The major role of bioethics is to interconnect the ethical dilemmas that occur always in the medical activity, to the social, religious, community, technological and human rights. In bioethics, the concept of autonomy is considered “the peak” of morality, creating two different moral requirements: the need to respect patient autonomy and the need to protect those with a reduced autonomy. The patient autonomy includes the individual’s capacity to make personal decisions about medical care, especially the informed consent or the informed refusal. The autonomy is defined by the freedom of undergo or not to accept the constraints imposed by others, assuming the ability to choose between a set of options after reflection and deliberation, as manifestations of the ability to make decisions. The principle of autonomy directly promotes health, considering that the majority of patients can decides for themselves better than others and can assume responsibility for their decisions [1].

In the field of obstetrics, where are two major ethical dilemmas such as the induced abortion and the elective caesarean section, arises the question "What should or should not constrain patient’s choice?" The principle of respecting the autonomy is considered the most important in this area. But, the principle of autonomy in this case comes sometimes in contradiction with the principle of not harming; a principle as response to the situations in which "doing well" is not always in the interest of the patient, the patients, in obstetrics, being both mother and fetus. This in cases where "well" accepted or desired by the patient is not overlapped on the medical interest, or attacks the generally accepted ethical principles, and, according to the physician’s view, is turning into "doing harm", damaging one being who could not object or resist in any way [2].

There are no moral rights and obligations universally available; they are subjective and relative, dependent on cultural, societal, religious influences, habits. Normally, no one can impose moral beliefs on others, the constraints, rights and obligations being "homogenous" in a society only through the legislative apparatus and methods, otherwise we can talk only about freedom or informal constraints. In the obstetrical field, from all times, the patients are not one but two or more, the mother and the fetus (fetuses), partners that normally form a monad, but in certain circumstances have become, wished or required by internal or external factors, "enemies." This conflict perpetuated practically along the history of medicine, being the most visible in case of the induced abortion and the need for intervention with caesarean section, the purpose, ethical or not, having a connection with the possibility of choice. Choice of life, either mother’s or fetus’, or booth’s, of physical comfort, economic, social, of a certain health level, of respecting dogmas or moral principles.

The actors, along the time were about the same, the weight of their role, in some cases, varied by moral considerations, their role in society, economic influence, religious, infor-
Currently there are:

- Countries permissive to medicalized abortion where this act is regulated from medical point of view (setting the period of legality, the pregnancy period that may be carried out until the intervention), and the legal framework for intervention, the patients should receive counseling and time for thinking in order to make their right decision
- Countries where the abortion is illegal but allows it only in special cases like rape, incest, if the life or the health of pregnant women is at risk, or the abortion is done under different name.
- Countries where abortion is illegal or involves a large social stigmatism. Features of these countries is the absence of abortion, but medical tourism in countries where pregnant women can terminate a pregnancy, or for those who for financial reasons can not afford this, the use of illegally induced abortions.

Let's not forget that, regardless of legal or illegal status of abortion, the number of abortions does not vary significantly from situation to situation. Gert says that the law allows certain behaviors that are immoral for some people, such as early abortion, but also may prohibit behaviors that are moral for others such as abortion of a fully developed fetus.

Most tough debates about the morality of abortion are those that occur in order to grant or not the status of “person”, to embryos, or just that of a human life form. If it is assumed that the embryo is a human being whose development until birth does not register major differences, is a person with full rights, murdering him is cruel that woman who was so traumatized by rape or incest to give birth to a child who always will relive her trauma, which, practically, by the effect, endanger both the mother’s and the resulted child's lives. In this case, the abortion is regarded as self-defense for woman, which has every right to decide.

- A special issue is the induced abortion seen as an elimination of suffering, when the foetus is malformed. Unfortunately, it can’t be properly assess the risk of all pregnancies potentially generating ill babies. The state has no right and would not force a woman to give birth to some children with major handicaps, as would not force undergo an abortion the women who want to give birth because of some minor fetal problems. A minor disabled fetus is not a good enough reason for an abortion. If a child is born with a severe genetic disease, the parents often blame themselves for not having stopped the pregnancy as a method of shortening the suffering of both child and them, or, more conveniently, they blame the physician who didn’t recognize the illness (ex. did not recommend the abortion in time, trying wherever possible to obtain a financial reward from him. On the other hand, it is discussed the much-cursed unborn child's right not to be born to suffer, even if the other rights, in particular, the child’s right not to be born to suffer, even if the other rights, including that to life are respected.

- Threaten of mother’s life. There are no real reasons for the fetus should be allowed to develop when the woman’s life is in danger. The woman cannot be forced to born with the price of her own life, asking her to annihilate the right to self-defense. The existing life is more valuable than the potential one. It is desirable to do everything possible to be saved both lives, but prioritizing, the woman's life is most important.

