



European
Social
Charter

Charte
Sociale
Européenne



COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

**EUROPEAN COMMITTEE OF SOCIAL RIGHTS
COMITÉ EUROPÉEN DES DROITS SOCIAUX**

3 September 2012

Case Document No.1

**International Planned Parenthood Federation European Network
(IPPF EN) v. Italy**
Complaint No. 87/2012

COMPLAINT

Registered at the Secretariat on 9 August 2012



International Planned Parenthood Federation European Network

rue Royale, 146

1000 Brussels

Belgium

Tel: +32 (0)2 250 09 50

Fax: +32 (0)2 250 09 69

Secretariat of the European Social Charter
Directorate General of Human Rights and Legal Affairs
Directorate of Monitoring
F-67075 Strasbourg Cedex
France

COLLECTIVE COMPLAINT

Lodged in accordance with the Additional Protocol of 1995 providing for a system of collective complaints and with Rules 23 and 24 of the Committee's Rules of Procedure

-

International Planned Parenthood Federation European Network

v.

Italy

8 August 2012

Table of Contents

1. Preliminary Remarks on the Subject Matter of the Complaint

2. Admissibility of the Complaint and Parties to the Case

2.1. The Respondent State

2.2. Standing of the IPPF EN

2.2.1. IPPF EN

2.2.2. The specially qualified position of IPPF EN in relation to the subject matter of the complaint.

2.2.3. The *locus standi* of IPPF EN to submit collective complaints before the European Committee of Social Rights.

3. Subject Matter of the Complaint

3.1. The subject matter of the complaint

3.2. The articles concerned

3.3. Conscientious objection to the voluntary termination of pregnancy in Italian law

3.4. The right to health of women

3.5. The failure to implement Art. 9 of Law no. 194 of 1978

3.6. The statistics concerning the number of objecting doctors in Italy

3.7. The articles of the European Social Charter which are purported to be violated

3.7.1. Art. 11 (*Right to protection of health*) European Social Charter

3.7.2. Art. E (*Non-discrimination*) European Social Charter

4. Conclusions

5. Declaration and Signature

Annexes

1. Preliminary Remarks on the Subject Matter of the Complaint

With the present complaint against the Italian State, the European Committee of Social Rights is requested to declare that Art. 9 of Law no. 194 of 1978 (annex 1)¹ which governs the voluntary termination of pregnancy, is incompatible with Art. 11 of the European Social Charter (*Right to protection of health*), read alone or in conjunction with Art. E (*Non-discrimination*).

In fact, Art. 9, which governs the conscientious objection of medical practitioners in relation to the termination of pregnancy, does not indicate the precise means through which hospitals and regional² authorities are to guarantee the adequate presence of non-objecting medical personnel in all public hospitals, so as to always ensure the right of access to procedures for the termination of pregnancy.

Due to this lack in the normative framework, there exists an inadequate application of Law no. 194 of 1978, as demonstrated by the facts relating to practice, which in turn compromises the rights to life, health and self-determination of women seeking to terminate a pregnancy.

In this regard, aside from the presence of doubt concerning the constitutionality of the provision with respect to the Italian Constitution, Art. 9 of Law 194 of 1978 stands in conflict with the European Social Charter (Art. 11, read alone or in conjunction with Art. E).

¹ Law No. 194 of 22 May 1978, "Norms on the social protection of motherhood and the voluntary termination of pregnancy".

² The constitutional basis for the Regions is contained in Art. 5, which provides that "The Republic is one and indivisible. It recognises and promotes local autonomies, and implements the fullest measure of administrative decentralisation in those services which depend on the State. The Republic adapts the methods of its legislation to the requirements of autonomy and decentralisation" and in Art. 114 of the Constitution, which establishes that "The Republic is composed of the Municipalities, the Provinces, the Metropolitan Cities, the Regions and the State. Municipalities, provinces, metropolitan cities and regions are autonomous entities having their own statutes, powers and functions in accordance with the principles laid down in the Constitution [...]."

