



ABORTION

IN EUROPE

Status report

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FINLAND

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Access to abortion in Europe appears to be a vested right. In reality, however, it is nothing of the kind. Attacks by anti-choice groups, both open and insidious, are increasing. Shaming of women remains the rule. Barriers to women's sexual and reproductive autonomy are a manifestation of institutionalised sexism, and must be fought as features of injustice and inequality.

The economic crisis and austerity politics have added new obstacles to existing ideological barriers: closure of abortion clinics, increasing waiting times, and limited resources being dedicated to information campaigns. Many women come under moral and psychological pressures that insinuate that abortion is necessarily traumatic, and that accessing it is irresponsible, even criminal. The Catholic Church's discourse on the "culture of death" is now being taken up by the Orthodox Church, which has traditionally been relatively tolerant of abortion and contraception. For several years, in Bulgaria, Georgia, Romania, Russia and Ukraine especially, Orthodox priests have been supporting legislative bills on protection of the embryo from the point of conception, even when the life of the woman is in danger. Evangelical protestant churches, especially the increasingly influential Pentecostal branches, are doing similarly. The creation of formal alliances between different religious strands during the 2000s is testimony to the consolidation of the anti-choice front. Likewise, the first Way of the Cross led by Pope Francis was aimed at denouncing abortion. In Europe, it is church parishes that have spread the word of the "One of Us" civil society initiative, calling for recognition of embryos as human beings.

At the level of international human rights, access to a safe and legal abortion is essential to guarantee women and adolescent girls their fundamental rights, including, among others, the rights to life, to non-discrimination, to equality, to health and to a private life.

United Nations treaty-based bodies have frequently expressed their concern about the link between restrictive abortion laws, secret and unsafe abortions, and high levels of maternal mortality and morbidity. In the case of restrictive abortion laws, the central problem is that women face difficulty accessing abortion even where they have the legal right to request it. Jurisprudence of the European Court of Human Rights makes clear that when a state adopts statutes permitting abortion in certain situations, it must not structure its judicial framework in such a way that limits a woman's ability to access abortion in practice. United Nations treaty-based bodies have also stated that in countries where abortion is legal, the state must ensure that the service is available, accessible and of good quality. United Nations treaty-based bodies have equally upheld that restrictive abortion laws may constitute inhumane and degrading treatment. In spite of all this, in several EU countries women face, or will soon face, significant challenges in accessing safe and legal abortion in accordance with the human rights norms mentioned here.

At the centre of the EU, several countries alongside Denmark and Sweden are bucking this trend: France, Luxembourg and the Netherlands. Their proactive policies in favour of the rights of women should be rolled out widely, because abortion has no place in a state penal code.



The European Union should therefore compel its member states to decriminalise abortion and bring it within the scope of a woman's fundamental right to health and self-determination.

This document compares the legislation in force across the European Union, as well as in Switzerland, Iceland and Norway.


AUSTRIA

Abortion is de-penalised at up to 16 weeks of pregnancy, and can be undertaken at the request of the women without medical reasons, following a preliminary medical consultation.

After 16 weeks, abortion is permitted in specific cases: danger to the life of the pregnant woman, or possible physical or psychological after-effects to her from the pregnancy; a risk of mental or physical impairment in the child; and where the pregnant individual was a minor at the time of conception.

Abortion is not reimbursed by medical insurance.


No doctor, nurse or paramedic is obliged to carry out or participate in an abortion, except where it is being undertaken to save the pregnant woman from imminent death.

 *For girls between 14 and 18 years of age, the girls' own consent is sufficient, so long as they are deemed capable of taking decisions. Minors of less 14 years of age must receive agreement from one of their parents or from a legal guardian.*

BELGIUM

Since October 2018, a new law has seen abortion removed from the penal code. Abortion is no longer considered an offence “against familial order and public morality”. However, despite repeated demands for improvements to the legal conditions surrounding abortion –such as an increase in the time limit, removal of the mandatory six days of reflection or removal of the threat of a prison sentence for the woman and doctor where these conditions are not met – the legal text remains unchanged.

On the other hand, the new law punishes those who hinder a person's access to an abortion clinic, removes the concept of distress and requires a doctor who does not wish to perform an abortion to refer the patient to another practitioner.


