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Review Paper

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## THREATENING THE RIGHTS, HEALTH, AND LIVES OF WOMEN WHILE PROTECTING THEIR REPRODUCTIVE HEALTH

*Obstetric violence opened up as a topic in the Republic of Serbia at the beginning of 2022, when two women publicly announced their experiences: violence during an induced abortion, and serious health consequences after the death of the baby (four uterine ruptures). Encouraged by the story of those who came forward publicly in the media, hundreds of women shared their experiences of gynecological-obstetrical violence in Serbian maternity hospitals. Some repeated their story, some spoke for the first time; some have fresh memories, and some have experienced traumatic events years before. The names of doctors and midwives, institutions, and cities differ, and the outcomes of difficult births differ. But in all these cases, two things are the same - trauma, the consequences of which women feel for a long time, and the silence of health workers and institutions. The conclusion contains proposals for possible solutions.*

**Keywords:** reproductive health, medical treatments, gynecological-obstetric facilities, obstetric violence, legal protection.

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## 1. Introduction

Violation of women's rights related to reproductive health can be summed up under one term - obstetric violence. This term implies abuse and violence against women - from verbal, and physical, through the absence of informed consent and denial of the right to choose. Human lives are much more endangered today because multiple risks are increasing. (Janković, 2023: 675)

Research at the international level shows that various forms of obstetric violence are present and that their form ranges from verbal insults, through abuse with serious physical injuries, to fatal outcomes for women or babies. In each form of obstetric violence, different intensities of violence with varying degrees of consequences were observed. Relevant reports on the position of women in reproductive health exist at various levels, from national to international - for example: reports of the World Health Organization<sup>1</sup> and the Parliamentary Assembly of the Council of Europe<sup>2</sup>, guidelines of the World Health Organization<sup>3</sup>, reports of the United Nations special rapporteur<sup>4</sup>, statistics of the International Human Rights Organization during births<sup>5</sup>, an analysis by the National Center for Biotechnology Information<sup>6</sup>, a 12-country<sup>7</sup> study by the Burlo Garofolo Pediatric Institute.<sup>8</sup>

There are norms in national regulations that protect women within the provision of health care. In practical terms, obstetric violence is the treatment of women in gynecological-obstetric institutions in Serbia, which does not follow international regulations and standards, as well as domestic norms. Women who stayed in gynecological-obstetric institutions publicly announced their negative

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<sup>1</sup> <https://www.who.int/>

<sup>2</sup> <http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=28236&lang=en>

<sup>3</sup> <https://www.mhtf.org/document/care-in-normal-birth-a-practical-guide/>

<sup>4</sup> <https://digitallibrary.un.org/record/3823698?ln=en>

<sup>5</sup> [https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WG/Deprived-Liberty/CSO/Human\\_Rights\\_in\\_Childbirth.pdf](https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WG/Deprived-Liberty/CSO/Human_Rights_in_Childbirth.pdf)

<sup>6</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7348458/>

<sup>7</sup> <https://www.burlo.trieste.it/ricerca/imagine-euro-improving-maternal-newborn-care-euro-region> (anketa);

<https://www.sciencedirect.com/science/article/pii/S2666776221002544> (rezultati istraživanja).

<sup>8</sup> <https://www.burlo.trieste.it/>

experiences in medical treatment from the moment of entering the institution to the last stage in the provision of medical services. In Serbia, women experienced 16 types of violence during various medical treatments in gynecological and obstetric institutions. (Mijatović, Stanković, and Soković-Krsmanović, 2022: 4) Women perceived medical treatments as violence (Cristeller procedure, episiotomy, etc.) when they were performed without the patient's consent, with her opposition, causing great suffering and pain, as well as causing serious negative consequences for health and life.

The topic of obstetric violence opened up in early 2022 when two women, from Šabac and Belgrade, publicly announced their experiences. One experienced obstetric violence during an induced abortion, and in another case, the baby died, and she had serious health consequences (four uterine ruptures) due to obstetric violence. Both cases took place in the largest maternity hospital in Serbia, the Gynecology and Obstetrics Clinic "Narodni Front". These two women were influenced to raise the topic of obstetric violence and to encourage all women who experienced similar abuse to report inhumane treatment in gynecological-obstetric institutions. To create a free space for announcements about obstetric violence, the group "Stop Violence in Maternity Hospitals!" was formed on Facebook, which has almost five thousand members. The data that the women made public and displayed in the Facebook group confirm that obstetric violence has all the elements of a systemic violation of women's rights in the protection of their reproductive health. Violence, abuse, and neglect are particular problems when it comes to older women who in the conditions of gynecological interventions may be additionally exposed to disparagement, ridicule, and neglect due to their age. (Mršević, 2023: 413) And it is necessary to provide all women with the opportunity for legal protection due to the violation of their rights.

