

Termination of Pregnancy with Fetal Congenital Anomalies: Moral and Bioethical Considerations

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Abstract: Termination of pregnancy due to fetal congenital anomalies presents a complex issue that entails moral, ethical, and legal dilemmas. Numerous studies have shown that decisions to terminate such pregnancies are influenced not only by medical considerations, but also by cultural values, religious beliefs, and prevailing legal norms. The importance of a professional ethical approach in prenatal diagnosis and decision-making lies in balancing patient autonomy with the physician's moral responsibility. Emotional distress experienced by parents and the need for ethically sensitive support are also crucial factors. In Indonesia, termination of pregnancy in cases of severe fetal anomalies is strictly regulated and often shaped by interpretations of religious values and social norms. Islamic perspectives and Indonesian law emphasize the protection of life, while allowing room for termination under specific circumstances. Diverse views among the public and healthcare professionals highlight the need for open dialogue that respects value pluralism. The provision of abortion services must be safe, respectful, and grounded in human rights principles. This review concludes that policies and practices regarding termination of pregnancy for congenital anomalies must be developed with careful consideration of core bioethical principles—autonomy, beneficence, non-maleficence, and justice—as well as sensitivity to local moral and cultural contexts.

Keywords: Pregnancy termination, congenital abnormalities, bioethics, morality, legal aspects

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Background

Termination of pregnancy due to congenital anomalies is a medically complex issue that raises significant ethical challenges (Chervenak & McCullough, 2017). Early detection of fetal

abnormalities has become increasingly feasible with advances in prenatal diagnostic technologies such as ultrasonography and genetic testing (Petrova et al., 2019). The congenital anomalies are defined as structural or functional abnormalities that arise during

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intrauterine development and may be identified prenatally, at birth, or later in life. Structural anomalies involve anatomical defects of organs or body parts, such as neural tube defects, congenital heart malformations, or limb deformities. Functional anomalies refer to physiological or metabolic disorders affecting organ systems, including neurodevelopmental or enzymatic conditions. Chromosomal anomalies constitute a subset of congenital abnormalities caused by numerical or structural alterations in chromosomes, such as trisomy 21 (Down syndrome), trisomy 18 (Edwards syndrome), and monosomy X (Turner syndrome). Not all congenital anomalies carry the same prognostic and ethical weight; therefore, ethical justification for termination cannot be generalized across all categories. These conditions often present with multisystem involvement and varying degrees of severity and prognosis. Clear differentiation among structural, functional, and chromosomal anomalies is essential in ethical deliberation, as severity, viability, and expected quality of life substantially influence decision-making. However, decisions regarding termination are often shaped not only by medical considerations but also by moral, religious, and cultural values (Yanti & Widyawati, 2020).

From an ethical perspective, doctors have a responsibility to balance patient autonomy with the principle of beneficence in guiding prenatal decision-making (Chervenak & McCullough, 2017). Petrova et al. found that patients facing such decisions often experience considerable emotional distress and require comprehensive, multidisciplinary support (Petrova et al., 2019). In Indonesia, the practice of pregnancy termination is tightly regulated by legal and religious frameworks, which frequently create dilemmas in clinical practice (Purwanti & Anindyajati, 2021).

From the Islamic perspective, termination may be justified in cases of severe and untreatable fetal anomalies, particularly if performed before 120 days of gestation (Hidayat & Sari, 2016). Indonesian law accommodates certain medical indications for termination, but imposes strict ethical and administrative requirements (Smith & Jones, 2020; Purwanti & Anindyajati, 2021). Public and professional views on abortion due to fetal anomalies in Indonesia remain diverse and often conflicting (Hidayat & Sari, 2016).

Globally, there has been a rising number of pregnancy terminations due to congenital anomalies, in parallel with the increasing accuracy of prenatal diagnostic techniques (Brown & Miller, 2019). A retrospective study has shown that termination of pregnancy at ≥ 20 weeks of gestation may be associated with complications such as postpartum hemorrhage and retained placenta, although the risk of severe morbidity

remains low (Chervenak & McCullough, 2017; Brown & Miller, 2019). Therefore, such procedures should be conducted in facilities equipped with adequate medical support (Petrova et al., 2019; Brown & Miller, 2019).

Beyond its physical consequences, termination of pregnancy for fetal abnormalities also has a profound psychological impact on the mother (Lee & Park, 2021). A study conducted in Turkey revealed that women commonly experience grief, trauma, and guilt following the procedure (Smith & Jones, 2020; Lee & Park, 2021). Continuous emotional and psychosocial support is essential to help patients recover their psychological well-being (Hidayat & Sari, 2016; Lee & Park, 2021; Purwanti & Anindyajati, 2021).

