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Legal induced abortion: Integrating medical practice, ethical principles and juridical frameworks

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Abstract

Abortion is an issue that requires multidimensional cooperation. The medical aspect, ethical principles and legal regulation require harmonization and compliance of the three elements. The medical and legal aspect must necessarily ensure the right to life, because this issue also includes life. Such a process must ensure and include all the implications that arise in the case of termination of pregnancy. The vital interest and the goal of achievement consists in protecting life and saving the life of a woman. This will be achieved only when medical practice has the appropriate level in relation to the treatment of termination of pregnancy when this is allowed, the other legal dimension should include legal mechanisms for protecting life and avoiding risks to life and in this way human values are also established in the moral and ethical aspect. The reflection of the results of abortion in Kosovo sometimes also reflects high increases in cases of termination of pregnancy. While the cases of termination of pregnancy are numerous, the state must take measures to treat these cases as sensitively and with priority.

Keywords: Abortion, Law, Practice, Abortions in Kosovo

Introduction

Abortion is a complex medical and social issue that intersects with clinical practice, ethics, and law. Globally, abortions are classified based on gestational age into early abortions (before 12 weeks) and late abortions (after 12 weeks), and further categorized into subtypes according to gynecological characteristics, including threatened, inevitable, incomplete, complete, missed, recurrent, and legal/induced abortions.In Kosovo, legal induced abortion (abortus artificialis) is permitted under specific conditions, regulated by national legislation that defines gestational limits and medical indications. Healthcare providers are required to follow strict clinical protocols to ensure patient safety, including thorough assessment, ultrasound confirmation, laboratory testing, and counseling. These protocols aim to minimize physical risks, prevent complications, and provide comprehensive care. Beyond the clinical aspects, abortion raises significant ethical considerations. Physicians must balance autonomy, beneficence, non-maleficence, and justice, respecting the woman's right to make informed decisions while ensuring safe and responsible care. Ethical practice also requires proper counseling, confidentiality, and attention to psychological well-being. The legal framework in Kosovo provides the juridical structure for safe abortion, setting limits on gestational age, requiring informed consent, and defining the responsibilities of healthcare professionals. Importantly, ethical principles and legal regulations are interconnected: the law establishes boundaries and safety measures, while medical ethics guides the physician's conduct, patient counseling, and decision-making in clinical practice. Understanding the interplay between medical practice, ethics, and law is essential for healthcare providers in Kosovo. This ensures that abortion services are delivered safely, ethically, and legally, upholding both the rights and well-being of the patient.

Why abortion is considered a sensitive topic

Abortion is widely regarded as a sensitive and controversial issue because it lies at the intersection of medical, legal, ethical, cultural, and religious dimensions. On one hand, it involves a woman's right to bodily autonomy, reproductive freedom, and

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access to safe healthcare services. On the other hand, it raises moral and ethical questions about the beginning of human life, the protection of the fetus, and society's responsibility toward vulnerable groups. These conflicting perspectives often generate emotional, political, and ideological debates, making abortion not only a medical procedure but also a profound societal dilemma. The topic becomes even more complex due to cultural norms, religious beliefs, and differing legal frameworks among countries and institutions, leading to significant disagreements about what should be permitted, restricted, or prohibited. As a result, abortion remains a deeply sensitive subject that provokes strong opinions, public debate, and ethical reflection throughout the world.

Purpose and significance of this study

The purpose of this study is to examine abortion from both the medical and legal perspectives, in order to better understand how healthcare practices, ethical principles, and legal regulations interact in decision-making related to pregnancy termination. The study aims to analyze existing laws, medical indications, and ethical challenges, while exploring how these elements influence women's access to safe abortion services and the responsibilities of healthcare professionals.

This study is significant because it addresses a public health issue with major social and legal implications. By analyzing abortion through a multidisciplinary lens, the research seeks to:

• Contribute to a clearer understanding of patients' rights and medical obligations,

• Promote ethical and evidence-based decision-making in clinical practice,

• Support the development of more effective and humane legal policies,

•Raise awareness about the importance of safe reproductive healthcare.

