

Comparative Analysis of Legislation on Voluntary Interruption of Pregnancy: Italy's position relate to international panorama

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Abstract

Background. The voluntary interruption of pregnancy (VIP) remains one of the most contentious issues worldwide, subject to different legal frameworks and cultural interpretations. Access to VIP is considered a fundamental right for women, recognized by international organizations such as the World Health Organization (WHO) and supported by the United Nations. It is estimated that 40-50 million abortions are performed each year, of which about 75% are in developing countries. IVG is legal in only 25 countries, while in the others, it is severely restricted or illegal, leading to an increase in risky and illegal practices.

Methods. We consulted government and ministerial websites in European countries to gather data on current abortion laws. In addition, scientific articles and legislative documents compare regulations across some countries, especially from 2020 to today, analyzing differences, similarities and implications. Percentage data on the number of abortions in several European countries, including Italy, were analyzed.

Conclusion. Our analysis revealed significant differences in abortion laws between European countries. In many countries, abortion is allowed at the request of the woman within a certain gestational age limit, which typically ranges between 10 and 24 weeks. However, in some countries, the restrictions are much stricter, with limitations making access to legal abortion very difficult or impossible. In conclusion, the Italian experience highlights the importance of considering local sociocultural dynamics in shaping IVG policies and highlights the need for an evidence-based approach to guarantee women right to reproductive health internationally, surrounding reproductive rights, gender equality, and public health policy. *Clin Ter 2024; 175 Suppl. 1 (4):117-120 doi: 10.7417/CT.2024.5097*

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Introduction

Voluntary interruption of pregnancy (IVG) is an issue of great social, ethical and legal relevance, which has sparked heated debates around the world. In Italy and Europe, laws and social perceptions regarding abortion have undergone

significant changes throughout history, reflecting cultural, political, and scientific evolutions. According to WHO guidelines (1), published recently to updates and replaces previous recommendations, voluntary termination of pregnancy may currently be a safe practice for the woman with low complication rates (2).

In Italy, the abortion debate reached a crucial point with the introduction of Law 194 of 1978 (3), which legalized abortion within the first 90 days of pregnancy, recognizing the right of women to terminate their pregnancies safely and legally. Before the adoption of this law, abortion was strictly forbidden and sanctioned, forcing many women to resort to clandestine practices, often dangerous to their health and lives. Law 194 represents a crucial turning point in the history of women's rights in Italy, guaranteeing not only the possibility of choice, but also adequate health support. This intervention can be carried out at the public facilities of the National Health Service and at private facilities affiliated and authorized by the Regions. Voluntary termination of pregnancy can be practiced after the first 90 days in some special situations where there is danger to the life of the woman or when there are serious abnormalities of the fetus.

In the European context, the approach to IVG varies greatly between different countries, reflecting different cultural and religious traditions. Countries such as France, the Netherlands, and the United Kingdom adopted progressive laws as early as the 1970s, allowing abortion on demand in the early stages of pregnancy and ensuring access to safe medical services. Other countries, such as Ireland and Poland, have historically maintained stricter restrictions, often influenced by strong religious and political pressures. In recent decades, Europe has witnessed significant changes: Ireland legalized abortion via a referendum in 2018, reflecting profound social change, while Poland has implemented even stricter restrictions, sparking protests and intense public debate (4). These dynamics highlight how the right to IVG continues to be a terrain of confrontation and evolution. In Europe, Ireland continued to develop its legislative framework on abortion after the 2018 referendum. Countries such as Poland have instead tightened their laws, further restricting access to abortion, allowing abortion only in very

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limited circumstances, such as danger to the woman's life or serious fetal abnormalities. By contrast, countries like the United Kingdom have more permissive laws that allow abortion on demand until late stages of pregnancy, albeit with some limitations.

In June 2022, the U.S. Supreme Court overturned the landmark *Roe v. Wade* in 1973, which guaranteed the constitutional right to abortion. This decision transferred the authority to regulate abortion to individual states, leading to significant legislative fragmentation. Some states immediately implemented strict restrictions, while others strengthened abortion protections.

In the global context, France is recently the only state that has introduced the right to voluntary interruption of pregnancy into the Constitution, creating a revolutionary legislative precedent (5).

However, IVG continues to be a highly topical and debated topic, with emerging issues related to the accessibility of services, conscientious objection by physicians, and the influence of international policies on reproductive rights, at a time when women's rights are at the center of political and social issues.

