

Bioethics of childbirth for another (surrogate motherhood) in the Civil Code of Kosovo

B Bahtiri,¹ PhD; Q Maxhuni,² PhD; R Ferizi,³ PhD

¹ Department of Legal – Civil, Faculty of Law, University of Pristina, Republic of Kosovo

² Department of Laboratory Biochemistry, College of Medical Sciences, Rezonanca, Republic of Kosovo

³ Pre-Medical Department, Faculty of Medicine, University of Pristina, Republic of Kosovo

Corresponding author: R Ferizi (rrahman.ferizi@uni-pr.edu)

Transformations in the biological, medical and legal processes of infertility, substantial modifications in family structure and the advancement of methods and techniques of reproductive technology will affect the next step in both legal and medical terms to address the regulation of bioethics and law in Kosovo. There is a need to establish perspectives in both ethical and professional terms, since the Republic of Kosovo is in the process of drafting a Civil Code. Many of these issues have been raised and addressed during the review and evaluation of family law in the context of harmonisation and inclusion of this law in the Civil Code of the Republic of Kosovo. During the several meetings of official members with different interest groups regarding family law, the need has been raised to regulate family law to be included in the Civil Code for motherhood and fatherhood in the case of reproduction with biomedical assistance, as well as for the birth contract as a donation for another person (so-called surrogate motherhood). These bioethical and legal issues indicate the urgent need for legal harmonisation of a multidimensional platform specifically based on the principles of public health and universal human rights.

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The issue of family law is extremely important, among other things because it directly applies to every person. Everyone goes through different stages of family life, and this issue adds to the urgent need to update family-legal provisions and adapt to changes in family life, as well as the development of contemporary society. Rapid changes have occurred globally concerning family life in recent decades, such as raising the age limit for marriage and childbirth, reducing the number of marriages and allowing easier dissolution of marriage, as well as constitutional legal protection of marriage, reconciliation and other forms of cohabitation (extramarital relationships, first of all), application of alternative methods of resolving disputed relations (mediation), shifting the focus of family law from status to responsibility, and the recognition of the universal character of marriage in most European countries as well as in the USA, Canada and other countries.

Many of these issues have been raised and addressed during the review and evaluation of the law on family in the context of harmonisation and inclusion of this law in the Civil Code of the Republic of Kosovo. During meetings of interest groups regarding family law, the need has been raised to regulate family law to be included in the Civil Code regarding motherhood and fatherhood in the case of reproduction with biomedical assistance, as well as for the birth contract as a donation for another person (so-called surrogate motherhood). The following will discuss how to regulate these bioethical aspects in the Civil Code.

Reproductive rights

The legitimate right of an individual or his/her spouse to decide on the number of children to have, as well as to consent to have children, as well as other basic concepts, are partially regulated by the Law on

Reproductive Health in the Constitution of the Republic of Kosovo.^[1]

This law regulates and monitors all social activities that take place in terms of reproductive health, such as protection and security of the reproductive rights of married couples, including the right to be informed accurately and in a timely manner, in chapter V – Assisted Reproduction, in regard to medical services intended to regulate infertility, including all treatments and procedures of artificial insemination, *in vitro* fertilisation (IVF), laboratory procedures, and medical operations with genetic materials in females and males with the aim of artificial insemination and placement of acquired embryos by a donor and their implantation in the organism of the future donor (surrogate) mother.

The Constitution of Kosovo defines the right to assisted reproduction according to the will and request of parents to have children, in trying to address the medical aetiology of infertility as well as preventing the transmission of hereditary diseases from parents to children. The application of assisted reproduction methods is performed by a team of professionals licensed by the Ministry of Health in cases where:

- the couple has failed in their attempts to have children for at least 2 years before the moment of assisted reproduction;
- other medical techniques for treating infertility in the woman and man have not been effective and have not had practical results.^[1]

Furthermore, this law in article 21 defines assisted reproduction as clinical and medical procedures that provide:

- an artificial form of insemination
- *in vitro* fertilisation
- embryo transfer

- other equivalent alternative methods enabling artificial reproduction.

The law on reproductive health determines which activities are prohibited in assisting reproduction. Activities prohibited in terms of reproductive assistance, according to article 23 of this law, are:

- manipulation of embryos for economic, scientific or experimental profit
- manipulations with embryos at the genetic level
- illegal transfers of embryos
- trafficking in human gametes for commercial gain
- gamete hybridisation
- illegal mediations for surrogacy
- postmortem insemination without accordance of the parties
- violation of the right to the confidentiality of data on gamete donors
- selective abortion of embryos of a certain sex
- gender determination of the child, except in cases with health indications with consequences for the mother and the fetus.