2. Admissibility of the Complaint and Parties to the Case

2.1. The Respondent State

The present complaint is being brought against Italy.

Italy ratified and brought into effect the European Social Charter with Law no. 30 of 9 February 1999, entitled “Ratification and Implementation of the European Social Charter, revised with an annex, signed in Strasbourg on 3 May 1996” (annex 2).

Italy ratified the Additional Protocol to the European Social Charter relating to the collective complaints procedure (annex 3) with Law no. 298 of 28 August 1997, “Ratification and Implementation of the Additional Protocol to the European Social Charter which provides for a system of collective complaints, signed in Strasbourg on 9 November 1995”.

2.2. Standing of the IPPF EN

2.2.1. IPPF EN

The International Planned Parenthood Federation – European Network (hereafter IPPF EN) is an international non-governmental organisation and one of six regions of the International Planned Parenthood Federation (hereafter IPPF), which was founded in 1952 on the occasion of the Third International Conference on Planned Parenthood in Bombay, India.

IPPF has regional offices in Africa (Nairobi, Kenya), in Tunisia (Tunis), Europe (Brussels, Belgium), Asia (New Delhi, India), Malaysia (Kuala Lumpur), and the United States of America (New York), and is the strongest global voice safeguarding sexual and reproductive health and rights (SRHR) for people everywhere.

IPPF is a worldwide movement of national organisations working in 172 countries worldwide.

IPPF EN works in the following areas relating to sexual and reproductive health and rights (SRHR): consultation; gynaecological care; HIV; diagnosis and treatment of sexually transmitted diseases; infertility; mother and child health; family planning; contraception and emergency contraception; safe abortion.

What motivates IPPF EN’s involvement in these issues is the conviction that sexual rights and reproductive rights should be recognised and guaranteed for all individuals.

IPPF EN has defined its areas of activity as “The Five As”: Abortion, Access, Adolescents, Advocacy and Aids.

All other information concerning IPPF EN is available at the following website: www.ippfen.org

The Constitution of IPPF EN is also attached (annex 4).

2.2.2. The specially qualified position of IPPF EN in the subject matter of the complaint

With particular reference to the question at the centre of the present collective complaint and thus the voluntary termination of pregnancy, the organisation's goal is to reduce the number of unsafe abortions worldwide as they do not provide sufficient guarantees for the protection of health.

The associations that form part of IPPF EN have been engaged in the identification and implementation of actions necessary to ensure the right of women to access procedures for the termination of pregnancy in safe conditions.

IPPF EN also works to support legislative initiatives necessary to achieve that aim.

The basic right of women to decide if and when to have children represents a central aspect of sexual and reproductive rights.

It has been proved that legalising abortion has contributed to drastically reduce mortality resulting from the abortion procedure itself.

The specially qualified position of IPPF EN in this matter derives from its longstanding commitment to the issue.

In this regard, documents demonstrating the commitment and activities of IPPF EN in this area are attached (annex 5).

2.2.3. The locus standi of IPPF EN to bring collective complaints before the European Committee of Social Rights

The organisation is entitled to submit collective complaints before the European Committee of Social Rights.

In particular, this entitlement has been recognised for a period of four years, from 1 July 2010 to 30 June 2014 (annex 6).

In possession of such legitimacy, IPPF EN brings this collective complaint against Italy before the European Committee of Social Rights through its Regional Director, who is legally qualified under Art. 28 (*External Representation of IPPF EN*) of the IPPF EN Constitution to

represent the organisation. More specifically, the Regional Director has the capacity to represent IPPF EN before third parties and in relation to all judicial and non-judicial acts.

The current Regional Director of IPPF EN is Ms Marie-Rose Claeys, whose appointment to the position results from the above-mentioned Constitution of IPPF EN (section on *Nominations*) (annex 4).