## **2. International regulatory visor**

General norms regulating human rights:

- *The Convention on the Elimination of All Forms of Discrimination against Women* (hereinafter: CEDAW) defines measures to prevent all forms of direct and indirect discrimination against women. Countries that are signatories

to the Convention must ensure that women enjoy the same civil, political, economic, social, and cultural rights as men. The right to health care also belongs to the group of social rights.<sup>9</sup>

• *The Universal Declaration of Human Rights*<sup>10</sup> proclaims that all human beings are born free- bottom and equal in dignity and rights, and no one should be subjected to torture or cruel, inhuman, or degrading treatment or punishment.  
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The International Covenant on Civil and Political Rights<sup>12</sup> defined the prohibition of torture in more detail, not only in institutions such as prisons and detention centers, but also prohibited the administration of medical treatment without consent: No one shall be subjected to torture or cruel, inhuman, or degrading treatment or punishment. It is especially forbidden to subject a person to medical or scientific experiments without his free consent.

• *The Convention against Torture and Other Cruel, Inhuman, and Degrading Punishments or Procedures of the United Nations*, hereinafter: CAT UN, (Official Gazette of the SFRY - International Treaties, No. 9/91)<sup>13</sup> contains a definition of the prohibition of torture<sup>14</sup>, but also expressly forbids states so they can invoke exceptional circumstances to justify torture.<sup>15</sup> Therefore, an absolute ban on torture under any circumstances was introduced.

• *European Convention for the Protection of Human Rights and Fundamental Freedoms*, hereinafter: ECHR, (Official Gazette of the SC - International

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<sup>9</sup> The Convention on the Elimination of All Forms of Discrimination against Women, adopted by UN General Assembly Resolution 34/180 on December 18, 1979, entered into force on September 3, 1981 in accordance with Article 27. The SFRY ratified it in 1981 (Official Gazette of the SFRY - International Treaties, No. 11/81), and entered into force in 1982. In addition to the Convention, the FRY also became a member of the Optional Protocol to the Convention, which was adopted by the UN in October 1999, and which entered into force in 2000 (Official Gazette of the FRY - International Agreements, No. 13/2002).

<sup>10</sup> <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

<sup>11</sup> Article 5 of the Universal Declaration of Human Rights.

<sup>12</sup> In 1966.

<sup>13</sup> Adopted in 1984 in the General Assembly of the UN.

<sup>14</sup> 10 Article 1 CAT UN.

<sup>15</sup> The possibility of invoking some exceptional circumstance regardless of whether it is a state of war, threat of war, internal political instability, or any other state of emergency, to justify torture is excluded.

Treaties, No. 9/03, 5/05 and Official Gazette of the RS - International Treaties, No. 12/10. Law on Ratification of Protocol No. 14 - Official Gazette of the Republic of Serbia, No. 5/05 - Official Gazette of the Republic of Serbia, No. 10/15.<sup>16</sup> and contains a norm prohibiting torture: No one shall be subjected to torture, or inhuman or degrading treatment or punishment.<sup>17</sup>

- *The European Convention on the Prevention of Torture and Inhuman or Degrading Treatment and Punishment* (Official Gazette of SCG - International Treaties, No. 9/03), which is based on Article 3 of the ECHR, was adopted by the Parliamentary Assembly of the Council of Europe in 1987. Improving protection against torture is the establishment of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.

- *The European Charter on Patients' Rights* (hereinafter: EU Charter)<sup>18</sup> was adopted in Rome in 2002. The main goal of the EU Charter is to protect the rights of patients and to ensure the continuity of the quality of health care. In addition to the right to information and consent, the EU Charter also provides for the right to safety: Every individual has the right to be spared from harm caused by poor functioning of health services, medical malpractice and errors, and the right to access health services and treatments that meet high safety standards.<sup>19</sup>

- *The Convention of the Council of Europe on preventing and combating violence against women and domestic violence* (hereinafter: the Istanbul Convention (Official Gazette of the RS - International Treaties, No. 12/13)<sup>20</sup> does not contain the concept of obstetric violence, but Article 39 prohibits any form forced abortion and sterilization.<sup>21</sup> This document regulates the fight against violence against women in a general sense, which can include obstetric violence that takes

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<sup>16</sup> [https://www.echr.coe.int/Documents/Convention\\_SRP.pdf](https://www.echr.coe.int/Documents/Convention_SRP.pdf).