It is worth mentioning that this law, in chapter I – General, in article 2, defines the notion ‘bearing mother’, which in content is very close to the idea of ‘birth for another’, or ‘motherhood surrogate’.

Thus, according to article 2 of this law, a ‘pregnant mother’ can be considered to be a woman who accepts the transfer of an embryo obtained from medically assisted human reproduction and its implantation in her uterus, maintaining a full pregnancy until birth, who voluntarily waives the legal right to the child born of this act, relying on the contract made with the infertile couple. In the chapters of the separate parts of this law regarding this issue (based on the contract made with the infertile couple), this in modern legal science is defined as birth for another or surrogate motherhood.

Birth for another (surrogate motherhood) Notions

IVF originated as a process to address the health challenges of infertility. According to the World Health Organization, infertility is defined as ‘a syndrome of the reproductive system that manifests as a deficiency of a clinically healthy pregnancy after regular sexual intercourse of 12 months or more.’^[2]

During the IVF process, egg cells are extracted by special medical devices from the female body and fertilised by mixing with male cells in a test tube, then transferred to the uterus as zygotes. If this IVF process is successful, a number of effective embryos are transferred to the uterus.^[3]

This technique was first applied to assist women to become pregnant and maintain good health until childbirth. IVF first resulted in the birth of Louise Brown, on 25 July 1978, in the UK. Then came the second IVF birth in India, when Kanupriya (alias Durga) was born 67 days later, on 3 October 1978.^[4]

In 1986, a court in New Jersey, USA, officially recognised the status of a traditional/genetic surrogate mother in the case known as ‘Baby M.’^[5] The process of surrogate motherhood is an agreement whereby a mother willingly and without pressure gives birth to a child by another couple or person.^[6] Such a process is known as traditional/genetic surrogacy, which also applies when a surrogate mother undergoes the process of artificial fertilisation with sperm cells, usually from the parent under contract. However, this process can

also be performed by donor cells, where the woman is classed as the genetic and gestational mother.^[5]

In the regular procedure, gestational replacement refers to a process based on a contract between the parties, as a legal or voluntary contract, depending on the agreement.^[7]

When the spouses or entities implicated are represented (e.g. by agencies or clinics) in such a replacement contract, the law governing that contract must be based on the legal conditions of the geographical place and origin of the child. The process of gestational surrogacy has begun to spread globally, especially in recent times (although there are no concrete statistics that confirm this at the age level of gestational surrogacy). This increase is thought to have occurred because of levels of infertility and substantial modifications in the traditional nucleus of the family.^[8]

According to scientific data in 2010, 1.9% of women aged 20 - 44 years had a significant deficiency in their first live birth (primary infertility), and 10.5% of women did not succeed in the birth of a second child (secondary infertility).^[9]

However, the applicability of assisted reproductive technologies has increased significantly, including the process of IVF and oocyte and embryo donation as well as the replacement process.^[10]

Birth for another is the procedure in which the mother (who undergoes the pregnancy) carries the embryo for another, when through the contract she is obliged that after the birth the child will be delivered to the intended parents. There are several types of birth for the other. However, the basic division is as follows:

- gestational or complete surrogate, in which the uterus of the mother is implanted with the egg cell (oocyte) of the selected mother or of a third woman, which is artificially implanted; and
- genetic or partial surrogate, in which the egg cell of the carrying mother is impregnated in a natural or artificial way.

In complete surrogacy, the carrier mother does not share genetic material with the embryo, while in partial surrogacy, the embryo originates from the carrier mother.

Given the relationship that is created between the surrogate mother and the parents who wish to proceed with the process, it is possible to divide the surrogate mother relation between persons who are not blood relatives, or in any other proximity, but also with those whom, before entering the birth contract, were not known to one another. Birth for another (surrogate motherhood) should be considered and incorporated into the Civil Code so that this issue is legally regulated in Kosovo, and the contract could regulate the legal relationship between the mother who will carry and give birth to the child for the other woman, and their spouse or extramarital partners who will take the child after the birth.