Materials and Methods

In this analysis, we consulted government and ministerial websites of some European states and articles about abortion in various countries, especially in the European context. The authors conducted their research on PubMed of the National Library of Medicine, using keywords such as abortion, termination of pregnancy, published in English since 2020. Data were collected and analyzed to identify the main legislative differences and their possible implications in the Italian context, regarding the rate of IVG in women of childbearing age, the percentage of pharmacological vs surgical IVG, the degree of accessibility and availability of services, as well as the percentage of conscientious objectors among physicians.

Results

The analysis of data from the Eurostat database shows a significant variation in abortion rates between different European countries, due to the influence of legislative policies, in association with the availability of contraception services and access to safe abortion services (6). The maximum time limit for IVG varies from 10 to 24 weeks of gestational age, with more than half of countries setting this limit at 12 weeks.

The data presented contains information on abortion rates across different countries from 2013 to 2022. The abortion rate represents the number of abortions per 1,000 women of reproductive age (15-44 years) in each country. By analyzing and summarizing the trend of the data of some of the main European countries, we have highlighted that:

- France: stable abortion rates point to a health system that adequately supports family planning and access to safe abortion services.

- Spain: The increase in rates can be seen as an effect of recent legislative changes that facilitate access to abortion.
- Germany: The slight decrease in rates reflects a good integration of counselling and contraception services into the healthcare system.
- England and Wales: High lift, influenced by changing socio-economic conditions and access to reproductive healthcare. (+17% 2022).
- Poland: Extremely low rates of legal abortion likely mask a reality of clandestine and cross-border abortions, highlighting the consequences of severe legal restrictions.
- Italy: Declining abortion rates.

In 2021, according to the Report of the Minister of Health (7) the abortion rate in Italy was 5.3 IVGs per 1,000 women of childbearing age (63.653 IVG), with an abortion rate among the lowest in Western countries, confirming a downward trend over time compared to 2020 where an abortion rate of 5.4% was recorded. The data shows that the percentage of pharmacological IVGs is increasing, rising from 31.9% in 2020 to 45.3% in 2021. However, this mode is still less practiced than in other European countries such as the United Kingdom (87%) and France (76%). In addition, it was seen as a critical point is that accessibility to IVG services varies between regions. Some women have to move outside their region of residence to obtain IVG, with a national mobility average of 8%. While there is partly an overall decrease in the percentage of conscientious objectors in Italy, with a percentage in 2021 of 63.6% of gynecologists (a decrease compared to 64.6% in 2020), 40.5% of anesthesiologists and 32.8% of non-medical staff, however, a high discrepancy between the different regions must be considered.

Discussion

Legislative differences have important consequences for European women. In countries with more restrictive laws, women may be forced to travel abroad to access safe abortion services, thus facing significant expense and logistical difficulties. This creates an unacceptable inequality in access to reproductive health services, based solely on place of residence (8). The lack of safe and legal access to abortion can lead women to resort to unsafe methods, putting their health and lives at risk. This is particularly concerning in settings where local health facilities are unable to offer adequate post-abortion care.

Since 1979, the National Institute of Statistics (ISTAT) (9), after Law No. 194 of 1978, has started collecting data on cases of voluntary interruption of pregnancy. These are detected through the completion by the doctor in charge of the procedure, of an IVG declaration form called form D.12. The information covers both a detailed medical history of the woman who wants to terminate the pregnancy and the type and characteristics of the intervention. The former include: date of birth; municipality of birth and municipality of residence; province of intervention; citizenship; marital

status; educational qualification (the highest obtained); Professional/non-professional status (a woman is in a non-professional condition if she is a housewife, student, retired, looking for her first job. You are in employment if you are working or unemployed, meaning that you have lost a previous job and are looking for-work); position in the profession; branch of economic activity; previous reproductive events (number of live births, stillbirths, miscarriages, IVG); gestational age; weeks of amenorrhea, possible presence of malformations (10).

In Italy, women who plan to undergo a voluntary termination of pregnancy (IVG) can contact the Family Counselling Centre (CF - Consultorio Familiare) in their health care district of residence. At the CF, they will receive support to assess and discuss the reasons for their decision, explore alternative solutions to IVG and consider all available options, through anonymous counseling. The clinics must be supported by qualified staff, such as doctors, nurses, midwives, and psychologists, who provide professional and personalized care. The gynecologist will conduct health assessments, including evaluating gestational age and the overall health of the pregnant woman and then the IVG procedure will be scheduled after seven days, in accordance with the provisions of law 194/78. In general, the clinics are accessible free of charge or at discounted rates to ensure access to health services for all, regardless of economic situation.

