



**2012 FIAPAC Congress**  
**“Unwanted pregnancy - a fact of life”**  
**Edinburgh, 19-20 October 2012**

**Workshop Conscientious objection**

**Examples from Italy**

*Mirella Parachini*  
*ACO S.Filippo Neri*  
*Rome Italy*





**The Italian abortion law no. 194 approved in 1978  
is often considered  
one of the most advanced in Western Europe.**



*The law provides such broad grounds on which abortion is permitted that it has been*

**interpreted by some as allowing abortion on request**

*—although the law does not specifically contain such a provision—*

*because*

***it is the woman herself who attests***

*that she is in one of the situations described by the law and*

**the primary role of the physician is to certify the existence of a pregnancy**

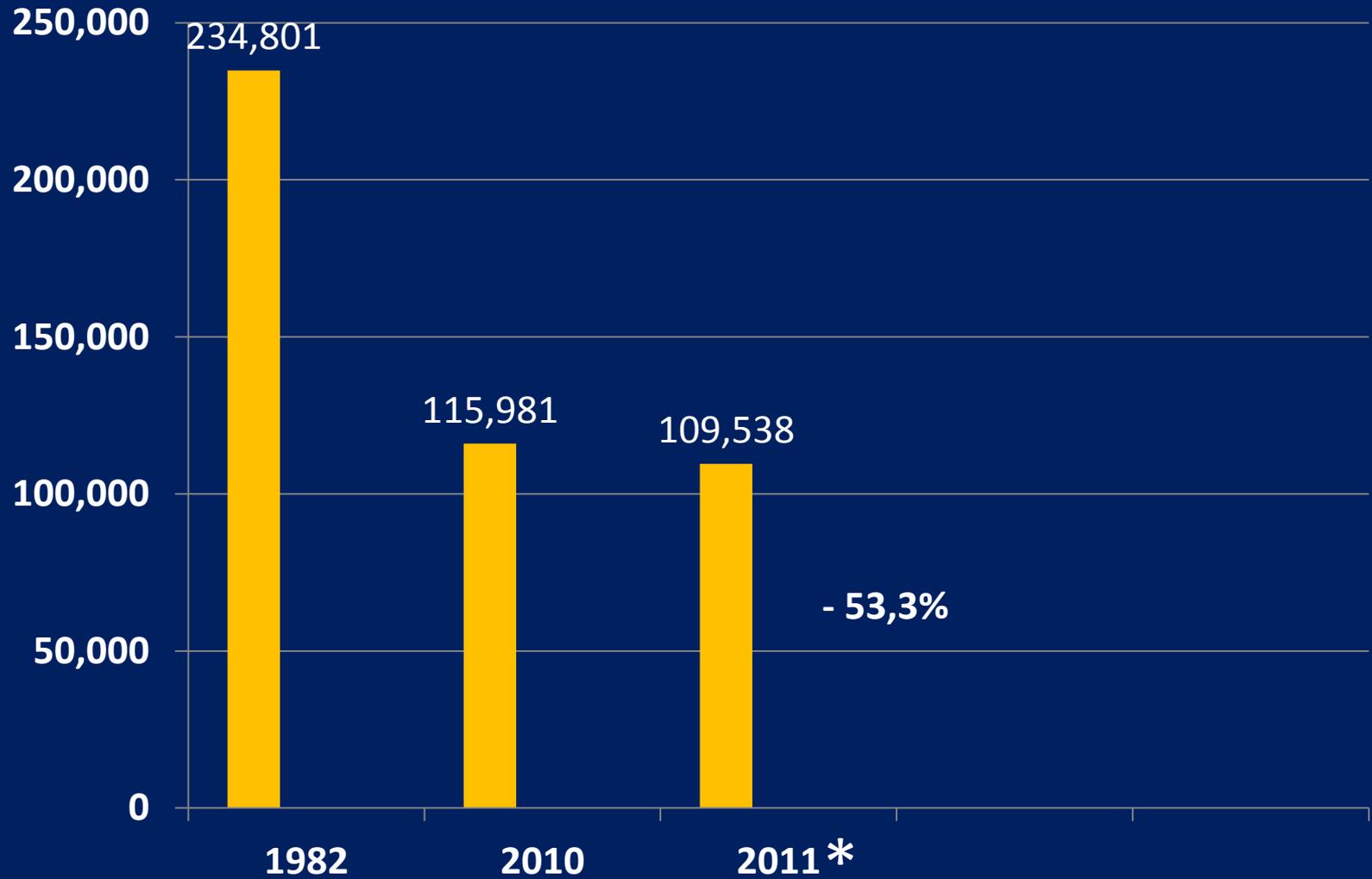
## Abortion law no. 194 approved in 1978



an abortion may only be carried out in a public hospital or authorized private facility

