease-related conditions (Table 2).

Further analysis showed that the causes of death among Central Asian and European nationals were predominantly unnatural, while South American nationals primarily died from natural causes. Overall, 23.3% of all deaths were due to cardiovascular diseases, 16.6% resulted from traffic accidents, and 14.4% were caused by hypothermia (Table 3).

Regarding the circumstances of death, it was found that most deaths resulting from hanging or burning, as well as all deaths attributed to hypothermia, occurred at the country border or in open land. Seasonal analysis indicated that hypothermia-related deaths increased during the winter months, while traffic accidents were more frequent in other seasons. Hanging was notably the most common methods in suicide cases,

Table 2. Distribution of gender and age according to cause of death

Cause of Death	Gender	n (%)	0-18 years n (%)	19-39 years n (%)	40-64 years n (%)	≥65 years n (%)	Total n (%)
Disease	Male	24 (28.9)	1 (20)	12 (20.3)	11 (47.8)	2 (66.7)	26 (28.8)
	Female	2 (28.6)					
Unnatural Death	Male	54 (65.1)	4 (80)	42 (71.2)	12 (52.2)	1 (33.3)	59 (65.6)
	Female	5 (71.4)					
Undetermined	Male	5 (6)	0	5 (3.3)	0	0	5 (5.6)
	Female	0					
Total							90 (100)

*Unnatural deaths include accidents, suicides, and homicides.

Table 3. Distribution of causes of death by subgroups

Cause of Death	n (%)
Disease	26 (28.8)
Cardiovascular system diseases	21 (23.3)
Respiratory system diseases (e.g., pneumonia, pulmonary embolism)	4 (4.4)
Cancer (e.g., esophageal cancer)	1 (1)
Accidental Causes	41 (45.5)
Traffic accidents	15 (16.6)
Poisoning	5 (5.5)
Work accident	1 (1)
Hypothermia	13 (14.4)
Fall from height	3 (3.3)
Drowning	1 (1)
Burn injuries (flame)	3 (3.3)
Suicide	5 (5.5)
Firearm injury	2 (2.2)
Ace	3 (3.3)
Murder	13 (14.4)
Gunshot wounds	7 (7.7)
Sharp object injuries	6 (6.6)
Undetermined Cause	5 (5.5)
Total	90 (100)

whereas firearms were frequently involved in homicides.

When examining the locations of death, it was observed that all age groups, except those aged 65 years and older, predominantly died at the country border or in open land. Among those who died in vehicles, 16.9% were in the 19-39 age group, while the majority of those who died in hospitals belonged to the 40-64 age group. Toxicological analysis revealed that 31.4% of deaths due to disease had negative toxicology results, whereas positive results were more frequently observed in cases of accidents, suicide, or homicide. Overall, no toxic substances were detected in 68 cases, while substances such as ethanol, methadone, carbon monoxide, morphine, and methamphetamine were identified in the remaining cases (Table 4). Head injuries were observed in 71% of cases resulting from traffic accidents, and in 60% of cases involving firearm injuries. In five cases, despite forensic and medical investigations, the exact cause of death could not be determined; these were classified as negative autopsies. Following the autopsies, 81.1% of the cases were released to relatives, 10% to consular officials, and eight cases were transferred to municipal authorities after 15 days for burial procedures.

Table 4. Toxicological findings and substance levels in cases with positive results