<sup>17</sup> Article 3 of the ECHR.

<sup>18</sup> [https://ec.europa.eu/health/ph\\_overview/co\\_operation/mobility/docs/health\\_services\\_co108\\_en.pdf](https://ec.europa.eu/health/ph_overview/co_operation/mobility/docs/health_services_co108_en.pdf)

<sup>19</sup> Article 9 of the EU Charter.

<sup>20</sup> <https://pace.coe.int/en/files/28017/html>

<sup>21</sup> Article 39: "Parties undertake to take the necessary legislative or other measures and ensure that the following intentional acts are criminalized: a) abortion of a woman without her prior and informed consent; b) surgery for the purpose or with the result of preventing natural reproduction in a woman without her informed consent or understanding of the procedure."

place in gynecological-obstetrical institutions. Therefore, the norms of the Istanbul Convention must be applied in preventing violence against women regardless of the place of execution.

### **3. National regulatory visor**

• *The Constitution of the Republic of Serbia*, hereinafter: the Constitution of the RS, (Official Gazette of the RS, no. 98/06 and 115/21) guarantees human and minority rights and freedoms that are directly applicable. Also, the Constitution of the RS guarantees human rights, which are guaranteed by generally accepted rules of international law, confirmed by international treaties and laws, and are directly applicable.<sup>22</sup> Human rights protect human dignity and achieve full freedom and equality of every individual in a fair, open, and democratic society, based on the rule of law.<sup>23</sup>

The Constitution of the RS guarantees the equality of all people, as well as their right to equal legal protection, without discrimination. Discrimination is prohibited, direct or indirect, on any basis (race, gender, nationality, religion, political or other belief, property, culture, language, age, mental or physical integrity). Measures introduced to achieve full equality of persons or groups of persons who are essentially in an unequal position with other citizens (special health care for women, pregnant women, and mothers in labor) cannot be considered discrimination.<sup>24</sup>

• *The Law on Health Care*, hereinafter: ZZZ, (Official Gazette of RS, No. 25/19) is one of the umbrella regulations governing health care, which is an organized and comprehensive activity of society. The basic goal of health care is to achieve the highest possible level of preservation and improvement of citizens' health. In addition to preserving and improving health, health care includes prevention, suppression, and early detection of diseases, injuries, and other health

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<sup>22</sup> Article 18 of the Constitution of the RS.

<sup>23</sup> Article 19 of the Constitution of the RS.

<sup>24</sup> Article 21 of the Constitution of the RS.

disorders and timely, effective and efficient treatment, health care, and rehabilitation.<sup>25</sup> A citizen has the right to health care, as well as a foreign citizen and a stateless person who is permanently resident or temporarily resides in the Republic of Serbia.<sup>26</sup> Healthcare providers are one of the participants in the healthcare system.<sup>27</sup> Social health care is achieved by providing health care to population groups that are exposed to an increased risk of disease, health care for persons in connection with the prevention, suppression, early detection, and treatment of diseases and conditions of greater public health importance, as well as health care for socially vulnerable populations, under equal conditions on the territory of the Republic of Serbia. Social care for health includes persons in connection with family planning, as well as during pregnancy, childbirth and maternity up to 12 months after childbirth.<sup>28</sup> Women's health care is provided at all three levels of health care. A health center is a health institution that provides health care for women.<sup>29</sup> The general hospital performs healthcare activities in the field of gynecology and obstetrics.<sup>30</sup> At the tertiary level, women's health care is organized in university clinical centers and clinical-hospital centers (institutes, clinics).

• *Law on Health Insurance*, hereinafter: ZZO, (Official Gazette of RS, no. 25/19) regulates rights from compulsory health insurance and conditions for their realization, financing of compulsory health insurance, health care contracting, organization of compulsory health insurance, and other issues of importance for the system of compulsory health insurance. ZZO also regulates the field of voluntary health insurance.<sup>31</sup> Health services that are provided from the funds of compulsory health insurance are examinations and treatment related to family planning, pregnancy, childbirth, and the postpartum period, including termination of pregnancy for medical reasons.<sup>32</sup> Women have health insurance rights related to family planning, as well as during pregnancy, childbirth, and up to 12 months

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<sup>25</sup> Article 2 ZZZ.