3. Subject Matter of the Complaint

3.1. The subject matter of the complaint

With this complaint, IPPF EN, assisted by Prof. Marilisa D'Amico and Benedetta Liberali of the Milan Bar, request that the European Committee of Social Rights declares that Italy does not satisfactorily implement Art. 11 of the European Social Charter, read alone or in conjunction with Art. E, on the basis of the fact that Art. 9 of Law no. 194 of 1978 – governing the institution of conscientious objection to abortion – is inadequate for guaranteeing the effective exercise of a woman's right of access to procedures for the termination of pregnancy.

Such inadequacy emerges from the data collected at both the national and regional levels, which show an insufficient number of non-objecting medical personnel in the public hospital system able to properly provide for the termination of pregnancy, the access to which is guaranteed by the same law, Law no. 194 of 1978.

Indeed, Law no. 194 of 1978 guarantees women, under certain conditions, access to procedures for the termination of pregnancy.³

This provision, which was put in place by the legislature following the Italian Constitutional Court's declaration of the unconstitutionality of the rule criminalising the voluntary termination of pregnancy (judgment no. 27 of 1975⁴), provides the opportunity for health personnel and allied health personnel to raise conscientious objection in relation to procedures resulting in the termination of pregnancy (Art. 9 of Law no. 194 of 1978).

³ In particular, it states that "In order to undergo termination of pregnancy during the first 90 days, women whose situation is such that continuation of pregnancy, childbirth or motherhood would seriously endanger their physical or mental health, in view of their state of health, their economic, social or family circumstances, the circumstances in which conception occurred or the probability that the child would be borne with abnormalities or malformations, shall apply to a public counselling centre [...] or to a fully authorised medical social agency in the region or to a physician of her choice." (Art. 4, Law No. 194 of 1978), and that "the voluntary termination of pregnancy may be performed after the first 90 days: a) where the pregnancy or childbirth entails a serious threat to the women's life; b) where the pathological processes constituting a serious threat to a women's physical or mental health, such as those associated with serious abnormalities or malformations of the foetus, have been diagnosed." (Art. 6, Law No. 194 of 1978).

⁴ With this decision the Italian Constitutional Court states that: "There now exists no equivalence between the right not only to life, but also to the very health of that who is already a person, as the mother, and the safeguarding of the of the embryo that the person will eventually become."

Art. 9 of Law no. 194 states in this regard that health personnel and allied health personnel may opt out of taking part in procedures for the termination of pregnancy if they decide to raise conscientious objection.

Notwithstanding this provision, it is established that a woman's right of access to the requested treatment cannot in any way be sacrificed.

First, any relevance to conscientious objection is denied where there exists imminent danger to the health of a woman. It provides, furthermore, that "in all cases" hospital establishments and authorised nursing homes shall be required to ensure that the procedures are carried out in accordance with the measures prescribed by Law no. 194 of 1978. All Regions must provide for monitoring and guarantees put in place by hospital establishments and authorised nursing homes, even – and thus not only – having recourse to the mobility of personnel.

Given this normative framework, the data relating to the number of non-objecting medical personnel, as anticipated, demonstrates the incompatibility of Art. 9 of Law no. 194 of 1978 to guarantee that hospital establishments and authorised nursing homes as well as the Regions, ensure the right of women to procedures for the termination of pregnancy.

The compromising of this right places Art. 9 of Law no. 194 of 1978 in contravention, not only of the Italian Constitution (in particular Arts. 2, 3, 13 and 32⁵), but of Art. 11 (*Right to protection of health*) of the European Social Charter, read alone or in conjunction with Art. E (*Non-discrimination*) of the same Charter.