In societies where abortion remains a sensitive subject, such studies play an essential role in encouraging dialogue, reducing stigma, and helping decision-makers create laws and healthcare strategies that respect both human rights and medical standards.

Abortion types and medical aspects

Abortion is a medical procedure used to terminate a pregnancy and is a critical component of reproductive healthcare. This procedure is one of the most common procedures performed among women. The procedure can be carried out through medication or surgery, depending on the stage of pregnancy and the individual's medical needs. The term abortion often has emotional connotations for women and their families dealing with loss of a pregnancy. Using the term 'abortion' is even more challenging in countries where termination of pregnancy is illegal. Although the 10th version of the International Statistical Classification of Diseases (ICD) and related health problems still uses the term 'abortion' it has been replaced over the last few years by 'miscarriage' to describe pregnancy loss before 20 or 24 weeks of gestation1–4. A pregnancy can be spontaneously lost (spontaneous miscarriage) or deliberately terminated (induced miscarriage) (1).

Abortions are commonly classified based on gestational age into early abortions, occurring before 12 weeks of gestation, and late abortions, occurring after 12 weeks. Clinically, abortions can be further categorized into eight distinct types according to gynecological characteristics, such as threatened, inevitable, incomplete, complete, missed, recurrent, and legal or induced abortions. This article focuses primarily on legal or induced abortions (abortus artificialis), exploring their medical, ethical, and legal dimensions. Particular attention is given to clinical management, including diagnostic evaluation, procedural protocols, and potential complications, as well as the responsibilities of healthcare professionals (1,12)

A major aspect of the discussion concerns medical ethics, including the principles of autonomy, beneficence, non-maleficence, and justice, and how these ethical guidelines intersect with legal frameworks and societal norms. The relationship between law and medical ethics is central: while legislation provides the legal structure for safe abortion, ethical principles guide clinical decision-making, patient counseling, and the respectful care of women.

Types of abortion

1.Threatened abortion (abortus imminens)-definition: Vaginal bleeding occurs in early pregnancy, but the cervix remains closed and the pregnancy may still continue normally.

Causes: Hormonal imbalance, infections, trauma, uterine abnormalities, stress, or subchorionic hematoma.

Symptoms: Mild to moderate vaginal bleeding, light abdominal pain or cramping, cervix is closed on examination. The fetus usually still has a heartbeat on ultrasound (2)

2. Inevitable abortion (abortus incipiens)-definition: The miscarriage is unavoidable because the cervix is already dilated and bleeding is progressing.

Causes: Chromosomal abnormalities, infections, trauma, or uterine structural problems.

Symptoms: Heavy vaginal bleeding, strong abdominal cramps, open cervix, possible rupture of membranes (2)

3. Abortion in progress / abortion in tract (abortus in tractu)-definition: The process of miscarriage is actively happening, and the pregnancy tissue is being expelled through the cervix.

Causes: Similar to inevitable abortion – most commonly chromosomal abnormalities.

Symptoms: Severe cramping, heavy bleeding with clots or tissue, open cervix, ongoing expulsion of products of conception (2)

4. Incomplete abortion (abortus incompletus)-definition: Some pregnancy tissue is expelled, but not all of it, and the uterus remains partially filled.

Causes: Often occurs after spontaneous miscarriage or poorly managed induced abortion.

Symptoms: Persistent bleeding, lower abdominal pain, open cervix, retained tissue visible on ultrasound. Risk of infection and hemorrhage is high (2)

5. Complete abortion (abortus completus)-definition: All products of conception are expelled and the uterus is empty.

Causes: Usually follows a spontaneous miscarriage that finishes on its own.

Symptoms: Bleeding decreases quickly, pain stops, cervix closes again, uterus appears empty on ultrasound (2)

6. Missed abortion (missed miscarriage)-definition: The embryo or fetus has died, but the body has not expelled it. There are no typical signs of miscarriage.

Causes: Chromosomal/genetic abnormalities, endocrine disorders, immune factors.