 *In February 2017, a professor who had been invited to a university described abortion as a “crime worse than rape”, accusing those who undergo one of being complicit in murder. In secondary schools, anti-abortion speeches are given by individuals tasked with providing sex education.*


Several misleading anti-abortion campaigns have been launched on public transport in Flanders and Brussels.

In May 2017, the Minister for Health refused to legalise access to the morning-after pill (emergency contraception) in family planning clinics, a service that has been available in practice for decades.

BULGARIA

Abortion is permitted at up to 12 weeks of pregnancy at the request of the woman and at up to 20 weeks following agreement from a medical commission. After 20 weeks, abortion is permitted if the life of the woman is in danger or in case of severe foetal abnormality.


 *Abortion is free for under-16s, for over 35s, where medically advised and in case of rape.*

 *The falling birth rate has become an obsession for the government. It vilifies adolescents who decide to end their pregnancies, especially via the media. Patchy sex education and the negative influence of the Orthodox Church reinforce the population's conservatism and traditional resistance to free choice.*

CROATIA

Since 1978, abortion at the request of the woman has been legal up to the 10th week of pregnancy. The pregnant woman must provide a written explanation for the request, which must then be approved by the doctor/practitioner. Beyond 10 weeks, an expert committee of doctors and social workers must certify that the health of the woman is in danger, that the foetus has a physical or mental deformity, or that the pregnancy is the result of rape or incest.

The cost of an abortion varies depending on region, but is overall very high in relation to the average salary. The cost is not covered by the state.

 *Despite the law, practical obstacles to abortion are becoming more and more numerous in addition to the shortage of practitioners. Between 1989 and 2005, the abortion rate declined by 90% – from 40,000 per year to 4,600 per year – while the population of young people aged over 14 increased by 11%. This was the result of campaigns by anti-choice and Catholic groups that had been going on since the fall of the Communist regime. As well as relying on the conscience clause, these campaigns use non-religious language and surprising methods, such as the introduction in 2000 of a coin with an illustration of a foetus on one side...*

In Croatia, modern contraceptive methods are also underused, owing to weak sex education.

CYPRUS

In March 2018, after years of debates in the face of one of the most restrictive legal regimes for abortion, a new law was adopted. It permits termination of a pregnancy at up to 12 weeks, following a mandatory psychological consultation. There is no requirement to demonstrate a risk to the health of the woman. The timeframe is extended to up to 19 weeks in cases of rape and incest. Minors must nonetheless provide parental consent.

Previously, abortion was illegal and could only be carried out where two doctors certified that the pregnancy presented a risk to the woman or the unborn child. In Cyprus, where abortion is a sensitive subject, the influential Orthodox Church has been steadfast in its opposition to decriminalisation.



CZECH REPUBLIC

Abortion on demand is permitted at up to 12 weeks of pregnancy. There must be a minimum gap of six months between any two abortions, except if the woman is over 35, already has two children or has been raped.

Written consent from the woman as well as a consultation before and after the abortion procedure is required. After 12 weeks, only medical reasons can be invoked, for which the state will cover the costs. Non-resident women do not have access to abortion in the Czech Republic unless their life is in danger.


DENMARK

After being informed of the consequences by a doctor, a woman may have an abortion at up to 12 weeks of pregnancy. After 12 weeks, and only in cases of rape and certain social and/or medical circumstances, the agreement of a committee composed of gynaecologists, social workers and psychologists is required. Minors must obtain parental consent.

 *Abortion costs are fully covered by the state. Since 2004, abortion has also been available to women who do not live in Denmark.*

ESTONIA

Abortion is permitted at up to 11 weeks of pregnancy following a medical consultation. The woman must sign a document that outlines the risks linked to abortion.

 *The timeframe is extended to 21 weeks for certain medical reasons, and for girls under 15 and women over 45.*

The state covers the full cost of an abortion if it is carried out for medical reasons, and two-thirds of the cost if it is carried out on demand.

FINLAND

Abortion is permitted on demand at up to 12 weeks of pregnancy. Two doctors must agree to it. The cost is fully covered by the state. The agreement of one doctor is sufficient if the woman is under 17 or over 40, or already has four or more children.