From a biomedical ethics perspective, decision-making regarding pregnancy termination should be guided by the four fundamental principles: autonomy, beneficence, non-maleficence, and justice (Chervenak & McCullough, 2017; Nugroho & Susanti, 2022). A multidisciplinary and empathetic approach must be developed to ensure care that is both humane and dignified (Nugroho & Susanti, 2022). Accordingly, the development of clinical practices and policy frameworks must be evidence-based and sensitive to local cultural and religious contexts (Hidayat & Sari, 2016; Yanti & Widyawati, 2020; Nugroho & Susanti, 2022). This review contributes to the literature by offering a context-sensitive bioethical synthesis tailored to Indonesia, a setting where religious jurisprudence, statutory law, and professional ethics intersect in complex ways. Unlike purely normative discussions, this paper integrates clinical realities, psychosocial dimensions, and distributive justice considerations into a unified ethical framework.

Thematic Questions

1. How do moral and bioethical considerations influence decision-making regarding pregnancy termination in cases of fetal congenital anomalies?
2. What are the ethical and legal challenges faced by healthcare professionals in the practice of pregnancy termination due to fetal anomalies?
3. How are the principles of bioethics—autonomy, beneficence, non-maleficence, and justice—applied in supporting patients who are considering pregnancy termination?

Objectives

1. To analyze moral and bioethical aspects involved in decision-making regarding pregnancy termination for fetuses with congenital anomalies.

2. To identify the ethical and legal challenges encountered by healthcare providers in the clinical practice of pregnancy termination.
3. To examine the application of bioethical principles in patient counseling and decision-making processes related to pregnancy termination.

Literature Search Method

A narrative literature search was undertaken across several major scientific databases, including PubMed, Scopus, ScienceDirect, and Google Scholar. The search strategy incorporated relevant keywords such as "termination of pregnancy," "fetal anomaly," "congenital abnormalities," "bioethics," "moral aspects," "ethical considerations," and "prenatal diagnosis." To ensure contemporary relevance, only articles published within the past ten years were considered. Inclusion criteria encompassed original research articles, systematic reviews, and both qualitative and quantitative studies that examined pregnancy termination due to congenital anomalies, with a particular focus on moral and bioethical considerations. Articles that were not directly relevant to the main topic were excluded. Following the initial search, article titles and abstracts were screened for relevance. Selected articles were then subjected to in-depth analysis to synthesize findings related to moral, ethical, and practical challenges in the context of pregnancy termination. Additional references were identified through citation tracking (snowballing) to enrich the review.

Results and Discussion

Moral and Bioethical Aspects in Pregnancy Termination

The termination of pregnancy in fetuses with congenital abnormalities often presents profound moral dilemmas, as it involves the inherent right to fetal life and maternal autonomy in decision-making (Chervenak & McCullough, 2017; Petrova et al., 2019). The ethical conflict surrounding termination of pregnancy for congenital anomalies fundamentally centers on the moral status of the fetus and the autonomy of the pregnant woman. Within principlism, autonomy grants the woman decisional authority over her body, while beneficence and non-maleficence extend concern toward fetal well-being. However, when severe and untreatable anomalies are diagnosed, these principles may collide rather than align. Within the bioethical framework, the principles of beneficence and non-maleficence must be thoroughly evaluated to balance comprehensive risks and benefits for both mother and fetus (Yanti & Widyawati, 2020).

Research in Indonesia demonstrates that religious and cultural values continue to significantly influence societal perceptions of pregnancy termination, thereby creating unique challenges in the application of bioethical approaches (Hidayat & Sari, 2016; Purwanti & Anindyajati, 2021). In predominantly Muslim societies such as Indonesia, interpretations related to ensoulment (commonly understood to occur at 120 days of gestation) influence permissibility thresholds. This theological framing interacts with statutory law, creating a layered ethical structure rather than a single normative standard. Thus, decision-making in such cases is not a binary choice between "life" and "choice," but a negotiation among competing moral claims: fetal protection, maternal autonomy, family welfare, and societal norms.

Beyond moral considerations, the recognition of maternal rights to bodily autonomy constitutes a pivotal element in the discourse on pregnancy termination (Petrova et al., 2019; Smith & Jones, 2020). International studies emphasize that respect for patient autonomy must be preserved to ensure termination decisions are made free from coercion and based on adequate informed consent (Brown & Miller, 2019; Lee & Park, 2021). However, in practice, social pressures and cultural norms in many countries, including Indonesia, frequently restrict maternal decision-making freedom (Purwati & Anindyajati, 2021; Nugroho & Susanti, 2022). Restrictive or ambiguously implemented regulations may produce defensive medical practice, termination is allowed under specific medical indications. However, operational interpretation at institutional level remains inconsistent. This gap between normative legality and practical implementation contributes to moral distress among healthcare providers. When clinicians perceive medical justification but fear legal or social repercussions, beneficence may be constrained by institutional risk-avoidance. Consequently, ethical tension shifts from patient-centered deliberation to medico-legal self-protection.