Symptoms: No bleeding or pain, pregnancy symptoms (nausea, breast tenderness) begin to disappear, no fetal heartbeat on ultrasound, cervix is closed (2)

7. Recurrent/habitual abortion (abortus habitualis)-definition: Three or more consecutive miscarriages.

Causes: Genetic abnormalities of parents, hormonal disorders (e.g., progesterone deficiency, thyroid disease), uterine malformations, thrombophilia, infections.

Symptoms: Repeated early pregnancy losses, sometimes with mild cramps or bleeding depending on each episode.(2,13)

8. Induced/legal abortion (abortus legalis artificialis)-definition: A medically induced termination of pregnancy performed legally and safely by professionals.

Causes (indications): Maternal health risks, fetal anomalies, rape, or personal/social choice depending on the law.

Symptoms: After the procedure—bleeding, mild pain/cramping; symptoms depend on the method (medical abortion vs. surgical) (1,2)

Indications for legal abortion

Legal abortion may be performed for one or more of the following indications:

1. Medical indications

- Severe maternal diseases (heart failure, severe pre-eclampsia, cancer, etc.)
- Life-threatening conditions for the mother
- High risk of severe fetal genetic or structural abnormalities (e.g., anencephaly, trisomy 13/18).

2. Psychological / ethical indications

- Pregnancy resulting from rape or incest
- Severe psychological trauma to the mother

3. Social or personal reasons (depending on the country)

- Economic or social difficulties
- The woman's choice within the limit of gestational age defined by law (often up to 10–12 weeks) (3).

Methods- There are two main categories:

1. Medical (pharmacological) abortion – for early pregnancy (usually ≤ 9–10 weeks)

- Mifepristone + Misoprostol
- Causes detachment and expulsion of the pregnancy tissue

2. Surgical abortion – depending on gestational age

- Vacuum aspiration (most common up to 12–14 weeks)
- Dilation and curettage (D&C)
- Dilation and evacuation (D&E) for later gestations.

These procedures are safe when performed legally and by professionals and have a low complication rate. (6)

Once a pregnancy test is positive and the patient opts for abortion, the clinician should follow specific steps to determine eligibility for medication abortion. The LMP should be confirmed to estimate gestational age. The first day of the LMP alone can accurately estimate gestational age through the mid-first trimester. If the LMP is unknown or unreliable, an ultrasound should be obtained to date the pregnancy. However, an ultrasound is not required in all cases before medication abortion.[8]A detailed medical history should be obtained from the patient, including information about allergies, medical conditions, medications, and substance use. A physical exam is warranted if indicated by the patient's history or symptoms. Patients opting for medication abortion with a definite LMP do not require a pelvic examination. However, pelvic and bimanual exams may be performed before the procedure. Routine pre-abortion laboratory testing is not necessary for patients with no medical conditions.

Recommended labs include glucose testing for patients with insulin-dependent diabetes mellitus, international normalized ratio (INR) for individuals on anticoagulants (such as warfarin) beyond 12 weeks of gestational age, rhesus (Rh) D testing for consenting patients beyond 56 days from LMP with unknown Rh status, hemoglobin and hematocrit testing for those with a history or symptoms of anemia, and gonorrhea and chlamydia testing for those at increased risk or aged 25 or younger. If clinical dating is uncertain, an ultrasound scan is performed to confirm the pregnancy's location and viability. Combined mifepristone or misoprostol regimens are more effective than misoprostol alone or methotrexate or misoprostol.[9]

According to the 2020 NAF guidelines, after counseling the patient about the methods, as well as the risks and benefits of the procedure, pregnancy dating and eligibility for medication abortion should be determined using one of the following criteria:

1. LMP ≤77 days from the anticipated date of mifepristone use

   a. First positive pregnancy test occurring less than 6 weeks ago
   b. No ectopic pregnancy risk factors, including a history of ectopic pregnancy or pelvic inflammatory disease, an IUD in

place at the time of conception, bleeding since LMP, or unilateral pelvic pain

c. Regular menses with no hormonal contraception use 2 months before LMP

2. LMP and physical examination, including a bimanual examination if needed

3. Pelvic ultrasound to confirm pregnancy dating

Clinicians should ensure that the patient has no contraindications to medication abortion. Informed consent must be obtained, including the manufacturer's patient agreement and medication guide, after thoroughly discussing the risks associated with medication abortion and the potential adverse effects of the medications.