<sup>26</sup> Article 3 ZZZ.

<sup>27</sup> Article 4 ZZZ.

<sup>28</sup> Article 11, paragraph 2, point 3 ZZZ.

<sup>29</sup> Article 7, paragraph 1, point 3 ZZZ.

<sup>30</sup> Article 91, paragraph 3, point 2 ZZZ.

<sup>31</sup> Article 2 of the Health Protection Act.

<sup>32</sup> Article 131 of the ZZO.

after childbirth, regardless of the basis of insurance.<sup>33</sup> The chosen doctor (gynecologist) determines the age of pregnancy to exercise the right to leave work due to pregnancy and childbirth.<sup>34</sup> A woman has the right to health care that is provided in case of illness and injury outside of work<sup>35</sup>, and that right includes examinations and treatment related to family planning, during pregnancy, childbirth and up to 12 months after childbirth<sup>36</sup>. Women are provided with health education related to family planning, pregnancy prevention, contraception and surgical sterilization, pregnancy testing, sexual testing and treatment in order to preserve and improve their health, prevent, detect and suppress diseases and other health disorders, communicable diseases and HIV infection<sup>37</sup>. A woman has the right to wage compensation during temporary incapacity for work, regardless of the payer of wage compensation, if she is temporarily prevented from working due to illness or complications related to pregnancy maintenance.<sup>38</sup>

• *The Law on Exercising the Right to Health Care for Children, Pregnant Women and Mothers*, hereinafter: ZDTP, (Official Gazette of RS, No. 104/13) regulates the right to health care and the right to compensation for transportation costs in connection with the use of health care for children, pregnant women and mothers in labor, regardless of the basis on which they are health insured, if they cannot exercise these rights based on mandatory health insurance by the law regulating health insurance. ZDTP defines the concept of pregnant women and mothers in labor. A pregnant woman is a woman in whom a doctor specializing in gynecology and obstetrics has determined the existence of pregnancy, while a woman in labor is a woman in the period up to 12 months after the birth of a live child.<sup>39</sup>

Pregnant women exercise the rights established by the ZDTP based on the health insurance document (health card) issued by the RFZO, regardless of

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<sup>33</sup> Article 16 of the ZZO.

<sup>34</sup> Article 143 of the ZZO.

<sup>35</sup> Article 51 of the Health Protection Act.

<sup>36</sup> Article 52, paragraph 1, point 2 of the ZZO.

<sup>37</sup> Article 53, paragraph 1, point 4 of the ZZO.

<sup>38</sup> Article 73, paragraph 1, point 3 of the ZZO.

<sup>39</sup> Article 2 ZDTP.



whether the document is certified, and the report of a doctor specializing in gynecology and obstetrics on the established pregnancy. Mothers in labor exercise their rights established by the ZDTP based on the health card issued by the RFZO, regardless of whether the document is notarized, and the discharge list of the health institution on the delivery.<sup>40</sup>

• *The Law on Patients' Rights*, hereinafter: ZoPP, (Official Gazette of the RS, No. 45/13) regulates the rights of patients when using health care, the way of exercising and protecting those rights, as well as other issues related to the rights and duties of patients. Every patient needs to exercise the right to quality and continuous health care. This right of the patient is guaranteed by the Constitution of the RS, ZZZ, ZZO and ZoPP. The quality and continuity of health care must be by the patient's health condition, generally accepted professional standards and ethical principles, and in her best interest, with respect for personal views.<sup>41</sup> One of the conditions to meet the standards of quality and continuity of health care is the establishment of a partnership relationship between health workers and patients.

Every patient has the right to all kinds of information about the state of her health, the health service and how she uses it, information that is available on the basis of scientific research and technological innovations, and to information about health insurance rights and procedures for exercising those rights. The patient must receive this information on time and in a way that is in her best interest. The information also refers to the first and last name and professional status of health workers who participate in undertaking medical treatments.<sup>42</sup>

In preserving and improving her reproductive health, the patient must have the right to preventive measures for preventing, suppressing, and detecting diseases and other health disorders. Taking into account ZZZ and social care for health at the national level, health institutions, especially gynecological-obstetric ones, must implement preventive measures by raising people's awareness and

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<sup>40</sup> Article 4 ZDTP.

<sup>41</sup> Article 3 of the ZoPP.