⁵ Art. 2: "The Republic recognises and guarantees the inviolable rights of the person, both as an individual and in the social groups where human personality is expressed. The Republic expects that the fundamental duties of political, economic and social solidarity be fulfilled." Art. 3: "All citizens have equal social dignity and are equal before the law, without distinction of sex, race, language, religion, political opinion, personal and social conditions. It is the duty of the Republic to remove those obstacles of an economic or social nature which constrain the freedom and equality of citizens, thereby impeding the full development of the human person and the effective participation of all workers in the political, economic and social organisation of the country." Art. 13: "Personal liberty is inviolable. No one may be detained, inspected or searched or otherwise subjected to any restriction on personal liberty except by order of the Judiciary stating a reason and only in such cases and in such a manner as provided by law. In exceptional circumstances and for reasons of necessity and urgency as shall conclusively be defined by the law, the police may take provisional measures that shall be referred within 48 hours to the Judiciary for validation and which, in the absence of such a validation within 48 hours, shall be revoked and considered null and void. Any act of physical or moral violence against a person subjected to restriction on personal liberty shall be punished. The law shall establish the maximum duration of preventative detention." Art. 32: "The Republic safeguards health as a fundamental right of the individual and as a collective interest, and guarantees free medical care to the indigent. No one is obliged to undergo any health treatment except under the provisions of the law. The law may not under any circumstances violate the limits imposed out of respect for the human person".

3.2. The Articles Concerned

The articles of the European Social Charter which are purported to be violated are the following:

Art. 11 (*Right to protection of health*):

“With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed inter alia:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in health matters;
3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.”

Art. E (*Non-discrimination*):

“The enjoyment of the rights set forth in this Charter shall be secured without discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national extraction or social origin, health association with a national minority, birth or other status.”

The provision which is believed to be in contravention of Art. 11, read alone or in conjunction with Art. E of the European Social Charter, is Art. 9 of Law no. 194 of 1978:

“Health personnel and allied health personnel shall not be required to assist in the procedures referred to in Sections 5 and 7 [6] or in pregnancy terminations if they raise a

⁶ Art. 5: “In all cases, in addition to guaranteeing the necessary medical examinations, counselling centres and socio-medical agencies shall be required, especially when the request for termination of pregnancy is motivated by the impact of economic, social or family circumstances upon the pregnant woman’s health, to examine possible solutions to the problems in consultation with the woman and, where the woman consents, with the father of the conceptus, with due respect for the dignity and personal feelings of the woman and the person named as the father of the conceptus, to help her to overcome the factors which would lead her to have her pregnancy terminated, to enable her to take advantage of her rights as a working woman and a mother, and to encourage any suitable measures designed to support the woman by providing her with all necessary assistance both during her pregnancy and after the delivery. Where the woman applied to a physician of her choice, he shall: carry out the necessary medical examinations, with due respect for the woman’s dignity and freedom; assess, in conjunction with the woman and, where the woman consents, with the father of the conceptus, with due respect for the dignity and personal feelings of the woman and of the person named as the father of the conceptus, if so desired taking account of the result of the examinations referred to above, the circumstances leading her to request that her pregnancy be terminated; and inform her of her rights and of the social welfare services available to her, as well as regarding the counselling centres and the socio-medical agencies. Where the physician at the counselling centre or socio-medical agency, or the physician of the woman’s choice, finds that in view of the circumstances termination is urgently required, he shall immediately issue the woman a certificate

conscientious objection, declared in advance. Such declaration must be forwarded to the provincial medical officer and, in the case of personnel on the staff of the hospital or nursing home, to the medical director, not later than one month following the entry into force of this Law, or the date of qualification, or the date of commencement of employment at an establishment required to provide services for the termination of pregnancy, or the date of the drawing up of an agreement with insurance agencies entailing the provision of such services.

The objection may be withdrawn at any time, or may be submitted after the periods prescribed in the preceding paragraph, in which case the declaration shall take effect one month after it has been submitted to the provincial medical officer.

Conscientious objection shall exempt health personnel and allied health personnel from carrying out procedures and activities specifically and necessarily designed to bring about the termination of pregnancy, and shall not exempt them from providing care prior to and following terminations.