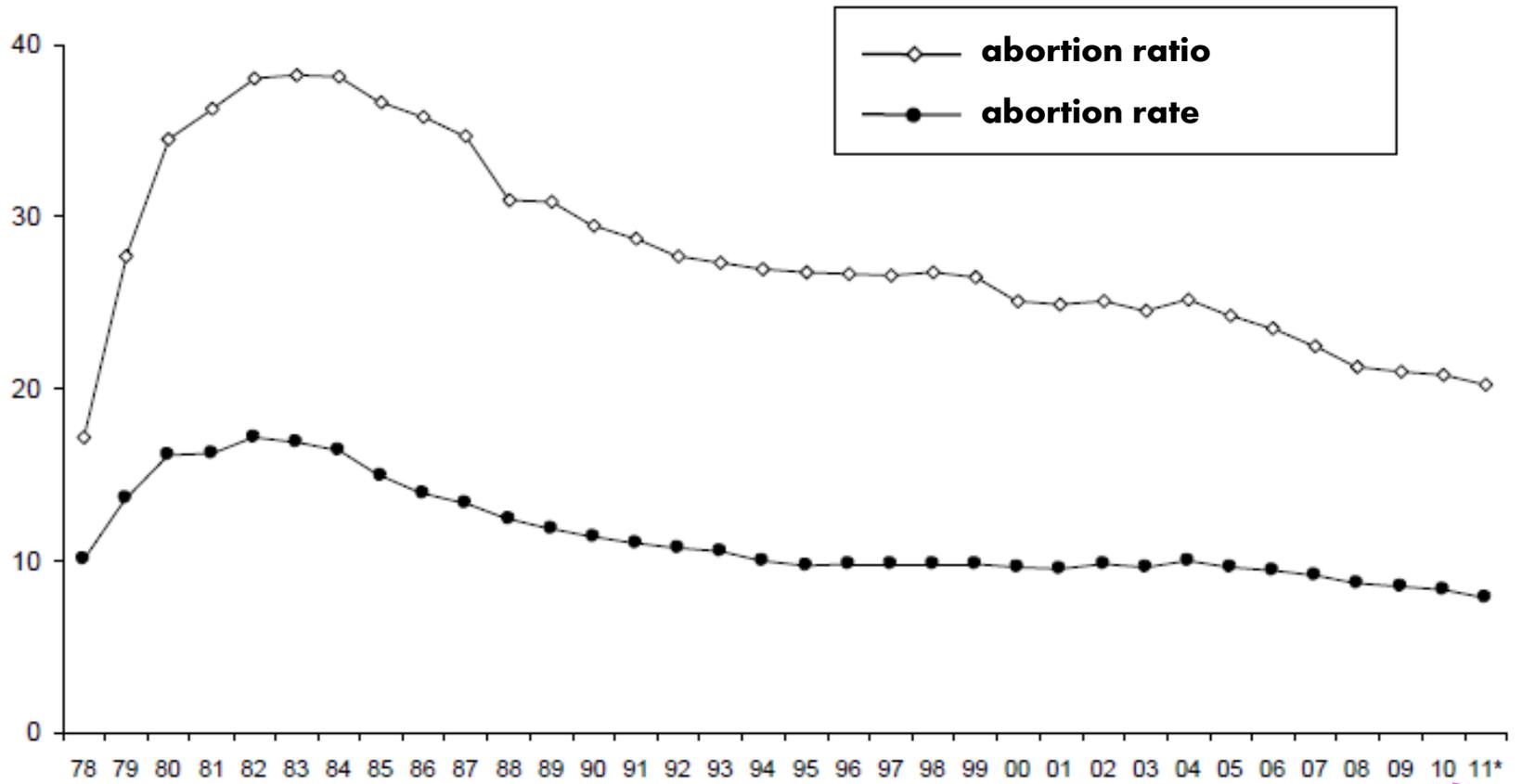
**there are no special abortion clinics in Italy**

## Number of legal abortion in Italy



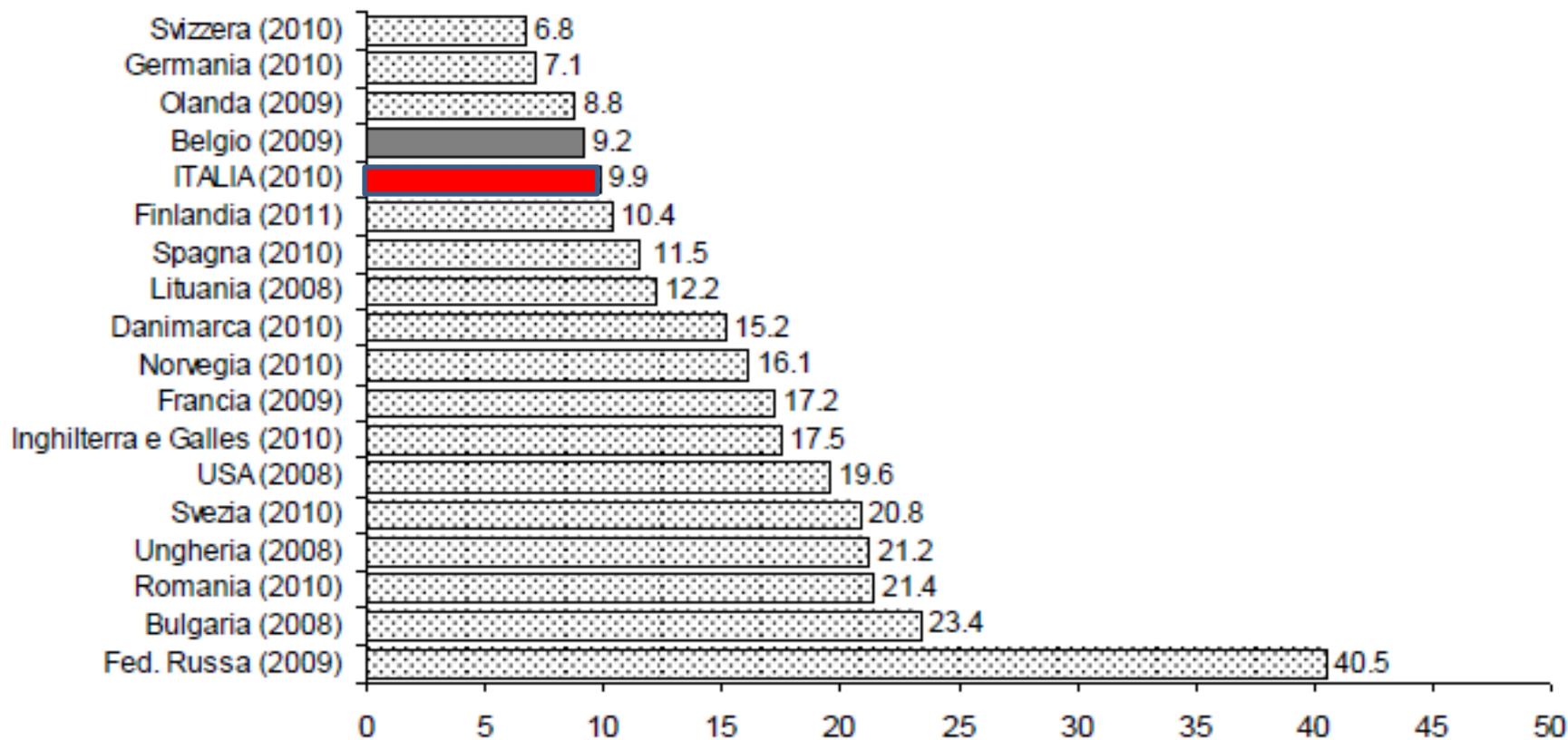
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Figura 1 – Tassi e Rapporti di abortività – Italia 1978-2011