After 12 weeks, abortion is possible with special authorisation from the National Supervisory Authority for Welfare and Health:

- at up to 20 weeks for under 17s for social reasons;
- at up to 24 weeks in case of a risk to the foetus;
- with no time limit if the woman's health is in danger.

FRANCE

De-penalised since the Veil law of 1975, abortion is permitted at up to 12 weeks on demand. After 12 weeks, abortion is available for medical reasons and upon the recommendation of a multi-disciplinary consultative team. For minors, a psychological assessment is required.

👍 *Since 2013, abortion costs have been fully covered by social security, and by the state medical aid programme for women without social security. The Vallaud-Belkacem law of 4 August 2014 reinforced the right to abortion: the law removed the requirement stipulated in the 1975 law of “proven distress”, and penalised the imposition of any obstacle to accessing information on abortion. At the end of 2016, the Senate adopted an extension to the information access infraction in a bid to combat disinformation practices, especially on the internet, that intentionally mislead or exert psychological pressure on women and those around them in relation to abortion.*

! *Alongside the enormous so-called “Manif pour tous” demonstrations against same-sex marriage that took place in 2015, the Conference of Bishops of France publicly criticised the government’s information campaign on abortion. In the city of Tours, the government’s campaign was hijacked by an anti-abortion campaign led by the SOS Femmes Enceintes (SOS Pregnant Women) association. In Paris in June 2017, anti-abortionists used bus shelters to run a savage campaign against abortion.*

GERMANY

Abortion at up to 12 weeks of pregnancy is legal at the request of the woman, following a mandatory consultation at a recognised advice centre (except in cases of rape). After 12 weeks, two doctors must certify that “the physical or mental health of the mother is in danger”. Apart from for those on low income, abortion must be paid for by the patient.

! *In November 2017, a gynaecologist received a 6,000 euro fine for posting medical information about abortion on their website. As a result of an article of the 1933 penal code remaining in force, promoting and publicising abortion continue to be considered criminal offences. However, a corrective bill put forward by the governing coalition in 2018 permits healthcare professionals and clinics that carry out abortions to make it known that they are doing so, even if the information available about abortion remains limited. Parliament must still endorse the legislative change before it is entirely approved.*


GREECE

Abortion on demand is legal at up to 12 weeks of pregnancy. After that, it is permitted:

- at up to 19 weeks in case of rape;
- at up to 24 weeks in case of foetal abnormality;
- and without limit where the woman’s health is in danger or in case of serious problems with the foetus.


In reality, because it remains stigmatised, women often have abortions in secret.

 *Abortion is free if undertaken through the public health service, and partially covered by social security if undertaken privately.*

 *The legal conditions for abortion are outlined in the criminal code (article 304), underscoring the moral disapproval that exists of the practice. The United Nations Committee on the Elimination of Discrimination Against Women (CEDAW) in 2013 expressed concern about the “very low use of high quality, efficient methods of contraception, which means that women resort to abortions as a method of family planning”.*

HUNGARY

Abortion is legal at up to 12 weeks of pregnancy. A woman who requests an abortion must define a “serious crisis” that she is experiencing and attend two consultations with a social worker. After 12 weeks, abortion is possible for medical and/or social reasons upon the recommendation of two doctors.

 *In practice, abortion is very poorly perceived and access to it is very complicated. In 2012, the Orban government introduced into the constitution the concept of “protection of life from the point of conception”. Since 2017, it has pursued a pro-natalist policy based on the promotion of the “traditional family” and support for childbirth. This entails celebrating the house wife in school textbooks, awarding grants to hospitals that refuse to carry out abortions, an anti-abortion campaign in the metro in violation of the rules attached to Hungary’s EU financing programme, putting political pressure on clinics that carry out medical abortions that are considered “too easy”, and harassing NGOs that defend women’s rights.*

Pregnant minors are encouraged to pursue their pregnancy: they do not need parental consent to keep the child, but they do need parental consent to abort it.

CEDAW has asked Hungary to provide access to abortion for all women, without success.