In all cases, hospital establishments and authorised nursing homes shall be required to ensure that the procedures referred to in Section 7 are carried out and pregnancy terminations requested in accordance with the procedures referred to in Sections 5, 7 and 8 ^[7] are

attesting to the urgency of the case. Once she has been issued this certificate, the woman may report to one of the establishments authorised to perform pregnancy terminations. If termination is not found to be urgently required, the physician at the counselling centre or the socio-medical agency, or the physician of the woman's choice, shall at the end of the consultation, if the woman requests that her pregnancy be terminated on account of circumstances referred to in Section 4, issue her a copy of a document signed by himself and the woman attesting that the woman is pregnant and that the request has been made, and shall request her to reflect for seven days. After seven days have elapsed, the woman may take the document issued to her under the terms of this paragraph and report to one of the authorised establishments in order for her pregnancy to be terminated."

Art. 7: "The pathological process referred to in the preceding Section shall be diagnosed and certified by a physician on the staff of the department of obstetrics and gynaecology of the hospital establishment in which the termination is to be performed. The physician may call upon the assistance of specialists. The physician shall be required to forward the documentation on the case as well as his certificate to the medical director of the hospital in order for the termination to be performed immediately. Where the termination of pregnancy is necessary in view of an imminent threat to the woman's life, it may be performed without observing the procedures referred to in the preceding paragraph and in a place other than those referred to in Section 8. In such cases, the physician shall be required to notify the provincial medical officer."

⁷ Art. 8: "Pregnancy terminations shall be performed by a physician on the staff of the obstetrics and gynaecology department of a general hospital as referred to in Section 20 of Law No. 132 of 12 February 1968; this physician must also confirm that there are no medical contraindications. Pregnancy terminations may likewise be carried out in specialized public hospitals, the institutes and establishments referred to in the penultimate paragraph of Section 1 of Law No. 132 of 12 February 1968, and the institutions referred to in Law No. 817 of 26 November 1973 and Decree No. 754 of 18 June 1958 of the President of the Republic, wherever the competent administrative agencies so request. During the first 90 days, pregnancy terminations may also be performed in nursing homes that are authorized by the regions and have the requisite medical equipment and adequate obstetric and gynaecological services. The Minister of Health shall issue a decree restricting the capacity of authorized nursing homes to carry out terminations of pregnancy, by establishing: 1. the percentage of pregnancy terminations that may be performed relative to the total number of surgical operations performed

performed. The regions shall supervise and ensure implementation of this requirement, if necessary, also by the movement of personnel.

Conscientious objection may not be invoked by health personnel or allied health personnel if, under the particular circumstances, their personal intervention is essential in order to save the life of a woman in imminent danger.

Conscientious objection shall be deemed to have been withdrawn with immediate effect if the objector assists in procedures or pregnancy terminations provided for under this Law, in cases other than those referred to in the preceding paragraph.”

3.3. Conscientious objection concerning the voluntary termination of pregnancy in Italian law

Conscientious objection represents a way of exercising the freedom of conscience, which can be defined as the freedom to act, according to one’s own deeper convictions.

In particular, conscientious objection can be defined as the solution adopted by the legislature for some sectors of the legal order which present inherent conflict for the individual in certain situations. On the one hand, there exists one’s own internal conviction; on the other, the obligation to respect the law, which may require behaviour different to that which derives from intimate personal convictions.

In this regard and before examining in detail the problems relating to the application of Art. 9 of Law no. 194 of 1978 arising from the exercise of conscientious objection on the part of personnel who choose to opt out of abortion procedures, it is necessary to focus specifically on the grounds for conscientious objection to understand how it is constructed in Italian law.

during the preceding year at the particular nursing home; 2. the percentage of patient-days allowed for pregnancy-termination cases in relation to the total number of patient-days in the preceding year under conventions with the regions. The percentages referred to in items 1 and 2 shall not be less than 20% and shall be the same for all nursing homes. Nursing homes may select the criterion which they will observe from the two set out above. During the first 90 days, pregnancy terminations may likewise be performed, following the establishment of local socio-medical units, at adequately equipped public outpatient clinics, operating under the hospitals and licensed by the regions. The certificate issued under the third paragraph of Section 5 and, after seven days have elapsed, the document delivered to the woman under the fourth paragraph of the same Section shall entitle her to obtain, on an emergency basis, the termination and, where necessary, hospitalization”.