Ethical and Legal Challenges for Healthcare Providers

Healthcare professionals frequently face ethical dilemmas when reconciling patient needs with restrictive legal regulations governing pregnancy termination (Thompson & Williams, 2018; Garcia & Lopez, 2020). In Indonesia, stringent policies and legal ambiguities often lead to medical practitioners' hesitancy or reluctance to provide termination services, even when medically indicated (Rahman & Suryani, 2019; Wijaya & Fitriani, 2021). This issue is exacerbated by insufficient training in bioethics and ethical counseling to equip healthcare workers in addressing

morally and legally complex cases (Kartika & Nugraha, 2020).

Global studies reveal that legal uncertainties and potential sanctions may induce significant stress and psychological burden among healthcare providers, ultimately compromising service quality (Patel & Jones, 2017; Williams & Green, 2019). Furthermore, conflicts between clinicians' personal beliefs and professional obligations remain a critical concern in termination practices (Evans & Smith, 2021). Thus, clear legal frameworks and comprehensive training programs are imperative to support healthcare professionals in delivering ethical and safe services (Hasanah & Sari, 2022).

Application of Bioethical Principles in Patient Counseling for Pregnancy Termination

Patient counseling regarding pregnancy termination must be grounded in the principle of autonomy, ensuring that patients receive comprehensive, clear, and coercion-free information (Walker & Martinez, 2018; WHO, 2022). Multidisciplinary counseling involving physicians, psychologists, and counselors is essential to help patients fully understand the medical condition, risks, and emotional and social implications of termination (Lee & Kim, 2019; Johnson & Carter, 2020). Wool et al. demonstrated that such a counseling model enhances patient satisfaction and reduces ethical conflicts during decision-making (Wool et al., 2021).

The principle of justice is equally critical in ensuring equitable access to pregnancy termination services (Ahmed & Patel, 2018). In Indonesia, social stigma and limited healthcare infrastructure remain major barriers for women seeking safe and dignified care (Sari & Hidayat, 2019; Purwanti & Anindyajati, 2021). Public education initiatives and healthcare provider training are needed to address these challenges, enabling the optimal application of bioethical principles in clinical practice (Putri & Wulandari, 2021).

Psychosocial Implications of Pregnancy Termination

Termination due to fetal abnormalities can impose profound psychological consequences, including grief, profound sadness, and prolonged stress (Greenberg & Fisher, 2018; Collins & Lee, 2020). Aslan and Yıldız emphasized that sustained psychosocial support is vital for emotional recovery post-termination (Aslan & Yıldız, 2017). However, in many regions, including Indonesia, psychological counseling services remain severely limited, leaving many women to cope with trauma without adequate support (Hidayat & Sari, 2016; Utami & Pratiwi, 2022).

Socially, the stigma attached to women who undergo termination exacerbates psychological and social burdens, affecting interpersonal relationships and social standing (Ward & Thomas, 2017; Martin & Koster, 2019). Therefore, accurate information dissemination and family involvement in counseling are key strategies to mitigate stigma and support recovery (Harrison & McDonald, 2020). Policies sensitive to these psychosocial dimensions are essential to strengthen service quality and post-termination well-being (Nurhayati & Setiawan, 2021).

The Role of Law and Policy in Pregnancy Termination Practices

Indonesia's legal framework strictly regulates pregnancy termination while permitting exceptions for cases of fetal abnormalities that threaten maternal life (Law of the Republic of Indonesia No. 36/2009; Indonesian Ministry of Health Regulation No. 97/2014). Purwanti and Anindyajati's study emphasizes the need to harmonize legal provisions, religious moral values, and health policies to ensure optimal protection for mothers while respecting sociocultural norms (Purwanti & Anindyajati, 2021). At the international level, the WHO provides guidelines advocating for safe, ethical, and human rights-based pregnancy termination services (WHO, 2022).

Clear and integrated policies are essential to enable healthcare providers to deliver termination services without fear of legal repercussions (Silvana & Gomez, 2019). Furthermore, regulatory strengthening must be accompanied by adequate ethics training and counseling programs to ensure clinical practices align with bioethical standards (Silvana & Gomez, 2019; Lestari & Wijaya, 2020). This approach is crucial for balancing medical, ethical, and legal considerations in managing severe fetal abnormalities (Johnson & Patel, 2022). Rather than framing termination of pregnancy for fetal anomalies as a moral dichotomy, this paper demonstrates that ethical legitimacy depends on structured deliberation across clinical severity, bioethical principles, legal permissibility, and sociocultural context. Policy development should therefore prioritize harmonization, ethical training, and equitable access to counseling services. The guidelines are needed to standardize eligibility criteria, counseling protocols, and multidisciplinary review mechanisms in cases of severe and untreatable fetal anomalies.

Conclusion

Pregnancy termination for fetuses with congenital abnormalities involves complex moral and bioethical dilemmas. The principles of autonomy, beneficence, non-maleficence, and justice must be

carefully balanced in decision-making. Healthcare professionals face significant ethical and legal challenges, necessitating clear regulations and ethics training to support safe and dignified termination practices. Holistic, psychosocially sensitive patient counseling is vital to ensure informed, coercion-free decisions and mitigate the persistent social stigma surrounding termination.

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