IRELAND

Passage of the eighth amendment to the constitution in 1983 resulted in abortion being entirely banned. In 2013, the legislation was slightly softened. The penalty for undergoing an illegal abortion was reduced from life imprisonment to a 14 year prison sentence. Abortion was permitted in case of a medical risk to the woman or a risk of suicide, attested to by three doctors, two of whom had to be psychiatrists. Women recognised as suicidal were subjected to excessive medical examinations, leading to further mental distress. The law prohibited abortion for victims of rape or incest and for pregnant women whose babies have severe deformities and are not viable, while also imposing penalties on health care providers that advise women to have an abortion outside Ireland. Several thousand women were traveling to England each year for an abortion; this required financial means and had a further discriminatory effect.

👍 At a referendum held on 25 May 2018, almost 70% of the Irish population declared their readiness to modify the law and to remove the eighth amendment. In December 2018, the Irish parliament passed a bill legalising abortion. The new text permits unconditional abortion at up to 12 weeks of pregnancy, with a mandatory period of reflection of three days between the two consultations. The law permits abortions at up to 24 weeks in case of a danger to the life of the pregnant woman or foetal abnormalities that could lead to the foetus' death in utero.

ITALY

Abortion is permitted at up to 90 days of pregnancy – a little under 13 weeks – for social and/or medical reasons following a preliminary consultation with a doctor. After that, it is available for medical reasons (danger to the life of the mother or foetal abnormality).

Abortion costs are fully covered by the state.

! According to the Italian Ministry for Health, more than 80% of medical personnel refuse to perform abortions for reasons of conscience, which poses direct barriers to access to abortion: it creates difficulties in finding a practitioner, draws out time delays, generates humiliation and increases psychological distress.

This figure is increasing among doctors and gynaecologists, as well as nurses, anaesthetists and porters. Women are forced to travel if they have the means, but increasingly resort to illegal, secret abortions and therefore face risks. In response, the Italian Cabinet of Ministers on 26 February 2016 approved a legislative decree de-penalising secret and illegal abortion. However, at the same time it increased the financial penalty for such an offence. Women who have had an illegal abortion now face a fine of up to 10,000 euros, compared with a fine of just 50 euros under the previous law.

! In an attempt to promote pro-natalistic policies in Italy, Lorenzo Fontana, the new Minister for Family Affairs and member of the far-right party “Lega Nord”, states that “abortion is the first cause of femicide worldwide.” On the contrary, it is the ban on abortion and its dramatic consequences – underground and unsafe abortions – that kill more than 50.000 women each year worldwide.

ICELAND

Abortion is permitted at up to 12 weeks of pregnancy, and in certain cases, at up to 20 weeks. The woman must nonetheless obtain permission from a doctor and from a social worker.

Abortion costs are fully covered by social security, but the visit to the doctor is not reimbursed.

LATVIA

Abortion is legal at up to 12 weeks of pregnancy on demand and in case of rape, following a mandatory medical consultation. Between 12 and 22 weeks, a medical justification and agreement from a committee of doctors, as well as a written request from the woman, are necessary. Parental consent is mandatory for those under 16. Abortion costs are fully borne by the woman, except where the abortion is carried out for medical reasons.

LITHUANIA

Abortion is permitted at up to 12 weeks of pregnancy on demand, following a medical consultation and a written request from the woman. The permitted time-frame goes beyond 12 weeks where there are medical reasons. Abortion costs are borne by the woman but reimbursed by her (mandatory) health insurer where the abortion is performed for medical reasons.

Consent from the father is recommended, but not mandatory. Parental consent is required for those aged 16 or under, and recommended for adolescents aged between 16 and 18.

! *Under pressure from the Polish minority political party, a bill on the protection of life in the pre-natal phase was discussed in parliament in spring 2014. It represented a fresh attempt by the state to regulate public morality to the detriment of the health and life of women. The bill proposed limiting legal abortion to two circumstances: where the pregnancy constitutes a threat to the life or the health of the woman, and where the pregnancy is the result of a criminal act. If the law had been adopted, any doctor carrying out an abortion would have faced three years imprisonment. In April 2015, the government ceded to pressure from the Conference of Lithuanian Bishops and approved a bill on the fundamental principles of the protection of the rights of the child, before and after birth.*

LUXEMBOURG

👍 Abortion on demand is authorised at up to 12 weeks of pregnancy. After 12 weeks, medical reasons and the approval of two doctors are required. There is no time limit if the life of the woman or the unborn child is under threat.