<sup>42</sup> Article 7 of the ZoPP.

providing health services at appropriate intervals.<sup>43</sup> Any attitude towards the patient must be humane.<sup>44</sup> The right to the safety of female patients in the implementation of health care should be by the modern achievements of the health profession and science to achieve the most favorable treatment outcome and reduce unwanted consequences. The health institution is obliged to take care of safety in the provision of health care, to continuously monitor risk factors, and to take measures to reduce them.<sup>45</sup> The patient cannot suffer damage caused by the inadequate functioning of the health service. The healthcare professional must ensure that the right to timely notification is respected so that the patient has enough time to decide consenting to the proposed medical measure or rejecting it. The content of the notification is prescribed by the ZoPP, and it must be completely understandable to the patient. Only if the healthcare professional judges that the patient does not understand the given notice, the notice may be given to a member of the patient's immediate family.<sup>46</sup> Every female patient has the right to freely choose a doctor of medicine, that is, a doctor of dentistry, a health institution, and proposed medical measures,<sup>47</sup> as well as the right to a second professional opinion of a doctor who did not directly participate in the provision of health services.<sup>48</sup> The right to consent implies that the patient can freely decide on everything that concerns her life and health. ZoPP stipulates that no medical measures may be taken without the patient's consent.<sup>49</sup> Consent to the proposed medical measure can be given explicitly (orally or in writing) or tacitly (if the patient has not explicitly objected). When it comes to invasive diagnostic and therapeutic medical measures, consent must be in writing.<sup>50</sup>

The patient has the right to the highest level of alleviation of suffering and pain, by generally accepted professional standards and ethical principles.<sup>51</sup>

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<sup>43</sup> Article 8 of the ZoPP.

<sup>44</sup> Article 9 of the ZoPP.

<sup>45</sup> Article 10 of the ZoPP.

<sup>46</sup> Article 11 of the ZoPP.

<sup>47</sup> Article 12 of the ZoPP.

<sup>48</sup> Article 13 of the ZoPP.

<sup>49</sup> Article 15 of the ZoPP.

<sup>50</sup> Article 16 of the ZoPP.

<sup>51</sup> Article 16 of the ZoPP.

• *The Law on Prohibition of Discrimination*, hereinafter: ZZD, (Official Gazette of RS, no. 22/2009 and 52/21) regulates the general prohibition of discrimination. According to the ZZD, discrimination exists if it is acted against the principle of gender equality, that is, the principle of respecting the equal rights and freedoms of women and men. The rights of women and men must be completely equal.<sup>52</sup> Any type of violence due to pregnancy is prohibited.

The Code of Medical Ethics of the Medical Chamber of Serbia, hereinafter: the LKS Code, (Official Gazette of the RS, no. 104/16) prescribes ethical principles in the performance of the professional duties of members of the Medical Chamber of Serbia (hereinafter: LKS), the rights and duties of LKS members, attitude towards patients, colleagues, society and LKS. According to the principle of conscientiousness and equality, the doctor has to perform his professional activity conscientiously, according to the rules of the medical profession, and with the necessary attention, by the principles of medical ethics and the principles of humanity. One of the basic principles of medical ethics is “primarily do not harm”.<sup>53</sup> The doctor must perform the provision of health services without violating the right to prohibition of discrimination.<sup>54</sup> Prohibition of torture and other humiliating procedures is prohibited by the Constitution of the RS, but also by the Code of Civil Procedure, which means that a doctor must not allow his professional knowledge and experience to be used for inhumane purposes, as well as that he must not participate in torture or other forms of humiliation., belittling and cruel treatment of another human being.<sup>55</sup> The attitude towards the patient must

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<sup>52</sup> Article 20 of the ZZD: “Discrimination exists if one acts against the principle of gender equality, that is, the principle of respecting the equal rights and freedoms of women and men in political, economic, cultural and other aspects of public, professional, private and family life.

Denial of rights or public or covert recognition of benefits about sex, i.e. gender and gender identity, or due to gender change, i.e. gender adjustment to gender identity, as well as pregnancy, maternity leave, leave for child care, or special child care is prohibited. Physical and other violence, exploitation, expressions of hatred, belittling, blackmailing, and harassment concerning gender, i.e. gender and gender identity, as well as public advocacy, support, and acting by prejudices, customs, and other social patterns of behaviour are prohibited. Based on the idea of gender subordination or superiority, or stereotypical gender roles.”