- Advanced medical technology allows parents to know baby's sex before birth, facilitating the sex-selective abortions that have become a common place in the Far East countries: China, Taiwan, South Korea, Hong Kong and India, due to the policy of keeping population under control (China) or customs that

- Some of these criteria are fulfilled by the fetus, but not by embryo or zygote, it remains to be established exactly when the acquisition of these criteria takes place. On the other hand, they are relative, as some adult human being, for example, have lost the ability to move, whose consciousness may be limited, but they fully benefit of their rights. Eventually, even the rights of the embryo, fetus, are set by the people, including the granting of legal entity title, and, what is important is that his rights to not get into conflict with the rights of the pregnant women.

A pregnancy can occur intentionally or not, and in any circumstances, it may be wanted or not. When is unwanted, the woman chooses the abortion, if the law allows, and sometimes even if law does not allow. However it is difficult to affirm if the decision to finish a pregnancy through abortion is a final and definitive decision, as long as thought takes a relatively short time.

Community where she lives, that state policy, will always apply a variety of informal pressure on women in order to influence the decision to choose whether or not the abortion. The law is the one that creates compulsion. Is it normal when it is about abortion that mother to be the one who choose? Only mother? Should be needed, when appropriate, the consent of other persons, in some cases (the biological father of the fetus, when the mother is a minor that of her parents, in case of a wife, that of her husband)?

The reasons why women choose to terminate a pregnancy are very different, the most common being the least moral of all: the financial and social aspects. But there are perfectly plausible reasons to justify the morality of abortion:

- The rape and incest are, in most countries a very justified reason for abortion. Even if the embryo has his rights it would be unduly cruel that woman who was so traumatized by rape or incest to give birth to a child who always will relive her trauma, which, practically, by the effect, endanger both the mother’s and the resulted child's lives. In this case, the abortion is regarded as self-defense for woman, which has every right to decide.

- A special issue is the induced abortion seen as an elimination of suffering, when the foetus is malformed. Unfortunately, it can’t be properly assess the risk of all pregnancies potentially generating ill babies. The state has no right and would not force a woman to give birth to some children with major handicaps, as would not force undergo an abortion the women who want to give birth because of some minor fetal problems. A minor disabled fetus is not a good enough reason for an abortion. If a child is born with a severe genetic disease, the parents often blame themselves for not having stopped the pregnancy as a method of shortening the suffering for both child and them, or, more conveniently, they blame the physician who didn’t recognize the illness (ex. did not recommend the appropriate investigations and by omnissive medical error led to the birth of a child with Tay-Sachs disease or Rh iso-immunization syndrome) and did not recommend the abortion in time, trying wherever possible to obtain a financial reward from him. On the other hand, it is discussed the much-cursed unborn child's right not to be born to suffer, even if the other rights, including that to life are respected.
favor males due to the economic role and costs associated with dowry for girls. Although these facts are officially banned in India since 2003 and in China since 2005, favored by the population control policy, they still occur, hidden, leading to a disturbing report between the population of male gender and female gender one, in favor of males.

The women need a correct orientation of the choice when are seeking to terminate the pregnancy and, is better to be counseled by experts, a physician who takes into account the ethical values and a psychologist, because for most pregnant women the most important aspect of the abortion issue is not the morality, customs and personal values, the laws of the country where they live are clear enough, but the way of decision making taking into account the specificity of the case. Often, being the first interruption of pregnancy, women do not know the psychological post-abortum impact that could be felt, the following somatic complications. The very responsibility of the decision making overwhelms them.

In Romania, Law no. 46 of 21.01.2003, which specifies the patient's rights, in Chapter V, covers the patient's reproductive rights, specifying that woman's right to life prevails if the pregnancy represents a major and immediately risk factor for the life of the mother and the woman's right to decide whether or not to have children is guaranteed, with the necessary specifications and temporal windows decided by law [6].

Van Lancker report, adopted in 2001 the European Parliament, recommends the following: "abortion should be legal, safe and accessible to all." However, abortion is not called a right. More recently, in 2009 the Parliamentary Assembly adopted a report entitled "Access to legal and safe abortion in Europe", calling the states member of the European Council to proclaim the unconditional right to abortion and urges governments to use public money to finance abortions. The report not only requires "free and safe access to abortion" but also urges member states to ensure women's effective exercise of their right to abortion.

The report criticizes the fact that, when abortion is legal, any restriction is burdensome, especially for poor women, because they would have to travel to another country for an abortion and recommends that all European governments to lift the limits of time for this procedure. These things would guarantee the abortion on demand, without restrictions, with state financing, as a human right. This decision will be binding on the member states of the European Union, but will be used as a moral influence to establish the right to abortion and urges governments to use public money to finance abortions. The report not only requires "free and safe access to abortion" but also urges member states to ensure women's effective exercise of their right to abortion.

Regarding the preservation of oocytes and the efficiency of cryopreservation techniques, despite the fact that, at the end, religion accepted the ethicism of in vitro fertilization with some reserves because of the religious point of view it violates the dignity of procreation, the problem is related to the extent when the zygote or the embryo might be considered persons. The fertilized oocytes that were not selected for transfer can have the same status as the implanted ones, or can be destroyed? This destruction may be considered abortion or not?