\* dato provvisorio

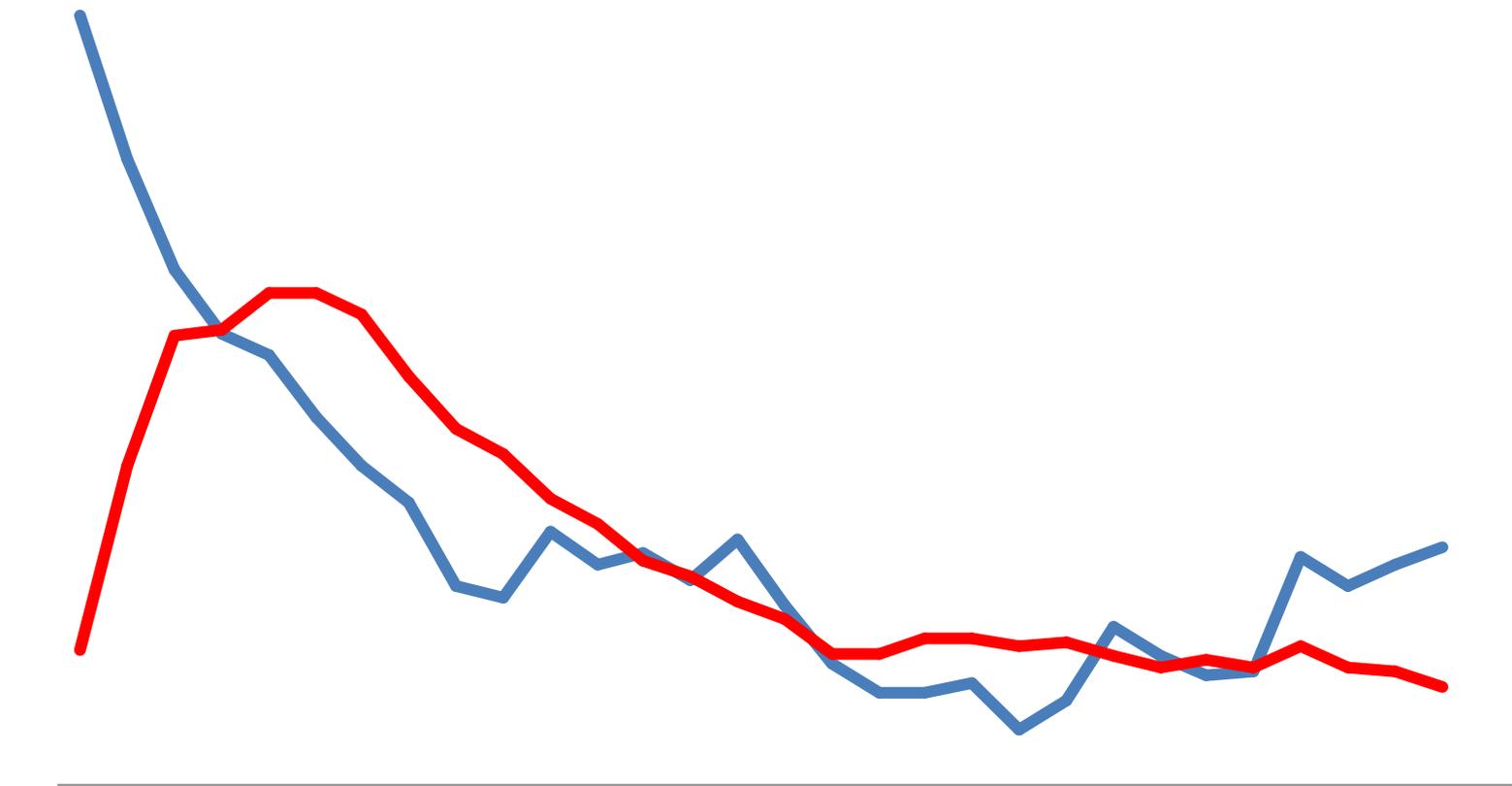
7.8 per 1000 w 15-49



Fonte: Statistiques nationales / Eurostat; Alan Guttmacher Inst. 2011

## children per woman in Italy

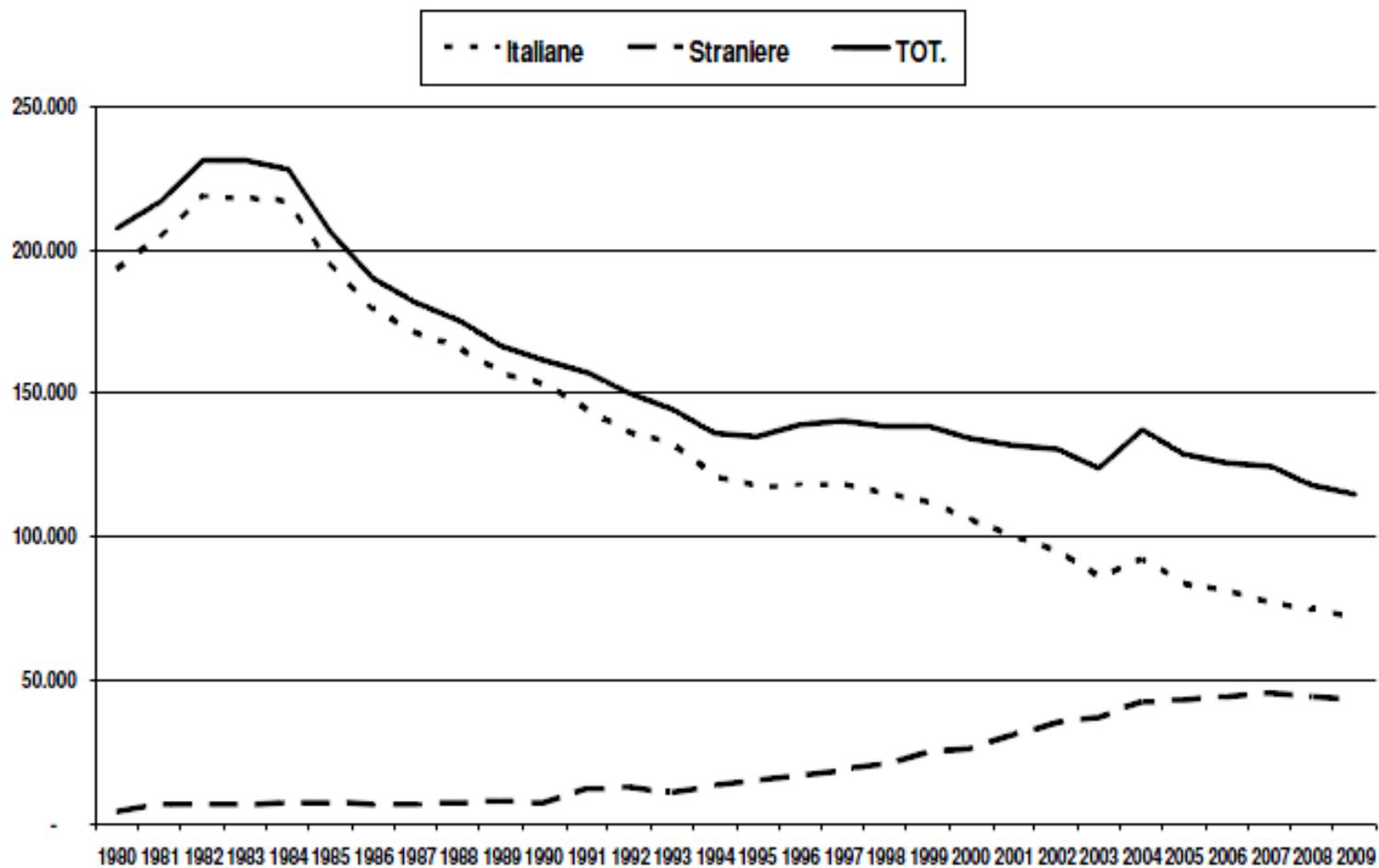




1978 1980 1982 1984 1986 1988 1990 1992 1994 1996 1998 2000 2002 2004 2006 2008

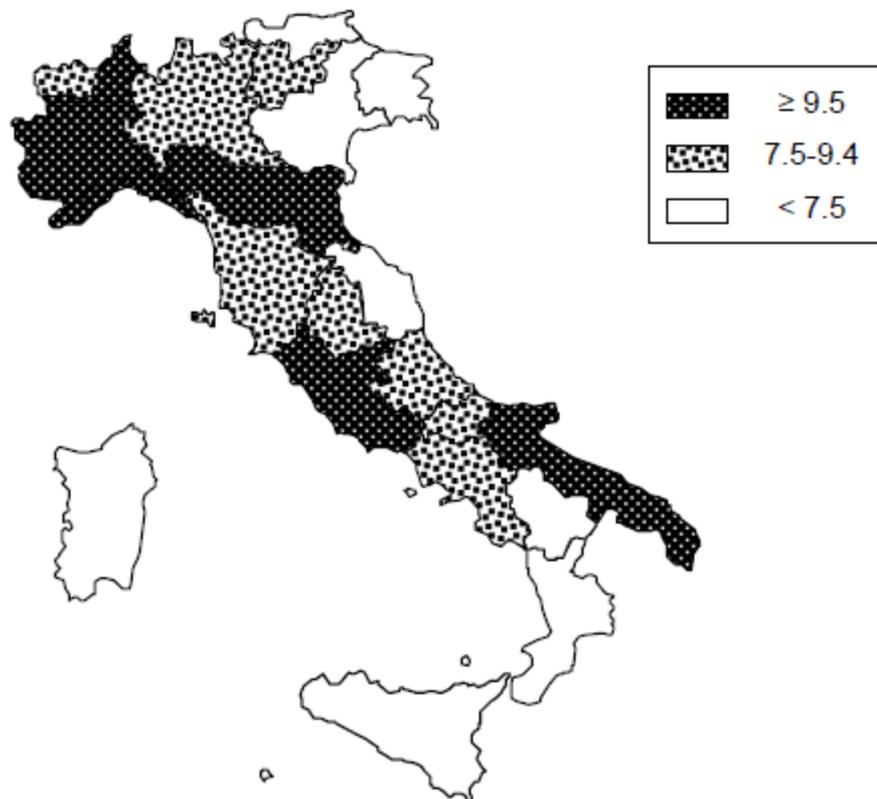
— births — abortion

the number of induced abortions among foreign women has increased



data varies considerably from one region to another

Figura 2 – Tassi di abortività – 2010





Conscientious objection is a major limiting factor  