Among other things, this contract should regulate the amount of compensation for reasonable expenses, before deciding on fertilisation and giving birth, to another, if the woman who submits the claim cannot be left with the burden in a natural way from a medical perspective. This important innovation and its incorporation into the Civil Code of Kosovo would enable the realisation of the expansion of rights in the establishment of a family, as well as in an eccentric (specific) case where the biological family (offspring) cannot be established otherwise – a woman can neither in a natural way nor with other biomedical aid procedures become pregnant. According to the provisions of the Constitution of the Republic of

Kosovo, everyone enjoys the right to form a family in accordance with the law.^[11]

The Constitution does not explicitly provide for the right to decide on the birth of children or the possibility of restricting this right, but, in the law on reproductive health, this issue is regulated in more detail, while there are no proper legal provisions to address it. Therefore, the law on reproductive health defines reproduction based on the freedom of individuals and couples to make decisions without pressure on the timing and number of children, and the right to be informed and to have knowledge throughout the process until birth.^[11] Family planning can be defined as 'the right of individuals and spouses to possess information, to plan the time and number assigned to the possession of children.^[11] According to this law, notably article 4, the basic rules regarding reproductive autonomy are specifically defined, guaranteeing that every person, regardless of sexual, ideological, religious or cultural affiliation, has the right to be informed about sexual and reproductive education throughout their life period.

All individuals and spouses have the right to liberty, respecting the desire of each partner, regarding the time, number and dynamics of births, as well as the right to be informed correctly about the adequate means for their realisation, as well as the right to decide on reproductive aspects according to their will and interest without pressure, discrimination or violence.

Surrogacy law in other states

In comparative law we can find a wide range of legal solutions, from those in which birth for another is prohibited, to those in which it is allowed only without compensation and to those according to which the reward for the surrogate mother can be contracted. However, the world is still dominated by the number of countries in which birth to another is not yet legally regulated.

In most countries in Europe, surrogacy is prohibited or not regulated by law, while those countries that have regulated this legal matter have done so in different ways.

It should be emphasised that based on the analysis of the legislation of most European countries, surrogate motherhood is frequently not allowed by law, and such an action constitutes a serious criminal offence (for example, France, Germany, Austria, Norway and Sweden).

Unlike these countries, in other European countries, such activity is not prohibited, but the condition is that there are to be no material benefits from it (such as Portugal, the Netherlands, Denmark and the Czech Republic). In the UK, surrogacy is not prohibited, but its commercialisation is not allowed. Surrogate motherhood is permitted and regulated by legal norms in the legislation of Ukraine and some of its neighbouring states. Surprisingly, in some European Union (EU) countries, this activity is neither allowed nor prohibited, since it is not addressed at all in their legislation (such as Spain, Greece, Finland and Belgium).

Each of the states must provide conditions for the use of modern methods and sophisticated reproductive technologies, ensuring a high level of healthcare staff. Surrogacy must also be accompanied by the implementation of a series of legal acts at the level of the EU and then of the national states for the regulation of this highly sensitive field, as well as the prevention of its transformation into a very profitable and uncontrolled business.

Surrogacy, as a new and still under-addressed field, should be addressed in scientific symposia at the highest levels of science around the globe.

The law should limit the financial means paid to the surrogate mother. What is of crucial importance is the fact that all parental rights of the surrogate mother should be limited by law, since the parental right over the child should belong to the spouses, and the surrogate mother should not have any opportunity to contest in court these specific legal reports since the rights and obligations between the couple and the surrogate mother must be specified by law.

Difficult situations to resolve in the case of lack of full legislative regulation also may present as judicial contestation of paternity, especially in the case of surrogate motherhood. This is because the mother of the child in the majority of countries is considered the woman who gave birth to that child.

As a typical case, the Civil Code of the Czech Republic (2014)^[12] can be mentioned, which tries to regulate surrogate motherhood with a chapter specifying that a married or an unmarried woman can become a surrogate mother. However, a problem arises in what should be done if the surrogate mother refuses to give the child to the parents, even though, if analysed in detail, it can be seen that the legislator in this code sided with the surrogate mother. This issue is important to examine in different aspects regarding the advantages and disadvantages of such a solution.