Adverse effects of mifepristone primarily include vaginal bleeding. Misoprostol may cause nausea, vomiting, diarrhea, low-grade fever, and muscle aches, which typically resolve within 6 hours of use. If mifepristone or misoprostol is vomited within 15 to 30 minutes of ingestion, repeating the dose may be considered. Antiemetic medications can help manage nausea and vomiting. Vaginal bleeding usually begins 4 to 6 hours after misoprostol use and may be heavy, with clots. Patients experiencing bleeding heavier than 2 pads per hour or for over 2 hours should be evaluated by a clinician. Bleeding can last from 1 to 45 days.

Patients must be informed of risks, including heavy bleeding requiring additional doses of misoprostol, nonsteroidal anti-inflammatory drugs (NSAIDs), potential aspiration in some cases, a small risk of endometritis, the possibility of medication abortion failure requiring additional doses of misoprostol or aspiration, and the rare teratogenicity of misoprostol. Additionally, the patient's phone number or email should be confirmed, and transportation for follow-up care should be arranged.

Procedural abortion

After obtaining a detailed medical history, the clinician must confirm the pregnancy and assess gestational age. Ultrasound is commonly used to verify the location of the pregnancy. Baseline vital signs, including pulse and blood pressure, should be recorded for all candidates, and a physical examination should be performed when indicated by the patient's symptoms and history. All instruments required for the procedure should be confirmed and arranged in advance.

Complications of procedural abortion and management

Postabortion hemorrhage-This is clinically defined as blood loss greater than 500 mL or bleeding that requires clinical intervention, such as hospitalization or transfusion. Common etiologies include uterine perforation, cervical laceration, retained products of conception, abnormal placentation, uterine atony, and coagulopathy.[10] Prophylactic oxytocin is recommended in settings where increased bleeding is a concern. Immediate administration of uterotonics should be considered if uterine massage alone is insufficient, with methylergonovine maleate and misoprostol serving as appropriate first-line treatments. In cases where retained tissue or hematometra is not suspected and the etiology appears to be uterine atony or lower uterine segment bleeding, a Foley or Bakri balloon may be used to tamponade the endometrium.

Vasovagal episode from cervical dilation and stimulation-Applying cool compresses, Elevating the legs above chest level, encouraging isometric extremity contractions, Administering atropine: 0.4 mg intramuscularly or 0.2 mg intravenously, with a maximum total dose of 2 mg [11]

Uterine perforation-If uterine perforation is suspected, suction should be stopped immediately, and the aspirate should be examined for the presence of omentum, bowel, or products of conception.

The procedure may be continued and completed under ultrasound guidance if the patient is stable. Uterotonics and antibiotics should be considered, and the patient should be observed for 1.5 to 2 hours following the procedure. Patients should be transferred to a higher level of care if they are unstable.[11]

Incomplete abortion-Misoprostol or respiration should be offered if the patient is experiencing bleeding, pain, or signs of infection.

Hematometra-This is the non-threatening accumulation of blood in the uterus following the procedure. The patient usually complains of severe cramping.[11] Management includes uterine aspiration or the use of uterotonics.

Endometritis-This is characterized by fever, pain, vaginal discharge, and leukocytosis. Management includes antibiotics according to the CDC pelvic inflammatory disease regimen, ultrasound, and, if necessary, aspiration procedure. Testing for gonorrhea and chlamydia is also recommended.

Ectopic pregnancy or cesarean scar pregnancy- This should be suspected if the products of conception are inadequate at the time. The patient should be transferred to a hospital for treatment, which may involve methotrexate or procedural management.

Ethical aspect

Legal abortion is strongly connected to medical ethics, especially in three principles: ***Autonomy:*** The woman has the right to make decisions about her own body and future. Beneficence and Non-maleficence: The procedure should protect the woman's physical and mental health and avoid harm. ***Justice:*** Safe abortion should be accessible equally, not only for specific social groups (4) ***Pro-Choice:*** Focus on women's rights, health, and autonomy. ***Pro-Life:*** Focus on the moral status and right to life of the fetus.