in the implementation of the law



## Law No. 194 article 9

Health care providers  
shall not be required to assist in the procedures

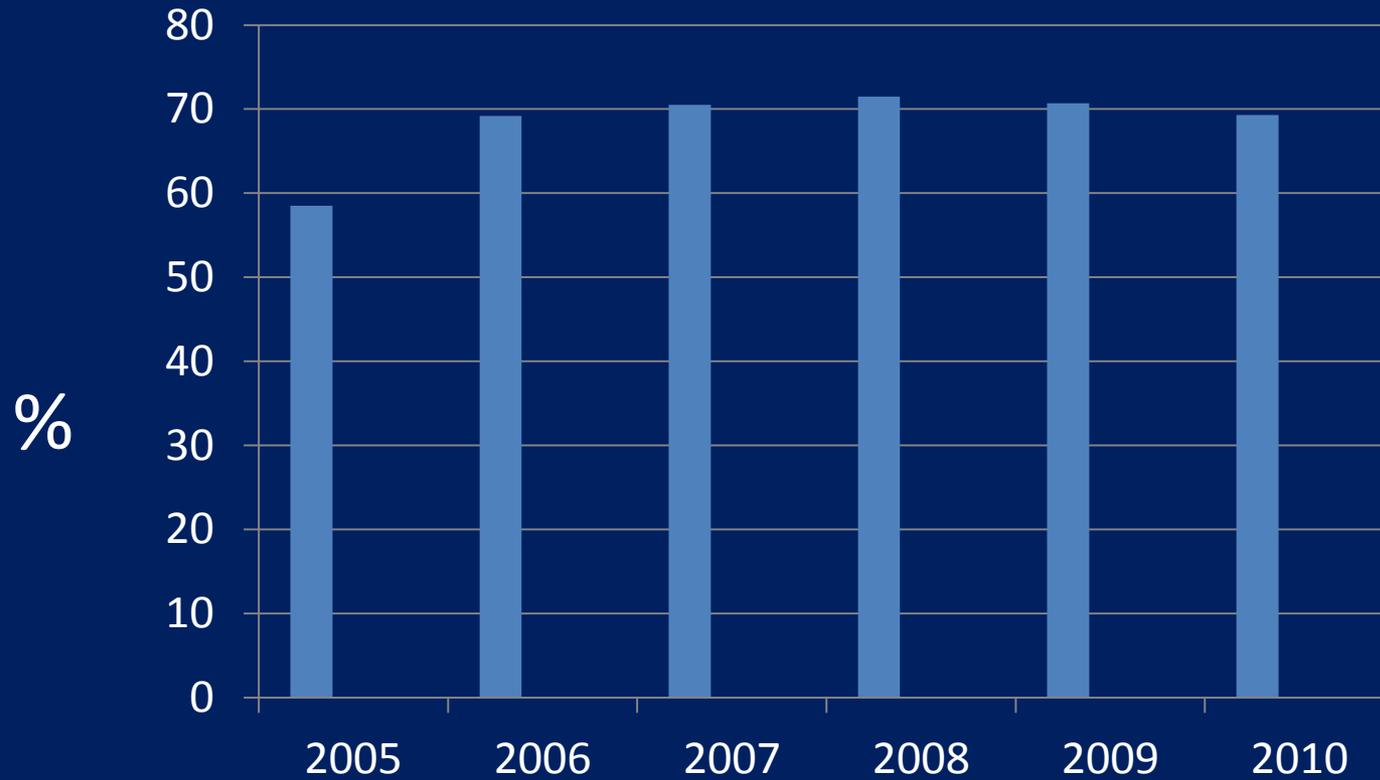
if they have a conscientious objection

declared in advance

## Conscientious objection to Abortion: art. 9

- ❑ Health professionals shall not take part in pre-abortion counseling and abortion provision when they express their **conscientious objection**, which **must be preventively declared** (when they are hired, via written declaration)
  - **Only exception: life risk for the woman!**
- ❑ They are **exempted from all procedures/activities aimed at provoking the termination**, but **NOT from assistance before/after them**
- ❑ **Registered hospitals and clinics must ensure abortion provision** and regions must control and grant the application of the Law (e.g by promoting physicians' mobility)
  - **However, many hospitals do not provide abortion services**
  - **Women migrate to other hospitals/cities/regions!**

## % of gynaecologists conscientious objector



# 70,7 per cent of the gynaecologists

Tabella 28 - Obiezione per categoria professionale nel servizio in cui si effettua l'IVG 2009