In Italy, surrogate motherhood is prohibited by law, as well as the donation of egg cells from one female to another female, including a prohibition on freezing egg cells, with severe penalties, including imprisonment and fines for lawbreakers. These strict restrictions may arise from the influence of canon law and, specifically, the Vatican, whose influence is indirectly very large in public life.^[13]

Citizens of countries that do not allow surrogate motherhood and other forms of treatment of fertility cases, taking into account the freedom of movement of people, goods, services and capital as the foundations of the EU, choose travel opportunities in EU countries, or countries outside the EU, to carry out these procedures, and subsequently they can return to their countries of origin without problem, since in the countries where the surrogacy is carried out it is a legal activity.^[13]

Another powerful and developed country, Germany, has banned surrogate motherhood and egg cell donation. Here, a person can use the scientific methods of artificial fertilisation only with their own egg cells, not with those donated by another person, since such an action is considered a crime and is prohibited by the Embryo Protection Law.

Surrogate motherhood is also prohibited in Poland, under the influence of canon law, while other forms of medically assisted childbirth are allowed.^[13]

Greece, another country in the EU, has made a significant advance in terms of surrogate motherhood, where it allows it, placing strict restrictions and prohibitions on its commercialisation and prohibiting any kind of payment for the process, only allowing for reasons of desire and willingness to help someone in need. However, the woman has the right to receive certain remuneration due to her maternity and the inability to work due to childbirth.^[14]

A very interesting practice is presented in Spain, where surrogate motherhood is prohibited in principle, but the legislation of this country does not define penalties for it, and even more so because it does not prohibit spouses from using the services of surrogate mothers outside of Spain. However, Spain refuses to recognise these children's citizenship, from 2014.

Surrogate mothers are legal in Ukraine, Belarus and Russia, where it is worth noting that in 2016, in Belarus, surrogate motherhood was legalised by the Marriage and Family Code of the country.^[15] However, there is an interesting limitation in that the services of surrogate mothers can only be used by couples who for health reasons cannot become parents themselves without medical help, and without the use of someone else's body for carrying and giving birth to the child. The law goes beyond that regarding parental rights, which as a whole belong to the spouses and not to the surrogate mother. The legislation clearly states that the parental rights for a child belong to a married couple – the surrogate mother has no rights. The requirements for a surrogate mother in Belarus are strict.

An interesting case is presented by Russia, which has limited developed legislation in this aspect, because although surrogate motherhood is allowed in this country, the surrogate mother, if she does not want to, can refuse to give the child up, because the legislation of this country recognises the suspension of maternity, according to which the mother is considered the one who gave birth to the baby, and the fact that she may have no genetic connection with the child has no legal relevance at all.

Hence, here the will of the woman who gives birth to the child is decisive as to whether she wants to allow the involved spouses the right to become legal parents of the child or not, and this is where serious contradictions and problems can be seen.

Moreover, according to the Russian system and legislation, the surrogate mother can challenge the parental right of the child born to her, even after several years, which shows great uncertainty in the regulation of this field.

Australia recognises the institute of surrogate motherhood as legal, provided there are no material benefits from the process. Otherwise, there is criminal responsibility for anyone who goes against the legal provisions.

With regard to developed countries, especially European ones, it is surprising that they allow the use of the surrogate motherhood outside their country but not internally, knowing that the conditions for pregnancy and childbirth in their countries are much better than in some countries that have legalised surrogacy, while children born from surrogate motherhood are accepted as if they were normal births. So since such countries accept these children, why do they not allow the practice in their countries?

Surrogacy in the countries of the Western Balkans

In most countries of the Balkan peninsula (Kosovo, Croatia, Slovenia, North Macedonia, Serbia, Montenegro and the Federation of Bosnia and Herzegovina) surrogacy is allowed, or the practice of surrogate motherhood is considered permissible, and each of these countries has enacted special laws that regulate surrogacy issues with the help of biomedical methods. The regulation of other legal issues, such as the concrete conditions of admissibility, the permitted forms, the legal effects of the substitution, as well as the possibility of contracting compensation for the material return to the other, varies from state to state.

In Kosovo and other countries in transition, and, in particular, in the Western Balkans, women hesitate to become surrogate mothers because of tradition and culture, but also because there is no

advanced technology for the successful realisation of this activity, and perhaps also based on the influence of religion.

In the law of Kosovo on the family and the family laws of neighbouring countries in the Western Balkans, the transfer of a newborn child to other persons is not allowed by the legal framework; on the other hand, by special legislation in the field of reproductive health, surrogacy is allowed, but not regulated in detail. Therefore, here we see the need to harmonise family law and special laws on reproductive health in the future in the Civil Code of Kosovo and the Civil Codes of these countries, since the special laws on reproductive health and surrogate motherhood only partially try to regulate this sensitive area.