A legal abortion must be performed only by qualified medical staff, such as:

- Gynecologists/Obstetricians
- Specially trained Medical Doctors (MD)
- Midwives (in some countries, only for early medical abortion)

It must be performed in:

- Licensed hospitals, or
- Authorized medical clinics(4).

Medical council (konzilium)-When is a konzilium required in Kosovo practice: abortion after 10–12 weeks, medical indications (maternal disease), fetal malformations, confirmed by specialist, psychological or ethical indications (rape, incest) (4,5)

Medical ethics in induced (artificial) abortion: Medical ethics in abortion is guided by the four fundamental principles of clinical ethics: autonomy, beneficence, non-maleficence, and justice. The physician must balance these principles when providing abortion care, ensuring professionalism, compassion, and respect for the patient (6,7)

1. Autonomy: The medical team must respect the woman's right to make decisions about her own body and reproductive life. Ethical duties of the physician related to autonomy include:

• Ensuring informed consent (explaining methods, risks, alternatives, and consequences),

• Respecting the patient's decision without judgment or coercion,

• Maintaining confidentiality and privacy.

2. Beneficence: Beneficence obligates the physician to act in the best medical and psychological interest of the patient. In the context of abortion, this includes protecting the woman's physical health from dangerous or life-threatening pregnancies, preventing psychological suffering from unwanted or traumatic pregnancies, offering safe medical procedures instead of allowing unsafe, illegal methods (7)

3. Non-maleficence ("do no harm"): The physician must avoid causing harm. Non-maleficence applies to abortion in two ways:

1. Avoiding harm to the woman: providing the safest possible method, preventing complications, offering pain control and follow-up care.

2. Minimizing moral harm: using professional, respectful communication and avoiding stigma or emotional trauma.

Importantly, denying a safe abortion may cause greater harm, including unsafe procedures, physical injury, or long-term psychological consequences — therefore, from an ethical standpoint, access to safe abortion can be a form of harm prevention (7)

4. Informed consent and professional

responsibility: In medical ethics, informed consent is central. The physician must provide clear, honest, and medically accurate information. Additionally:

• Consent must be voluntary,

• The patient must understand all steps and risks,

• Special caution is needed when the patient is a minor or emotionally distressed.

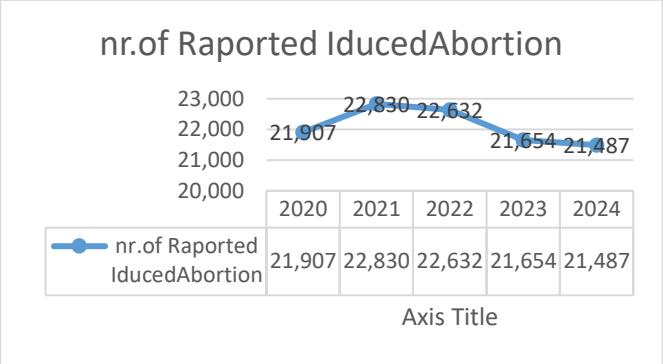
6. Conscientious objection: A physician may refuse to perform an abortion for personal moral reasons but must: not abandon the patient, not delay access, refer her immediately to another qualified provider. Ethically, a doctor's moral beliefs are respected only if they do not violate the patient's rights or safety.

Statistics of induced abortion in Kosovo (2020–2024)

Induced abortion is legally permitted in Kosovo under specific conditions, and the Ministry of Health along with statistical agencies report annual figures. Between 2020 and 2024, the total number of reported induced abortions remained relatively stable, with slight fluctuations over the years: (Source: Johnston's Archive, 2024; Kosovo Agency of Statistics)

- 2020: 21,907 abortions
- 2021: 22,830 abortions
- 2022: 22,632 abortions
- 2023: 21,654 abortions
- 2024: 21,487 abortions

Analysis of these data shows a gradual decrease in the number of abortions in recent years. For example, the number of abortions declined by approximately 4.3% from 2022 to 2023, and by 0.8% from 2023 to 2024. Overall, the abortion rate has remained relatively low in comparison with the number of live births. In 2022, the ratio of abortions per 1,000 live births was reported as 6.1. These statistics indicate that while induced abortion continues to be an important component of reproductive health services in Kosovo, the prevalence has remained stable with a slight downward trend. Understanding these trends is crucial for healthcare providers, policymakers, and researchers to improve reproductive health services, ensure safe access, and guide ethical and legal practices in abortion care.