Case No	Nationality	Toxic Agent	Detected Level	Cause of Death
1	Iran	Methadone	720 ng/mL	Disease
2	Pakistan	Ethanol	10 mg/dL	Undetermined (negative autopsy)
3	Pakistan	Morphine	86 ng/mL	Fall from height
4	Iran	Methamphetamine and methadone	232 ng/mL, 457 ng/mL	Poisoning
5	Afghanistan	Carbon monoxide	57.20%	Poisoning
6	Pakistan	Ethanol	30 mg/nL	Undetermined (negative autopsy)
7	Azerbaijan	Ethanol	235 mg/dL	Firearm injury
8	Iran	Methadone	810 mg/dL	Poisoning
9	Azerbaijan	Ethanol	212 mg/dL	Traffic accident
10	Azerbaijan	Ethanol	226 mg/dL	Traffic accident
11	Afghanistan	Carbon monoxide	48.60%	Poisoning
12	Afghanistan	Carbon monoxide	35%	Poisoning
13	Azerbaijan	Ethanol	247 mg/dL	Combustion
14	Afghanistan	THC-COOH (Cannabis Metabolite)	Positive	Fall from height
15	Iran	Methadone	203 ng/mL	Disease
16	Afghanistan	Ethanol	14.8 mg/dL	Traffic accident
17	Afghanistan	Morphine	90 mg/dL	Undetermined (negative autopsy)
18	Pakistan	Ethanol	20 mg/dL	Disease
19	Afghanistan	Ethanol	22 mg/dL	Firearm injury
20	Iran	Ethanol	18 mg/dL	Disease
21	Afghanistan	Ethanol	13 mg/dL	Undetermined (negative autopsy)
22	Afghanistan	THC-COOH (Cannabis Metabolite)	Positive	Firearm injury

DISCUSSION

The purposes for which foreign nationals come to Türkiye are categorized in various ways, including tourism, business, international protection, medical treatment, family reunification, marriage, and education.[13] Entry into Türkiye takes place through border gates with valid passports or passport substitute documents. Foreigners nationals from countries requiring visas must obtain a visa in accordance with the purpose of their visit. Data indicate that the most common reasons for entry are tourism, entertainment, and cultural activities, followed by visits to relatives.[6] Additionally, the temporary protection provided by Syrian nationals under the 'open door policy' implemented in 2011 has significantly contributed to the increasing number of foreign nationals in Türkiye.[14]

In this study, which analyzed the deaths of foreign nationals who underwent autopsy, it was found that these cases accounted for 1.9% of the total autopsies performed. Similar studies have reported this rate to vary between 1.8% and 17.7%.[15-17] The higher autopsy rates of foreign nationals in tourism-intensive cities stand out as an important criterion for evaluating this trend.

Our study observed a decrease in the number of autopsies of foreign nationals since 2017. This decline is thought to be associated with the increased operational capacity of forensic medicine branch directorates in surrounding provinces, reduced autopsy referrals from neighboring regions, and entry-exit restrictions imposed during the Coronavirus Disease 2019 (COVID-19) pandemic. It was noted that the male gender and individuals in the third and fourth decades of life were predominant among the cases. Similar studies have attributed higher rates among males to factors such as men having more active roles in social activities and a higher risk of trauma exposure.[14-17]

In our study, the mean age of autopsy cases was 34.1 years. We found that deaths due to accidents, suicide, or homicide were more common in the 0-39 age group, while deaths due to disease increased significantly after the age of 40. This trend is likely because younger and middle-aged individuals are more prone to accidents and violent incidents due to their lifestyles. Additionally, we determined that the 90 autopsy cases involved individuals from 10 different nationalities, with more than half originating from Central Asian countries, particularly Afghanistan, Iran, and Azerbaijan. When compared with other studies, these differences in national representation are understood to result from factors such as geographic proximity, visa policies, and border dynamics.[15-18]

Our study also revealed that most autopsies of foreign nationals were performed in November, although the overall number of autopsies was highest during the spring months. While it is well known that the number of tourists in Türkiye increases during the summer, we hypothesize that autopsy numbers are lower in this period possibly due to the presence of foreign nationals in the country for non-touristic reasons.

The most common causes of death among Central Asian nationals were accidents, suicide, and homicide. We also found a high rate of disease-related deaths, with cardiovascular diseases being the most prevalent. This may be related to factors such as ethnic background, unhealthy lifestyles, and limited access to healthcare services.