Regarding the type of abortion method, it turns out that pharmacological IVG has likely had a positive effect on the overall decrease in IVG, but it is essential to provide correct information about this method to prevent inappropriate use of this procedure. In 2020, the Ministry of Health issued new guidelines on medication abortion with the intake of two drugs: mifepristone or RU486 and misoprostolo (11). Specifically, the changes consist of increasing from seven to nine weeks for administration and the possibility of carry out the procedure also in clinics and day hospitals. However, it is difficult to find of the updated data, since many regions do not follow the new ministerial guidelines, highlighting the high regional disparities also with regard to medical abortion. However, the World Health Organization (12) has published recently new guidelines in which it says that medication abortion is safe even within 12 weeks and that the abortion pill can be taken safely even without a doctor's supervision.

A peculiar aspect of the Italian context is the high rate of conscientious objection among doctors, which can make access to abortion difficult. According to the Ministry of Health, about 70% of Italian gynecologists are conscientious objectors. This situation leads to uneven access to IVG services, with some regions being particularly difficult to find non-objecting doctors. The stigma associated with abortion is another recognized barrier to accessing safe abortion and can contribute to the maternal mortality rate worldwide.

However, in France, abortion is legal and regulated by the 1975 Loi Veil, a key figure in its promulgation. The law allows the termination of pregnancy up to the 14th week of amenorrhea (12 weeks' gestation). The decision is left to the woman, who must respect a cooling-off period of at least one week between the request and the execution of the abortion, which can be reduced to 48 hours in cases of urgency. Even

though in France conscientious objection is recognized, every public hospital is obliged to guarantee the IVG service. In addition, the costs of the intervention are covered by the national health system, thus ensuring more uniform access and less influenced by economic factors than in Italy.

The UK also has one of the most liberal abortion laws in Europe, regulated by the Abortion Act of 1967. This law allows abortion up to the twenty-fourth week of gestation if two doctors believe that continuing the pregnancy would pose a greater risk to the physical or mental health of the woman or her children. There is no time limit for abortion in cases of serious risk to the woman's life, severe fetal malformations, or significant risk of serious physical or mental harm to the woman. The National Health System (NHS) covers the costs of abortion, making access to these services generally easier than in Italy. Contrary, due to the ruling of the Polish Constitutional Tribunal dated from 22 October 2020, in Poland abortion is extremely restrictive and only allowed in three specific circumstances: when the woman's life or health is in danger, or the pregnancy is the result of a criminal act such as rape or incest or there are severe fetal malformations. This has therefore generated numerous significant protests in response to the additional restrictions proposed and partly adopted, which have further limited access to legal abortion (13).

The differences between these countries highlight how legislation and the organization of health services influence access to voluntary termination of pregnancy. In Italy, the challenges are mainly related to the high rate of conscientious objection among doctors, which can limit access to IVG services. In France, access is more uniform thanks to national health coverage and regulations that oblige public hospitals to provide the service. In the UK, more liberal legislation and NHS support ensure broad and relatively easy access to IVG services. The comparative analysis highlights the importance of policies that guarantee not only the legal right to abortion, but also practical and uniform accessibility to abortion services, to fully protect women's rights and health.

Although it is guaranteed by most legislations, IVG remains a fragile right in some European countries: it is a frequent topic of political and social debate, hindered by barriers to access to the service such as waiting times, requests for unnecessary medical examinations or check-ups, economic costs, authorizations, and the presence of conscientious objector among doctors.

Due to the political and social climate, women often face numerous barriers to accessing these services even when they are legal, sometimes leading them to seek alternative solutions, which can be expensive and unsafe.

Conclusions

Abortion law disparities in Europe are a critical issue of human rights and social justice. It is crucial that abortion policies are based on respect for women's rights to liberty, health and self-determination. Since 2020, abortion laws have undergone significant changes in different parts of the world. Understanding the evolution of legislation and its im-

plications ensures safe and accessible practices for women, while respecting their “fundamental” rights.

Therefore, even though the law protects the right of women to proceed with a voluntary interruption of pregnancy, the data show critical issues related to culture, religion and partly to economic aspects for which the Italian state is currently still partially behind other European states.

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