Source: Johnston; Archive 2024-Kosovo Agency of Statistics

Legal infrastructure in Kosovo regarding abortion

Regarding the legal regulation in Kosovo, the Law on Termination of Pregnancy (Ligji Nr. 03/L-110 Për Nderprerjen e Shtatzënësisë, 2009) regulates the issue of abortion on the basis of informative reasons, for health protection and avoidance of risk to life. This law specifies that abortion can be performed after the tenth week of pregnancy. Whereas, abortions performed after the tenth week of pregnancy are in violation of imperative norms and that such surgical interventions as a result of abortion also constitute a criminal offense, namely a violation of the law.

Undoubtedly, the law has also foreseen the special circumstances of termination of pregnancy at any time. The special cases that the law provides for decisively are: termination of pregnancy for medical reasons, in which it is established that the continuation of the pregnancy endangers the life or health of the woman, the case when the fetus has incompatible malformations, cases when the pregnancy has occurred as a result of rape, unwanted relations of the woman who is a victim of trafficking and forced sexual relations, and when these sexual relations have occurred with a minor or incest.

Otherwise, at any time it is prohibited to terminate a pregnancy that has the motive of selecting the sex of the fetus.

Regarding abortion, the legal system in Kosovo is also regulated by the Law on Health (LIGJI Nr. 04/L-125 PËR SHËNDETËSI, 2013).

Also, the Criminal Code of the Republic of Kosovo, in Article 178 (KODI NR. 06/L-074 PENAL I REPUBLIKËS SË KOSOVËS, 2019), has regulated that anyone who, with the consent of a pregnant woman, terminates or assists in the termination of pregnancy, is subject to a prison sentence of six months to three years. So, this offense can be committed by any person. Here, the action when the termination of pregnancy is undertaken or anyone who assists in the termination of pregnancy is also sanctioned.

Whereas, in the case of termination of pregnancy when it occurs without the consent of the pregnant woman, a prison sentence of one to eight years is foreseen. While as a qualifying circumstance during the commission of this criminal offense results in serious bodily injury, or damage to health or even when it results in the death of the pregnant woman, harsher penalties are imposed

Conclusion and Recommendations

Legal abortion is not simply a medical procedure—it is a matter of life, dignity, and human rights. When performed safely and legally, it protects women from preventable death, preserves their physical and mental health, and affirms their right to control their own bodies. Ethically, the core of modern medicine stands on autonomy, compassion, and "do no harm"; denying safe abortion often causes exactly the harm that medicine swears to prevent. Legally, Kosovo's framework provides a path that respects both individual freedom and societal values, but its true impact depends on proper implementation, access, and awareness.

In the end, where medicine, ethics, and law meet, women's lives are protected. A society that ensures safe and legal abortion is not one that promotes termination of pregnancy—it is one that refuses to sacrifice women to silence, stigma, and unsafe practices. Protecting women is not optional. It is a moral, medical, and legal obligation.

1. Medical recommendation:

Ensure universal access to safe abortion, professional counseling, emergency care, and post-abortion contraception based on WHO standards—because no woman should risk her life due to limited healthcare access.

2. Ethical recommendation:

Uphold women's autonomy and informed choice with empathy, neutrality, and respect—because ethical medicine stands with the patient, not above her.

3. Legal recommendation:

Strengthen implementation of abortion laws and eliminate barriers, stigma, and institutional delays—because a right that cannot be accessed is not a real right.

Final medical message

To reduce abortion rates and protect women's health long-term, Kosovo must integrate abortion services with strong family planning, sex education, and modern contraception, building a future where fewer pregnancies are unintended, fewer abortions are needed, and every woman is safe.

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