It is estimated that supernumerary embryos can be destroyed if they are not selected for transfer, taking into consideration an abortion only after they have been implanted in the uterus. Pre-implantation and prenatal diagnostic techniques offer now to future parents a wide range of options in terms of characteristics to their descendants. Their use is still considered unethical because it allegedly would lead to elections on criteria such as sex, or 100% probability of not having any minor genetic abnormality, and those of the other unwanted sex or with less good genetic material than their more fortunate brothers, having no chance at life.

Multiple pregnancies achieved by IVF involves the selection of embryo, this means that many embryos are removed to increase the chances of survival for one or two embryos, the programmatically act of removing the embryos out of body is regarded as an abortion.

The destruction of supernumerary embryos implanted is medically regarded as legitimate because it favors the birth of healthy children and eliminates the vital risk or miscarriage risk of mother. Besides the prohibition to kill, this destruction is in fact a duty to save lives "saving" the fetuses who'll become persons [7].

The cesarean section

In recent years, the caesarean section rates increased steadily in many countries, in some countries, a mother of three giving birth surgically. Contested and feared intervention throughout time because of its performance in unimaginable conditions, without anesthesia and because of maternal and perinatal increased mortality, caesarean operation, today entered into obstetrics routine, raised some of the ticklish ethical issues of our time. For thousands of years, the male domination has asserted over women and children, one of the consequences being the attitude towards caesarean operation. In the past, caesarean intervention has become a consequence of the relations established in society for centuries by men in disadvantage of women and even of children. For long time, the woman was merely perceived as a receptacle of the male's seed and bearer of descendants that inherited only paternal characteristics, therefore her life was less important than the successor.

Attested since ancient times and encumbered by a very high rate of mortality, birth by caesarean operation presumed before the modern era, a hard choice to make: decision for saving mother's life or the fetus’s life. The choice can be made by family through it’s male representatives, by the physician, with the advice and blessing of religious clergy, defended by the law. In the old patriarchal society, the husband may decide sometimes in favor of mother and sometimes, especially in noble families, where the issue was the legacy, in favor of the fetus.

Throughout history, caesarean section intervention followed a parallel way with the evolution of medicine: if into the ancient society the caesarean operation was made only post-mortem, in the Middle Ages it was already carried out on living pregnant woman in order to preserve the life of new born.
After the mid-nineteenth century along with the suture in three layers performed by Kehrer and Sanger, the history of caesarean operation is revolutionized, reducing the mortality of women operated by their method, from the percentage of 84 – 95% as it was up till then, at 4% in 1899 [8].

In the 60’s the absolute caesarean indications have met only to 1% of cases, the progress of anaesthesia, asepsis and antisepsis, antibiotic, the improvement of operating techniques, foetal monitoring, mitigation of maternal and perinatal mortality, open new possibilities for caesarean operation that become an operation having minimum risks for mother and foetus [9].

Normally, regarding the problem of caesarean operation, the physicians are the ones who decide if and when is time to intervene. The woman has right for option, the risks, in the case of refusal, belonging to her, but with consequences against the child. But it is the physician’s duty to explain clearly the risks of acceptance or refusal for caesarean operation.

The passed way was huge and, in modern society nobody put the constant problem of choosing between mother or foetus life, the ethical codes giving priority to the mother.

From the frequent sacrificed victim in the favour of the foetus, during history, today, in the modern society, the woman has become able to choose by herself, guided by physicians for elective caesarean operation, in the countries where the law is permissive.

The birth tends to become, frequently, medicalized, the term of „medicalized” referring to caesarean operation, particularly to the elective case, considered by most physicians as an abnormal thing. However, where the law allows, or tacitly, with the complicity of physicians, in the countries where the law stipulates that caesarean operation isn’t elective, but being made after a medical indication; the women are choosing this way of delivery to reduce pains and delivery time or because the fear of particular perinatal or postnatal complications such as the child’s death, or to preserve functionality of pelvic organs or sexual function [10].

The woman is the one who manifests her choice and requires caesarean operation. If she asks caesarean operation, means that informed consent, because, being a surgical intervention, caesarean operation isn’t elective, but being made after a medical indication; the women are choosing this way of delivery to reduce pains and delivery time or because the fear of particular perinatal or postnatal complications such as the child’s death, or to preserve functionality of pelvic organs or sexual function.

We must not forget that a person’s fundamental rights are deriving from his/her human status, the inviolability of life and must be respected, his involvement or participation in making decisions concerning his own body or health as being universal right.

It remains, however, the question if the patient’s choice is truly free or induced by one who has the power of information, the physician? Or by the one that has legislative power, the state? If societal or moral pressures, induced by religion, have or have not a major influence? For an autonomy properly understood, the patients should, first want to take decisions for which has all necessary information, to be able to understand and remember this information and to analyze them properly. And the one who should provide the information in the appropriate form remains ... the physician, the guarantor of preserving of ethical principles concerning both the patient and the medical behavior.