REGIONE	GINECOLOGI		ANESTESISTI		PERS. NON MEDICO	
	N	%	N	%	N	%
<b>ITALIA SETTENTRIONALE</b>	<b>1652</b>	<b>65,2</b>	<b>1684</b>	<b>43,1</b>	<b>3498</b>	<b>31,5</b>
Piemonte	284	63,8	227	40,9	367	20,8
Valle d'Aosta	2	18,2	5	26,3	0	0,0
Lombardia	560	66,9	607	47,1	1000	40,3
Bolzano	26	81,3	26	38,8	166	68,9
Trento	19	55,9	21	31,8	367	22,4
Veneto	391	78,0	430	49,0	1011	59,8
Friuli Venezia Giulia	67	60,4	39	36,1	174	30,5
Liguria *	98	57,3	128	28,1	98	6,8
Emilia Romagna	205	52,4	201	33,9	315	25,3
<b>ITALIA CENTRALE</b>	<b>681</b>	<b>69,5</b>	<b>709</b>	<b>52,3</b>	<b>2813</b>	<b>48,6</b>
Toscana	219	62,2	122	27,7	347	30,8
Umbria	62	63,3	95	63,3	1038	62,5
Marche	85	62,0	97	50,3	774	43,3
Lazio	315	80,2	386	69,5	654	53,6
<b>ITALIA MERIDIONALE</b>	<b>972</b>	<b>80,4</b>	<b>808</b>	<b>66,2</b>	<b>2415</b>	<b>56,5</b>
Abruzzo *	84	78,5	94	57,3	189	66,3
Molise **	24	82,8	28	77,8	73	82,0
Campania **	329	83,9	262	77,1	515	72,4
Puglia	340	79,4	274	61,3	953	73,5
Basilicata	69	85,2	59	63,4	421	27,1
Calabria	126	73,3	91	64,5	264	78,1
<b>ITALIA INSULARE</b>	<b>680</b>	<b>74,1</b>	<b>607</b>	<b>68,7</b>	<b>1747</b>	<b>72,5</b>
Sicilia	541	81,7	526	75,7	1426	87,0
Sardegna	139	54,3	81	42,9	321	41,8
<b>ITALIA</b>	<b>3985</b>	<b>70,7</b>	<b>3799</b>	<b>51,7</b>	<b>10473</b>	<b>44,4</b>

# LAZIO



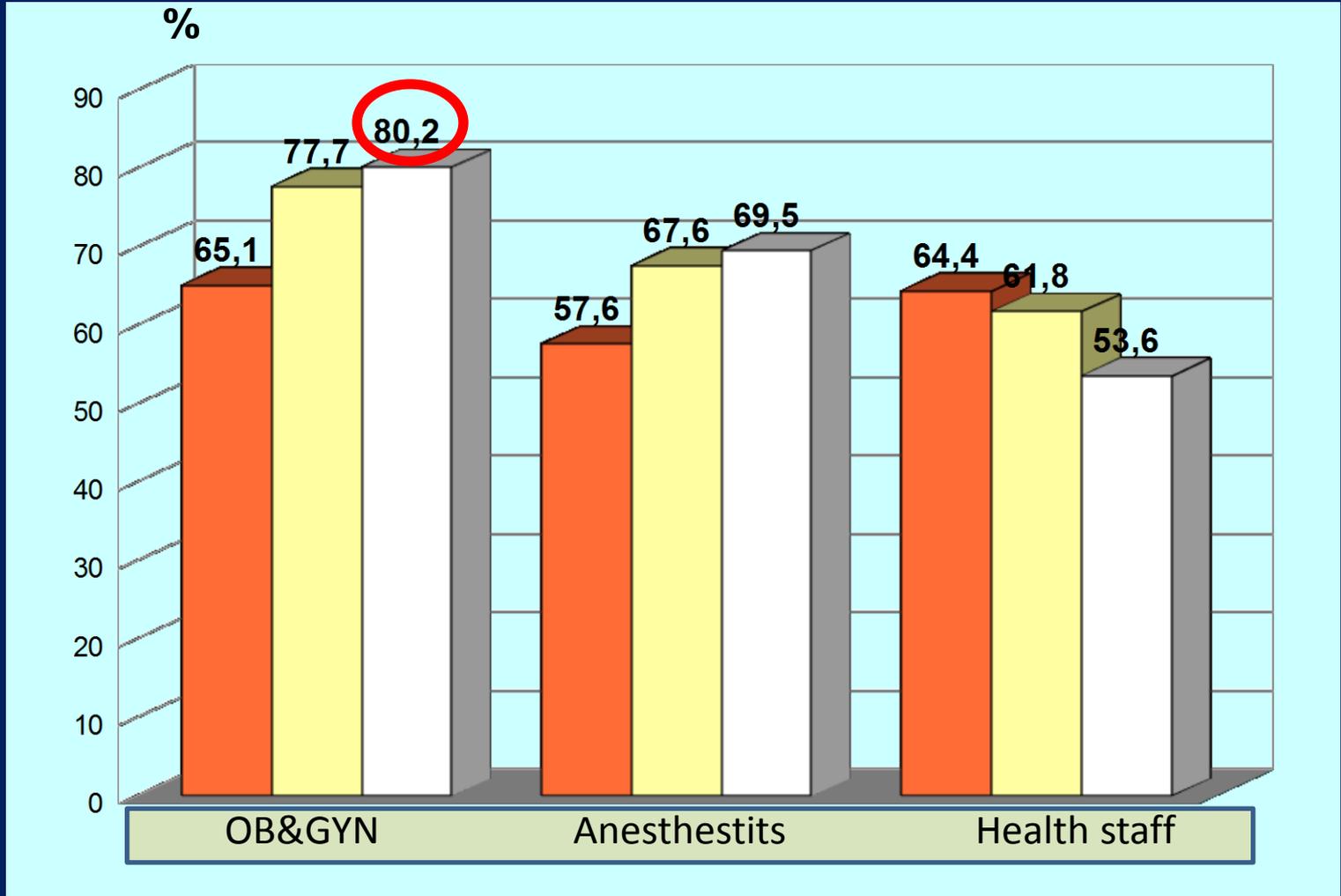
# 10 public hospitals /30 no abortion service