Approximately half of the autopsy cases involving Central Asian nationals were classified as accidental deaths, suicides, or homicides, with traffic accidents and hypothermia being the most frequent causes. Similar studies have reported drowning as a common cause of accidental death (16). In our autopsy findings, traffic accidents frequently resulted in injuries such as skull base fractures and brain hemorrhages, particularly in the head region, consistent with findings from previous studies.[19-21] In this context, the importance of multidisciplinary efforts aimed at preventing traffic accidents should be emphasized.

In our study, hypothermia-related deaths were also notable among unnatural deaths. Most of these deaths occurred during the winter months, and all cases were found in open land. Previous studies have shown that some foreign nationals enter Türkiye illegally, often with the assistance of human traffickers.[22] Although definitive signs of hypothermia are rarely found at autopsy, supportive findings such as dyschromia, cold erythema, and pancreatic bleeding aided in establishing the cause of death.[23] Additionally, it was found that hanging was the most common method of suicide among foreign nationals, with suicide rates being particularly high among the younger age groups. Contributing factors may include difficulty adapting to a new culture, economic hardship, and language barriers, which may adversely affect access to health services and increase suicide risk.[24,25] The increase in suicides among foreign nationals in our study was evaluated in this context. It was also determined that firearm injuries were prevalent in homicide cases, with more than half of these deaths involving head injuries.

Toxicological analyses were negative in most cases of disease-related deaths; however, ethanol was detected in some cases and was considered to be associated with postmortem decomposition. Certain substances, such as methadone, tested positive d may have originated from prescribed medications in the patients' home countries. Deaths due to carbon monoxide poisoning may be linked to the low socioeconomic status of foreign nationals in Türkiye and their living conditions, particularly in homes using stoves with inadequate chimney systems. Positive results for morphine and cannabis may be attributed to individuals from countries classified as drug producers. DNA analyses may be conducted on such individuals to determine potential involvement in drug production or smuggling, and evidence obtained from searches of their residences or workplaces can further support criminal investigations.[26]

In our study, the rate of cases in which the cause of death

could not be determined, despite comprehensive examinations before, during, and after autopsy, was 5.5%, which is consistent with the 1-5% range reported in the literature. [27] In these cases, advanced decomposition was frequently observed, often due to prolonged exposure in open fields during the summer and spring months, which accelerated the decomposition process. Following the autopsies, 81% of the cases were returned to their relatives, 10% were repatriated to their countries of origin via consular processes, and 8.9% remained unclaimed. After burial procedures were completed, the Erzurum Metropolitan Municipality issued a formal notification letter, indicating the cemetery name and parcel number where these individuals were buried.

Incomplete identification of witness statements and changes in investigative assignments during the course of the investigation limited the ability to determine the reasons for these individuals' arrival in Türkiye. Furthermore, since this study only analyzed cases of foreign nationals autopsied in Erzurum, its scope was restricted, as cases from other border provinces were not included. The limited number of studies on foreign nationals in the literature indicates that this study may offer a significant contribution to the field.

CONCLUSION

This study found that the majority of the 90 autopsied cases involved deaths primarily due to traumatic causes and outside the country of origin. These findings highlight the fatal consequences of migration movements in the region during the specified period. Notably, hypothermia-related deaths were found to be particularly prevalent. Since the diagnosis of hypothermia cannot always be definitively established, it is essential to conduct a thorough examination of supporting autopsy findings, such as cold erythema, gastrointestinal ulcers (Wischnewski ulcers), and pancreatic necrosis. Additionally, in cases involving the deaths of foreign nationals, the provisions of the Vienna Convention on Consular Relations must be observed: death notifications should be made promptly, and arrangements for the transfer of the body to the consulate or relatives should be ensured. Furthermore, appropriate biological samples should be collected and preserved for identification purposes.