Problematic in this context may be cases when the surrogate mother may refuse to give up the child because of the emotional connection with it. This is one of the most challenging situations that can appear in practice. This relatively new form of motherhood is causing problems in various countries because even in those that try to regulate it, legal loopholes often remain.

The legislation of the Republic of South Africa – a suitable and comprehensive model for the field of surrogacy

The legislation of the Republic of South Africa (SA) specifically regulates the field of surrogate motherhood in detail, in chapter 19 of the Children's Act No. 38 of 2005 in articles 292 – 302.^[16] In these articles, the SA legislator regulates in detail the surrogacy (substitute) agreement, which must be in writing and confirmed by the Supreme Court, where specific provisions are defined for the conditions and criteria as to how the agreement for surrogacy between the parent(s) and the mother should be concluded. The surrogate must give full consent, and if she is married or has a partner, her husband or partner must also commit to the agreement. According to this law, part of the general provisions in the definitions states that 'agreement for surrogate/substitute motherhood – means an agreement between a woman surrogate mother and a commissioning parent in which it is agreed that the surrogate mother will be artificially inseminated to enable the birth of a child to the commissioning parent, and in which the surrogate mother undertakes to deliver such child to the parent after its birth, or within a reasonable time thereafter, with a view to the said child becoming the legitimate child of the parent customer'.

What is important about surrogacy, according to this Act, is that no agreement on surrogacy is valid, except when the conception of the child provided for in the agreement will be realised by the use of gametes (cells) of the ordering parents or, if this is not possible due to biological, medical or other reasons, gametes (cells) of at least one of the ordering parents, or where the ordering parent is a single person.

Artificial insemination of the surrogate mother may not take place before the surrogate mother's agreement is confirmed by the court.

According to article 297, paragraph 1, which deals with the effect of a valid surrogacy agreement:

- (a) in any child born to a surrogate mother, the arrangement is consistent with all intents and purposes for the benefit of the commissioning parent, or parents from the time of the child's birth;
- (b) the surrogate mother is obliged to hand over the child to the parent or parents as soon as possible after birth;
- (c) the surrogate mother or her husband, partner or relatives do

not have the right to contact the child unless it is stipulated in the agreement between the parties;

(d) subject to articles 292 and 293, the surrogate mother's agreement may not be terminated after the artificial insemination of the surrogate mother has been carried out; and the child shall have no claim to maintenance or inheritance against the surrogate mother, her spouse or partner or any of their relatives.^[16]

Also, according to article 297, paragraph 2, any surrogacy agreement that does not comply with the provisions of this Act is void, and any child born as a result of any action taken in the execution of the agreement for all purposes is deemed to be the child of the woman who gave birth to that child.

Moreover, in this law, the issues of parental rights and termination of the agreement before time are defined in detail, as well as the provisions for situations of termination of the pregnancy, the latter being a decision for the surrogate mother to take.

Payments in connection with surrogacy are prohibited in cases where there is no such agreement or promise to give to any person or receive from any person a material reward or compensation according to the agreement.

Therefore, we consider that it would be a good model for Kosovo in the Draft Civil Code to accept the model of SA as a relevant solution for the time, and the trend of the family's creation, now and in the future. Furthermore, such a suggestion applies to other countries in the Balkans and beyond.

Birth contract for another

The birth contract for another is a legal procedure by which one contracting party (carrier mother), with the free expression of her will, is obliged to maintain the pregnancy and give birth to the child, and after the birth deliver the child to the parents who have this intention as the other contracting party. This means that here we are dealing with a named contract, owing to the great importance and sensitivity of the matter, which is strictly formal and mutually binding, where both contracting parties have rights and obligations.

The draft Civil Code should explicitly regulate the issue of the subjects of the contract, stipulating that they can only be citizens of the Republic of Kosovo, and they must also have had a residence in the territory of the Republic of Kosovo for at least 2 - 4 years. Such a condition would be provided to prevent the arrival of persons from countries where birth to another is prohibited, so this issue will not start an economic trend escalating in business and attempts to profit by various manipulations.

In principle, the subjects in the birth contract for another are the custodial mother and the interested couple, as well as the marital partners, which would be assessed by the court in a non-contentious procedure.