- **S.Anna, Roma (26 AS nel 2009)**
- **Osp. S.Andrea, Roma (81 AS nel 2009)**
- **Osp. Parodi Delfino, Colleferro (79 AS nel 2009)**
- **Osp. Angelucci, Subiaco (34 AS nel 2009)**
- **Osp. Civile Paolo Colombo, Velletri (158 AS nel 2009)**
- **Osp. Civile, Tarquinia (70 AS nel 2009)**
- **Osp. Belcolle, Viterbo (113 AS nel 2009)**
- **Osp. S.Scolastica, Cassino (151 AS nel 2009)**
- **Osp. S.Benedetto, Alatri (134 AS nel 2009)**
- **Osp. Santissima Trinità, Sora (113 AS nel 2009)**

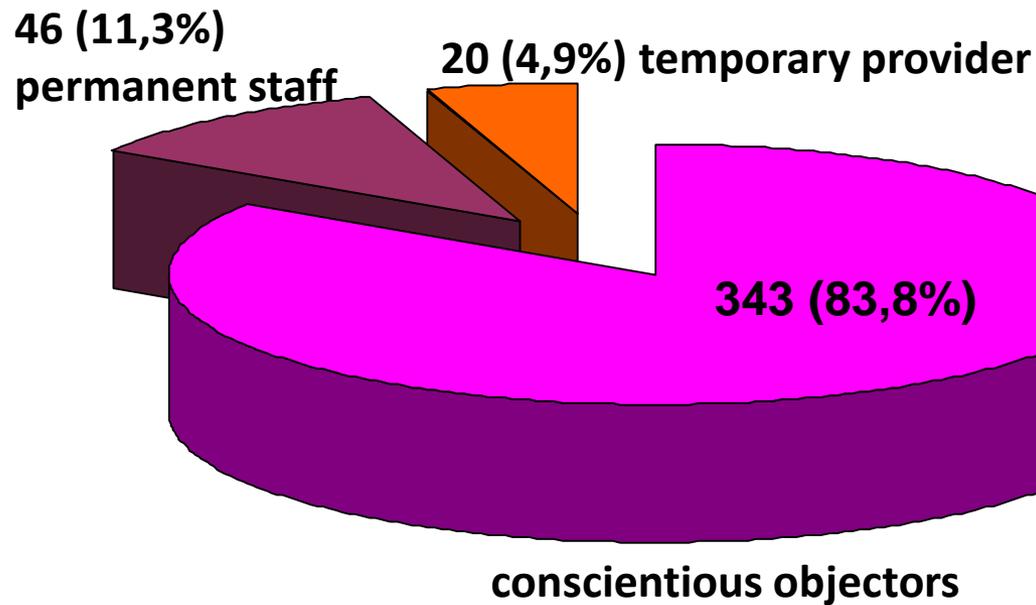
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**Policlinico Tor Vergata ( University)**