<sup>53</sup> Article 4 of the LKS Code.

<sup>54</sup> Article 5 of the LKS Code.

<sup>55</sup> Article 36 of the LKS Code.

be such that she is not placed in a state of subordination and that she is not exposed to abuse, torture, inhuman and degrading treatment. The doctor performs medical treatment on the patient with her consent. This obligation of the doctor is by ZoPP in the part that regulates the right to consent.<sup>56</sup> Like ZoPP, the LKS Code defines a partnership between a doctor and a patient.<sup>57</sup>

- *The Code of Ethics of the Chamber of Nurses and Health Technicians of Serbia* (Official Gazette of the RS, no. 67/07) establishes basic ethical principles in the performance of the professional duties of nurses and health technicians. Nurses and health technicians should respect the needs of users of health services, their dignity, and integrity, as well as inform them about the availability of health care and provide precise and clear information on how to exercise the right to health care understandably.

- *The Business Code of the Gynecology and Obstetrics Clinic "Narodni Front"* (hereinafter: GAK Code)<sup>58</sup> governs the general rules of business conduct in a healthcare institution. An employee in communication with patients must never react aggressively and arrogantly,<sup>59</sup> as well as too emotionally, that is, he must not engage in verbal arguments, as well as act in a discriminatory manner towards female patients.<sup>60</sup> Also, when talking to patients, their companions, colleagues, or business partners, the employee should never speak in a raised tone.<sup>61</sup>

- *Business codes of university clinical centers* regulate the general rules of business conduct in healthcare institutions. All four university clinical centers in Serbia have their business codes. The Business Code of the University Clinical Center of Serbia (hereinafter: UKCS Code)<sup>62</sup> was adopted in 2021 and prescribes the rules of business conduct. The employee is obliged to treat patients and business partners with the highest degree of professional respect. The healthcare worker must respect the personality of each person, not to violate human dignity,

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<sup>56</sup> Article 49 of the LKS Code.

<sup>57</sup> Article 51 of the LKS Code.

<sup>58</sup> <http://gakfront.org/A3d2HmiN/assets/files/00000%20dokumenti%20vesti/poslovni%20kodeks%2028062021/Poslovni%20kodeks%202008.pdf>

<sup>59</sup> Article 17 of the GAK Code.

<sup>60</sup> Article 45 of the GAK Code.

<sup>61</sup> Article 50 of the GAK Code.

<sup>62</sup> <http://www.kcs.ac.rs/images/Pravilnici/PoslovniKodeksUKCS.pdf>

<sup>63</sup> and to fully inform the patient about his rights.<sup>64</sup> When getting acquainted with the patient, the employee is obliged to introduce himself with his full name.<sup>65</sup> The Business Code of the University Clinical Center of Vojvodina<sup>66</sup> (hereinafter: UKCV Code) is not harmonized with the new name of the institution, but it is still applied. The UKCV code obliges employees to treat female patients with respect and appreciation and provide them with all the necessary information for realizing their right to provide health services, refer them to competent health workers, and provide other necessary assistance. The UKCV Code stipulates that the principles of communication must be respected, that is, that female patients are addressed as “You” regardless of age and other personal characteristics, as well as that shouting, cursing, and addressing offensively is prohibited.<sup>67</sup> The business code of the employees of the University Clinical Center Nis (hereinafter: UKCN Code)<sup>68</sup> was adopted in March 2022. The UKCN Code instructs employees to treat female patients with respect,<sup>69</sup> not to express their bad mood<sup>70</sup> and not to behave aggressively.<sup>71</sup> The business code of the employees of the University Clinical Center Kragujevac (hereinafter: UKCKG Code)<sup>72</sup> has been in force since 2021. The employee is prohibited from discriminatory behavior, and the obligation to respect the patient is prescribed,<sup>73</sup> as well as any prohibition of aggressive behavior.<sup>74</sup>

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<sup>63</sup> Article 45 of the UKCS Code.

<sup>64</sup> Article 15 of the UKCS Code.

<sup>65</sup> Article 54 of the UKCS Code.

<sup>66</sup> <https://www.kcv.rs/wp-content/uploads/2018/08/Poslovni-kodeks-KCV.pdf>

<sup>67</sup> Article 24 of the UKCV Code.

<sup>68</sup> [Poslovni kodeks zaposlenih u UKC Nis\\_opt.pdf](#)

<sup>69</sup> Article 15 of the UKCN Code.

<sup>70</sup> Article 16 of the UKCN Code.