Since 2014, abortion has no longer been part of the penal code, and the requirement that the woman be in “a state of distress” has been removed. Furthermore, the second psychosocial consultation is now optional for adult women. It remains mandatory for minors.

Abortion costs are reimbursed in full by social security.

MALTA

✘ Abortion is illegal in all circumstances. Both a doctor carrying out an abortion and a woman undergoing one can face up to four years imprisonment. A protocol annexed to Malta’s accession treaty to the European Union in 2004 guarantees that current and future European legislation cannot modify Maltese law on abortion. Divorce was only legalised in 2011 on this little island where the Catholic Church remains extremely influential and where women are second-class citizens, and are particularly hindered in their professional lives. In December 2016, following a long battle, Malta legalised the morning after pill (emergency contraception), and it is now available in pharmacies without a prescription. In practice, many pharmacists make use of a “conscience clause” in order to refuse to provide the pill.

NETHERLANDS


Abortion is available on demand, and there is no time limit prescribed by law. Nonetheless, the penal code considers killing of a viable foetus to be infanticide. The time limit is generally estimated at 24 weeks, but in practice is usually brought back to between 20 and 22 weeks. Abortion costs are fully reimbursed by health insurance providers. Dutch clinics receive women from other European countries whose pregnancies have gone beyond the permitted time frame for abortion in their own country, including several hundred women living in Belgium.


NORWAY


Since 1978, abortion has been authorised at up to 12 weeks of pregnancy at the simple request of the woman. The law allows for abortion at between 12 and 18 weeks in exceptional circumstances, dependent on the health or social situation of the woman: if the foetus is at risk of serious medical complications or if the woman became pregnant while a minor or as a result of sexual abuse. After the 18th week, the reasons for ending a pregnancy must be extremely serious. Those under 16 years of age must receive parental consent to end their pregnancy. After 12 weeks, a committee made up of two doctors decides whether to accept a termination request.

 *If the request is refused, it is automatically reviewed by a new committee called an “appeal committee”. Abortions are carried out in hospital and the procedure is free.*

POLAND


 Abortion is prohibited except in the case of rape or incest, foetal abnormalities or where the health of the woman is under threat. In these cases, abortion is permitted at up to 12 weeks of pregnancy only. The majority of doctors refuse to intervene and request additional examinations until the permitted time limit has passed. After 12 weeks, only medical reasons can be invoked and an abortion requires the authorisation of two doctors, neither of whom can be the doctor performing the abortion.

 *In September 2016, following a petition by the Catholic Church of Poland that attracted more than 450,000 signatures, the Polish parliament approved at first reading a proposal to criminalise abortion in all cases except where there is an imminent threat of death to the pregnant woman. The parliament simultaneously rejected a counter-proposal on liberalising access to abortion. Following enormous protests in Poland (“Black protests”), as well as elsewhere in Europe, parliament eventually rejected the proposal.*

 *At the end of June 2017, the Polish president approved a law limiting access to the morning after pill (emergency contraception). It is now only available on prescription. In March 2018, with the support of the Polish episcopacy, a new draft law said to be in the name of a citizen initiative was put before parliament. The law called for abortion to be prohibited in case of indications of the foetus having a serious illness or a disability — such cases make up the majority of abortions carried out in Poland. The proposals once again provoked major demonstrations in the country.*

PORTUGAL

Since 2007, abortion has been permitted at up to 10 weeks with the written consent of the woman and a medical certificate from a doctor other than the one performing the abortion. Abortion is permitted at up to 16 weeks in cases of rape and for medical reasons, at up to 24 weeks in cases of foetal abnormality, and without limit where the life of the woman is in danger. Under 16s must obtain parental consent to end their pregnancy. A 3 day period of reflection is mandatory except where the legal limit is passed.

 *Abortion is covered by social security except where the woman uses a private practitioner. Women without a residence permit also have the right to access healthcare, including abortion.*

ROMANIA

Abortion is permitted at up to 14 weeks of pregnancy on demand, and after that time if there is a risk to the foetus or to the life of the woman. The pregnant woman must provide written consent to have an abortion. Those under 16 years of age must have parental consent.