Ethics Committee Approval: Approval for the study was obtained from the Atatürk University Faculty of Medicine Clinical Research Ethics Committee on April 28, 2022 (Decision Number: 10), and from the Presidency of the Forensic Medicine Institute, Ministry (Date: 22.05.2022, Decision No: 201589509/347).

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Authorship Contributions: Concept: A.S., A.N.K.; Design: A.S., A.N.K.; Supervision: A.S., M.T.Ş.; Resource: A.S., M.T.Ş.; Materials: A.S., A.N.K.; Data Collection and/or Processing: A.N.K., M.T.Ş.; Analysis and/or Interpretation: A.S., M.T.Ş.; Literature Review: A.N.K., M.T.Ş.; Writing: A.S., M.T.Ş.; Critical Review: A.N.K., M.T.Ş.

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ORİJİNAL ÇALIŞMA - *ÖZ*

Adli Tıp Kurumu Erzurum Adli Tıp Grup Başkanlığında 2016-2021 yılları arasında otopsisi yapılan yabancı uyruklu olguların değerlendirilmesi

AMAÇ: Bir devletin vatandaşı olmayan kişiler "yabancı"; vatandaşlık bağı olan kişiler ise "uyruk" olarak tanımlanır. Ülkemizde ölen yabancı uyruklu bir kişinin ölüm belgesi; yabancı uyruklu kişinin ölümü resmi sağlık kurumunda gerçekleşmişse ilgili kurum yöneticisi, özel sağlık kurumunda ise tedavi eden hekim tarafından düzenlenir. Adli veya şüpheli ölümler için ölü muayene ve otopsi, Ceza Muhakemesi Kanunu ve Hakimler ve Savcılar Yüksek Kurulu'nun genelgesine uygun olarak yapılır. Olayın detaylarına göre bildirim formu, ilgili konsolosluklara ve Dışişleri Bakanlığı'na iletilir. Yabancı uyruklu ölümlere ait veriler, ülkedeki yabancı nüfusun demografik özelliklerini ve ölüm nedenlerini anlamak için önemli bir kaynaktır. Bu çalışmada, yabancı uyruklu olguların ölümlerini, coğrafi ve sosyoekonomik bağlamda değerlendirerek bilimsel veri oluşturmayı, önlenebilir ölüm nedenlerini tespit etmeyi amaçladık.
GEREÇ VE YÖNTEM: Çalışmamız kapsamında, Adli Tıp Kurumu Erzurum Grup Başkanlığı Morg İhtisas Dairesi'nde 2016-2021 yılları arasında otopsisi yapılan yabancı uyruklu olgunun raporları geriye dönük olarak incelendi.
BULGULAR: Çalışma kapsamında 90 olguya ulaşılmıştır. Olguların %92'si (n=83) erkek ve %65.5'i (n=59) genç-orta yaş grubundadır. Yaş ortalaması 34.1 olan olguların %78.8'i (n=71) Orta Asya uyrukludur. Ölüm nedenleri incelendiğinde %28.8'i (n=26) hastalık, %16.6'sı (n=15) trafik kazası ve %14.4'ü (n=13) hipotermi olarak belirlenmiştir. Negatif otopsi oranı %5.5 (n=5) olarak bulunmuş, bu vakalarda ileri çürüme bulguları gözlemlenmiştir.
SONUÇ: Otopsisi yapılan yabancı uyruklu ölüm olgularının çoğunluğunun travmatik nedenlerle ve sınır dışında gerçekleştiği, bu sonuçların göç hareketliliğinin ölümcül etkilerini gösterdiği tespit edilmiştir. Yabancı uyruklu kişilerin ölümünde, Viyana Konsolosluk Sözleşmesi'nin gerekliliklerini yerine getirilmeli, ölüm bildirimleri yapılmalı ve kimlik belirleme işlemleri için örnekler saklanmalıdır.

Anahtar sözcükler: Yabancı uyruk; otopsi; adli tıp.

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