Recommendations

Conditions for concluding a contract

In addition to the general conditions for concluding a contract, the Civil Code should also specify conditions for both parties: for the surrogate mother as well as the parents who have this purpose. The surrogate mother should have the obligation to present medical evidence and legal evidence that proves that in terms of health she is in an adequate condition to carry the child and give birth, while in the case of a married

surrogate mother, it should be arranged that she should submit a statement from her husband indicating willingness to enter this contract. The prospective parents (intending to have children) should be conditioned by the submission of medical documentation that proves that pregnancy in a natural way or through the medical fertilisation process is impossible, or is not preferred because of the high risk of transmitting a hereditary disease or syndrome with fatal consequences to the child. In this case, there is a strong ethical and moral rationale, because it presents a convincing argument for sanctioning the misuse of this eventual legal possibility. The surrogacy process will be legal only for couples who prove that pregnancy naturally or through medical fertilisation is impossible. On the other hand, this process could escalate into a regressive trend.

Certification of the contract

In the Civil Code, to provide additional legal certainty, it would be reasonable to provide for the fact that the birth contract for another is certified before a judge, to whom the proposal for certification of the contract is sent together with the unsigned draft contract, including all the evidence required by law for the conclusion of this contract. Also, in the normative aspect, it should be regulated that the court, after receiving these documents, determines by law the professional biomedical and legal expertise through which it certifies the contract, but that in advance it must ascertain whether all medical conditions and other conditions for concluding the contract are met, as well as informing the contracting parties about their rights, obligations and all legal consequences.

Rights and obligations of the contracting parties

The Civil Code, in relation to birth contracts for another, with a separate article, should regulate other issues related to birth for another.

Refusal to hand over or accept the child: The surrogate mother might refuse to hand over the born child to the parents, or the parents refuse to accept the child. In this instance, it would be reasonable to provide a deadline within which such a dispute could take place, as well as to offer a bioethical and legal alternative, a solution that orders or obliges the contracting parties to comply with the agreement reached in advance, because this contract is not like any other contract of the law of obligations, which is regulated by dispositive legal rules. The birth contract for another is a contract regulated by imperative legal rules pertaining to family law.

Remuneration contract: If according to the Civil Code, the maternity contract for another is defined as an exclusive altruistic contract, it should be regulated that it is strictly forbidden to contract childbirth, to prevent the exploitation of women for childbirth purposes. The Civil Code should allow for the reimbursement of reasonable expenses that the expectant mother may anticipate during pregnancy and after childbirth. It is necessary to regulate exactly what are considered reasonable expenses and secondary expenses (e.g. transportation expenses, implantation) and the method of payment of expenses (monthly or other form).

Termination of pregnancy of surrogate mother: In regard to the termination of pregnancy of the surrogate mother, as a very sensitive issue, the Civil Code should also regulate this issue in such a way that, in certain circumstances, parents be allowed to request termination of pregnancy of the surrogate mother. This possibility would be

limited and sanctioned by law, provided that a diagnosis is confirmed by the scientific-medical prism based on which it can be expected that the child will be born with severe psycho-physical disabilities. What is controversial here is the questions that can be asked and the dilemma that can be raised, which concerns whether, if the bearing mother has the opportunity, she might refuse the termination of the pregnancy, terminate the contract and keep the child for herself. A special paragraph should also provide for the possibility of the pregnant mother terminating the pregnancy, providing for special conditions in the form of the existence of medical indications based on which it can be concluded that there is no other way that could save lives (risk-benefit level, according to the bioethical medical principle) or avoid serious damage to the health of the carrier mother, which is of particular importance for the protection of her biological integrity.

Conclusion

Transformations in biological, medical and legal processes around infertility, substantial modifications in family structure and the advancement of methods and techniques of reproductive technology are fundamental indicators that will affect the next step in both legal and medical terms, to address the regulation of bioethical law in Kosovo. Despite growing transnational trends, including perhaps towards commercial purposes, current policies that are still undefined need to be stated and clarified with scientific and legal arguments, in which forms of substitution are legally permitted, as well as those modalities that adequately advocate for surrogates, target parents or children themselves. These and other bioethical and legal interventions indicate the urgent need for legal harmonisation of a multidimensional platform specifically based on the principles of public health and universal human rights. Since the Republic of Kosovo is in the process of drafting the Civil Code, work based on the European and global level, and the modalities of legal Acts, should be considered, which would regulate in general frameworks this field of great importance and sensitivity, despite the complexity of the treatment and definition of this scientific topic.

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