<sup>71</sup> Article 24 of the UKCN Code.

<sup>72</sup> <https://ukck.rs/wp-content/uploads/2022/03/poslovni.kodeks.20210901.pdf>

<sup>73</sup> Article 15 of the UKCN Code.

<sup>74</sup> Article 17 of the UKCKG Code

#### 4. Practice in gynecological-obstetrical institutions

Based on the experiences of female patients, obstetric violence can be classified into several groups:

Verbal violence and poor communication. Of the total number of reports analyzed, 76.36% related to verbal violence and poor communication experienced by female patients. Testimonies of patients show the seriousness of broken communication, disrespect for the personality of patients, and the forms of verbal violence they face in gynecological-obstetrical institutions. Female patients are often exposed to verbal violence by the entire medical staff at all stages of medical treatment, from admission to invasive medical procedures. The refusal of health workers to listen to the patient's proposal on how she wants to give birth can also be reduced to verbal violence. The reason for her choice must not be exposed to ridicule and be a basis for humiliation.

Frequent application of Christeller procedure and vacuum extraction. The Law on Patient's Rights stipulates that the patient has the right to freely decide on everything that concerns her life and health. Therefore, no measure, especially not an invasive one, must be undertaken without consent, which must follow only after the patient has received all the necessary information and enough time to make a decision. One of the most problematic procedures during childbirth in gynecology-obstetrics clinics is the frequent use of the so-called Christeller procedure, with which the doctor applies pressure to the uterine wall during the birth process. Many patients described their bad and traumatic experiences when undertaking this procedure. There are numerous examples in which doctors applied the procedure despite the explicit opposition of the patients. This procedure has great consequences for the health of patients, and some studies indicate that the benefits of its application have not yet been reliably established.<sup>75</sup>

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<sup>75</sup> In the study "Fundal pressure during the second stage of labour (Christeller's procedure) is associated with an increased risk of levator ani muscle avulsion", which was carried out in 2018, doctors from Bologna observed women who gave birth for the first time (134 parturients in whom Christeller's procedure was applied and 128 women were not applied). The results show that as many as 28.4% of women who underwent the Christeller procedure have consequences in the form of muscle rupture, compared to 14.1% of women who did not undergo this procedure. The doctors who conducted the research concluded that Christeller's procedure is directly related to the onset of muscle rupture in women who give birth for the first time and that all options should be carefully considered when advising women in labour to use the controversial procedure.

Along with Christeller's procedure, doctors often use vacuum extraction. By using these two medical procedures, a large number of patients suffered serious health consequences, such as uterine ruptures and large hematomas. Also, the consequences that have been observed in babies are hematomas on the heads.

Forced episiotomy. Episiotomy is a surgical process to protect the perineum from tearing when the baby's head emerges during childbirth. It is performed by cutting the perineum without using anesthesia. Episiotomy is very widespread in Serbian maternity hospitals, unlike maternity hospitals in other European countries. There are more and more scientific studies that support the fact that episiotomy brings more harm to women in labor than spontaneous rupture of the perineum during childbirth, especially because spontaneous rupture of the perineum does not damage blood vessels and nerves, as in the case of episiotomy. The WHO has published a recommendation that nowadays episiotomy should be performed only in special health indications, and not routinely, as is done in Serbian maternity hospitals.<sup>76</sup>

Physical injuries. They are often the result of torture and ill-treatment during the provision of medical treatment. The patients who described physical abuse stated that they left the gynecological-obstetrical institutions with severe injuries to their reproductive organs, and some even had their uteruses and ovaries removed.

Practice shows that not only female patients are exposed to torture and abuse, but also babies. There are numerous examples in which babies are victims of violence, during which they suffer physical injuries, and sometimes severe damage.

Physical violence. There are examples in which female patients in health institutions have also survived physical violence by doctors and nurses, who participate in the procedure of childbirth or gynecological-obstetric intervention. It is most often accompanied by verbal violence and is a type of demonstration of force and display of power over someone. Most patients do not dare to report this

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<sup>76</sup> In the world, the lowest percentage of episiotomy is performed in Sweden (9.7% of cases), and the highest in Taiwan, 100%.

type of violence for fear of future actions of health workers, which would endanger health and life. The fear is well-founded, given that the patients are hit during childbirth.