An abortion incurs a modest cost under the public health system and is partially reimbursed by social security. In practice, however, women themselves must often pay the costs in full.

SLOVAKIA

Abortion is permitted at up to 12 weeks on written demand, following a mandatory consultation. A gap of at least six months between any two abortions must be observed, except if the woman is over 35, already has two or more children, or is a victim of rape. After 12 weeks, abortion is permitted for medical reasons and in case of rape.

Those under 16 years of age must have parental consent.

Costs are only covered by the state where the abortion is for medical reasons. The cost of an abortion on demand is very high.

SLOVENIA

Abortion is permitted at up to 10 weeks on demand, and following that for medical reasons after the case has been presented to a multi-disciplinary committee.


Minors must obtain parental consent unless they have been recognized as financially independent.

Abortion costs are not covered by the state.

SPAIN

A 2010 law permits abortion at up to 14 weeks, and up to 22 weeks in case of foetal abnormality (with the agreement of two doctors) or risk to the health of the woman (with the agreement of one doctor).

After 22 weeks, an abortion may only be performed in case of foetal abnormality or where an extremely serious and incurable disease has been detected in the foetus. Such a diagnosis must be confirmed by a committee of doctors.



! A bill adopted at the end of 2013 largely removed the right to abortion: the law permitted abortion only where danger to the physical or psychological health of the woman was proven, or where a charge of rape had been made. In the face of huge national and international pressure, the prime minister withdrew the bill in September 2014.

A separate law approved in 2015 restricted access to abortion for girls between 16 and 17 years of age. They must now inform their parents of their intention to have an abortion, though they are not required to obtain parental consent, in contrast to under 15s.

The cost of abortion is not covered by the state.

SWEDEN

Abortion is permitted at up to 18 weeks of pregnancy on demand and after that for “specific reasons”, at the decision of a multi-disciplinary committee. Reasons include very young age of the woman, psychological problems or addiction, and foetal abnormality.

Costs are fully covered by the state.

SWITZERLAND

Abortion is permitted at up to 12 weeks following a mandatory consultation with a doctor, and via a written request from the woman in which she must declare that she is in a state of distress. After 12 weeks, a medical recommendation is required, attesting that there is a serious risk to the pregnant woman’s physical integrity or that she is in a state of profound distress.


All abortions must be declared to the competent authorities for statistical purposes. The anonymity of the woman in question is guaranteed and medical confidentiality must be respected.

Abortion costs are covered by the state.

UNITED KINGDOM

In Great Britain (England, Scotland and Wales), abortion is permitted at up to 24 weeks of pregnancy and after that for medical reasons. Two doctors must attest that the physical or mental health of the woman is in danger or that there is a risk to the foetus. Abortion costs are almost entirely covered by the state health service.

Abortion is available to women who are not resident in the United Kingdom (this provision is mostly used by North Irish women).



! In Northern Ireland, a region of the United Kingdom, abortion is prohibited except where there is a danger to the life of the pregnant woman. In such circumstances, costs are fully reimbursed. Abortion on demand is totally illegal, as is termination of a pregnancy in case of rape, incest, or foetal abnormality — having an abortion in such circumstances engenders a penalty of up to 20 years in prison. In the latter three circumstances, women who want to have an abortion can do so in Great Britain. The UK’s social security system (the NHS) reimburses abortion costs for women travelling from Northern Ireland.

the 1990s, the number of people with a diagnosis of schizophrenia has increased in the United Kingdom (Meltzer and Murray 1998).

There is a growing awareness of the need to improve the lives of people with a diagnosis of schizophrenia. The United Kingdom has a national strategy for mental health care (Department of Health 2003) and the World Health Organization has published a strategy for mental health care (World Health Organization 2003).

The aim of this paper is to describe the development of a national strategy for mental health care in the United Kingdom.

The paper is organized as follows. The first section describes the current situation in the United Kingdom.

The second section describes the development of a national strategy for mental health care in the United Kingdom.

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The twenty-fourth section describes the development of a national strategy for mental health care in the United Kingdom.

The twenty-fifth section describes the development of a national strategy for mental health care in the United Kingdom.

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