# Conscientious objections Lazio

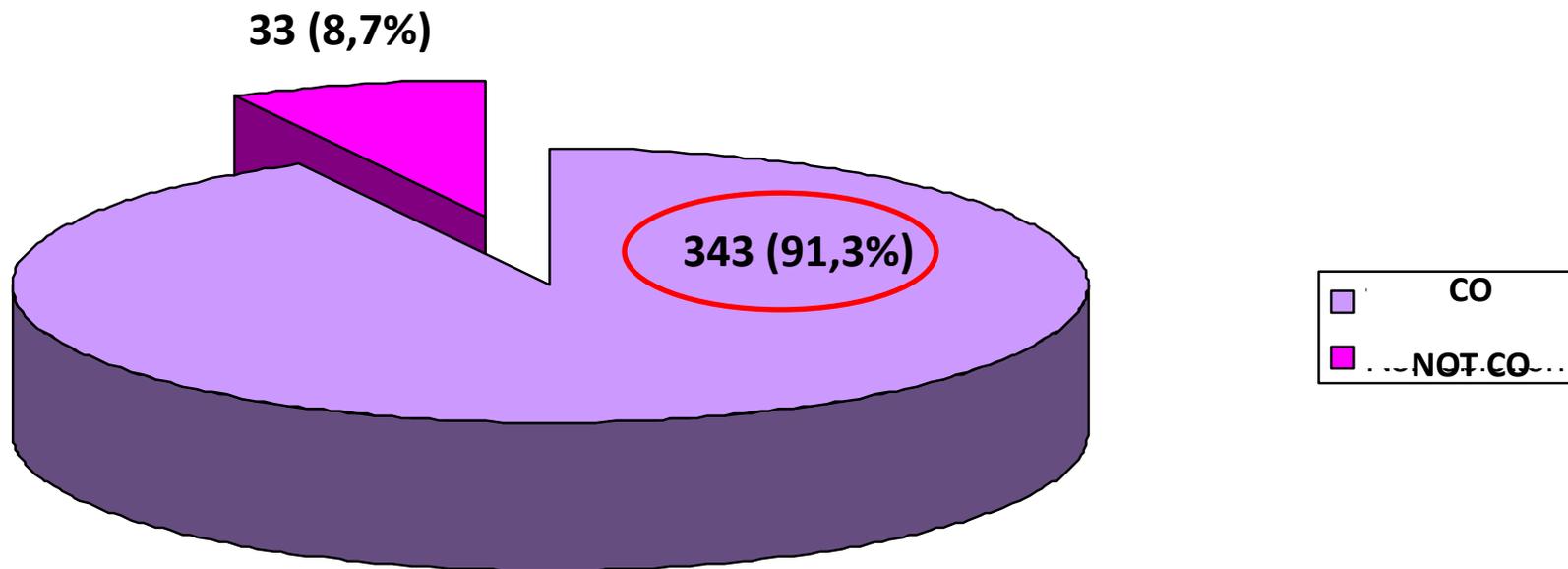


# Conscientious objectors gynaecologists Lazio



# Second trimester abortion

Permanent Gynaecologists : 389



# NOT APPLIED

**In all cases, hospital establishments  
shall be required to ensure that the procedures ...  
are carried out and pregnancy terminations requested ...  
are performed**



the delay between the issue of a certificate and the procedure is

**at least two or three weeks**

## gestational age

IVG (%) per epoca gestazionale, cittadinanza e area geografica, 2010

	Epoca gestazionale							
	≤8		9-10		11-12		> 12	
	italiane	straniere	italiane	straniere	italiane	straniere	italiane	straniere
NORD	38.7	32.1	39.6	44.0	15.9	21.9	5.8	2.0
CENTRO	39.3	26.9	42.0	47.8	14.1	21.3	4.6	1.3
SUD	58.7	47.3	31.3	39.5	8.1	12.7	1.8	0.5
ISOLE	37.0	34.2	47.3	50.6	12.2	14.3	3.5	0.9
ITALIA	44.4	33.2	38.5	44.7	12.9	20.5	4.2	1.6

## anesthesia

IVG (%) per tipo di anestesia, cittadinanza e area geografica, 2010

	Generale		Locale		Analgesia	
	Italiane	Straniere	Italiane	Straniere	Italiane	Straniere
NORD	93.7	92.9	4.5	5.5	1.8	1.6
CENTRO	83.6	79.1	16.1	20.7	0.3	0.1
SUD	92.7	89.5	6.6	10.2	0.7	0.3
ISOLE	96.1	94.3	2.1	2.8	1.8	2.9
ITALIA	91.6	89.0	7.2	9.9	1.2	1.1

# Mifepristone approval

## 1988

- China
- France

## 1991

- UK

## 1992

- Sweden

## 1999

- Austria
- Belgium
- Denmark
- Finland
- Germany
- Greece
- Iceland
- Israel
- Luxembourg
- Netherlands
- Spain
- Switzerland

## 2000

- Norway
- Taiwan
- Tunisia
- US

## 2001

- New Zealand
- South Africa
- Ukraine

## 2002

- Belarus
- Georgia
- India
- Latvia
- Russia
- Serbia
- Vietnam

## 2003

- Estonia

## 2004

- Guyana
- Moldova

## 2005

- Albania
- Hungary
- Mongolia
- Uzbekistan

## 2006

- Kazakhstan

## 2007

- Armenia
- Kyrgyzstan
- Portugal

## 2008

- Romania
- Nepal

## 2009

- Italy
- Cambodia

## 2010

- Zambia

## 2011

- Ghana
- Mexico
- Mozambique



Medical abortion has been approved since 2009

**only within 49 days of amenorrhoea**

in spite of the European mutual recognition procedure

# medical procedures

<b>2010</b>	<b>3836</b>
<b>2011</b> (6 months)	3404 estimated tot <b>7000</b>

# Medical abortion in Lazio

total number hospitals = 53



# Beyond religion: other factors influencing obgyns' attitudes to abortion and CO

**Objectors and non objectors agree: there are many “fake objectors”  
What does it mean? Why do many non religious obgyns claim CO?**

1. Where chief gynaecologist is objector= high rates of CO  
Individual or systemic CO?
  2. Experience/fear of abortion stigma & discrimination (more common where CO rates are high): *“abortion care is the Cinderella of gynaecology”*
  3. Lack of good training in abortion provision and epidemiology:  
obgyns with better training in abortion care are less likely to claim CO
  4. Emotional distress/moral conflicts provoked by surgical abortion procedures, particularly *at 12 wks<* (more common where CO rates high):  
*“it looks/behaves like a baby”* (power of scan images)
  5. Most obgyns envisage the embryo/fetus as a “patient” and/or a “life to safeguard” ... *if not abnormal!*
- Abortion for foetal abnormalities considered “morally better” than social abortion (woman as victim *versus* irresponsible woman):  
higher rates of CO to social abortions!

**IN QUESTO OSPEDALE E'  
VIETATO**



**SCEGLIERE**

**in this Hospital you cannot choose**



Restrictions in access to abortion and  
lack of having the choice  
between a medical or a surgical procedure  
are currently the major problems

The “morning-after” pill still requires a prescription in Italy  
where it was introduced in 2000



Pisa, 2008

*two women were reportedly denied prescriptions for the drug by pro-life doctors with  
conscientious objections to providing the drug*

**“This behavior could be against the code of conduct...”**

**The prescription of the morning-after pill has got nothing to do with  
the issue of conscientious objection”**

*Rocco Damone, the health manager responsible for the hospital*

# Italy doctors reignite “emergency contraception” conscience debate

Education Minister Giuseppe Fioroni said that

*“freedom of conscience is something that is clearly sanctioned by the Italian Constitution”*

The Vatican has argued that doctors should follow their consciences on the matter.

**Pope Benedict** said that **pharmacists also** had the “recognized right”

to refuse to supply the pill



Thank you