Other inhuman and degrading treatment. International documents and domestic regulations stipulate that the doctor has to perform his professional activity conscientiously, as well as that he must not use his professional knowledge and experience for inhumane purposes, nor must he participate in torture or other forms of humiliation, belittling, and cruel treatment of others a human being. Elderly persons must be treated in a manner consistent with human rights even when accused or convicted of criminal offenses. These rights include non-discrimination, access to justice, fair trial, respect for dignity, humane treatment, etc. (Pavlović, 2023: 211)

Consent - The Law on the Rights of Patients stipulates that the patient must consent to the undertaking of medical procedures and that without such consent they cannot be undertaken. It is a completely wrong, even illegal, practice of health workers to give consent to patients before they are taken away or while they are in the delivery room when they are in great pain, and some may be under the influence of analgesics and are not fully aware of what they are signing. Following the Law on the Rights of Patients, every patient has the right to ask questions about the procedures being undertaken, the consequences, possible complications, and other options. Health workers cannot deny patients that right. On the other hand, the doctor and the nurse are obliged to give answers to all the questions that the patient asked. Nevertheless, the practice notes the violation of the right to consent, and especially to informed consent.

Entering incorrect data in the discharge list. A significant number of female patients confirmed that the data in the discharge lists are incorrect and that they most often refer to information about the course of admission, childbirth/operations, and especially in situations where “unforeseen circumstances” occurred. Taking into account the data that has been changed, the patients conclude that this information would show all the irregularities of the treatment and the negligent undertaking of medical measures. The omission of data or their modification is aimed at avoiding liability.



Torture and abuse. Numerous female patients testified about the inhumane and degrading treatment they were treated by both doctors and nurses. Obstetrical violence through torture and abuse is reflected in examples of tying during childbirth, whereby patients are forced to lie in a certain position without the right to change position and move. All prohibitions on the implementation of torture and ill-treatment in healthcare institutions have not yielded results in practice, because it is obvious that there is no adequate protection for the victims of such treatment.

## **5. Conclusion**

Obstetric violence is a global problem to which women are exposed in gynecological and obstetric institutions.<sup>77</sup>

What is indisputable is that women have the right: to be given obstetric care with respect for their personality; to provide them with medical treatment without discrimination and any violence, torture, inhuman and degrading treatment; to receive services in gynecological-obstetrical institutions that protect their reproductive health; and to provide them with medical services without coercion.

It is also indisputable that medical services in gynecological-obstetrical institutions should be: by the standards of the World Health Organization; by human rights, so that the patient's decision is respected; with measures to alleviate suffering and pain; with the effective and proper application of informed consent in general; and with mandatory written informed consent for all invasive treatments.

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<sup>77</sup> For example, even under the best conditions, every year at least 40 million women experience long-term health problems caused by childbirth, according to data from a study published in *The Lancet Global Health* at the end of last year (2023, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00367-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00367-2/fulltext)). The study shows that there are postnatal conditions that last for months or even years after childbirth: these include pain during intercourse (dyspareunia), which affects more than a third (35 percent) of women after childbirth, lower back pain (32 percent), anal incontinence (19 percent), urinary incontinence (8-31 percent), anxiety (9-24 percent), depression (11-17 percent), pain in the perineum (11 percent), fear of childbirth (tokophobia) (6-15 percent) and secondary infertility (11 percent).

In gynecology-obstetrics institutions, empathy is not expected, but professionals who respect the dignity of patients - after all, they are rewarded for that. Women who bring a new life into the world not only have the right but also deserve gynecological and obstetric institutions, which will not only be a “happy place” and a “place of hope” in theory. Especially not in a country struggling with birth rates.

Obstetric violence refers to the inhumane and unethical treatment of women during pregnancy, childbirth, and the postpartum period, which includes disregarding their wishes, applying medical interventions without consent, verbal abuse, and other forms of disrespect. Pointing out obstetric violence can also be considered a feminist issue because it is about the fight for women’s rights within the health system. Is that right?

The feminist movement is concerned with gender equality and the fight against oppression, including violence against women, be it physical, psychological, or systemic. Obstetric violence often reflects deeper gender inequalities in society and patriarchal patterns in medical treatment, where women’s voices are marginalized and their autonomy diminished. Therefore, a feminist perspective recognizes that it is important that women have the right to informed consent, bodily autonomy, and dignity in all aspects of their lives, including health care.

To sum up, pointing to obstetric violence can certainly be seen as part of the broader struggle for women’s rights and gender equality, which are the key goals of the feminist movement but the struggle for the right to life and body integrity.

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