It can be observed how the grounds for conscientious objection find recognition, even if indirectly, in Arts. 2, 3, 19 and 21 of the Italian Constitution, which safeguard inalienable rights, human dignity, freedom of religion and freedom of thought.⁸

This recognition is based on the interpretation of the Italian Constitutional Court, which has identified in these same constitutional provisions the reason justifying a conduct, such as that of the individual raising conscientious objection, which intends to avoid the imperatives of the law.⁹ With regard to this last profile and with particular reference to the risk that the possibility of conscientious objection poses in all sectors of the law, one can observe how in Italian law certain norms which establish a similar right are provided for, in identifying a fine balance between the various rights involved.

Conscientious objection, therefore, establishes a subjective right in specific areas of the legal system in which this is expressly provided for, such as for example military service, medically assisted procreation and, as mentioned above, the voluntary termination of pregnancy.

In this regard, and with specific reference to the need for such provisions to be standardised, one may recall the consideration by the Italian Constitutional Court which ruled that the protection accorded to the freedom of conscience “cannot be considered unlimited and unconditional. It rests primarily with the legislature to establish a balance between individual conscience and ensuing rights, on the one hand, and the overall, mandatory duties of political, economic and social solidarity that the Constitution (Art. 2) requires, on the other, so that the public order is safeguarded and consequent burdens are shared by all, without privileges” (judgment no. 43 of 1997).

As mentioned above, the protection of the freedom of conscience can be guaranteed to the individual when the legislature achieves a correct balance between the other rights and additional requirements that are involved in the delicate matter of abortion.

⁸ Art. 19: “Everyone is entitled to freely profess their religious beliefs in any form, individually or with others, and to promote them and celebrate rites in public or in private, provided they are not offensive to public morality”, Art. 21: “Everyone has the right to freely express their thoughts in speech, writing or any other form of communication. The press may not be subjected to any authorisation or censorship. Seizure may be permitted only by judicial order stating the reason and only for offences expressly determined by law on the press or case of violation of the obligation to identify a person responsible for such offences. In such cases, where there is an absolute urgency and timely intervention of the judiciary is not possible, a periodical may be confiscated by the criminal police, which shall immediately and in no later than 24 hours refer the matter to the judiciary for validation. In default of such validation in the following 24 hours, the measure shall be revoked and considered null and void. The law may introduce general provisions for the disclosure of financial sources of periodical publications. Publications, performances, and other exhibits offensive to public morality shall be prohibited. Measures of preventing and repressing such violations shall be established by law”.

⁹ In this sense, see the judgments of the Italian Constitutional Court nos. 196 of 1987, 467 of 1991 and 43 of 1997, at www.cortecostituzionale.it.

Art. 9 of Law no. 194 of 1978 is a provision of notable importance (even if, as will be shown below, the relative rule is not respected) as it contains a balance between protecting the freedom of conscience pertaining to doctors and the protection of other constitutional rights pertaining to women.

Among the latter, as is known, are the personal and inalienable rights to life, health and self-determination of the pregnant woman seeking access to procedures for the termination of the pregnancy.

Art. 9 of Law no. 194 of 1978 states that “health personnel and allied health personnel shall not be required to assist in the procedures referred to in Sections 5 and 7 or in procedures for the termination of pregnancy if they have a conscientious objection, declared in advance.”

This provision allows for medical and health personnel to have their freedom of conscience guaranteed. Indeed, to this end, the possibility of abstaining from taking part in procedures and activities leading to the termination of pregnancy, in accordance with the measures laid down in Law no. 194 of 1978, is granted through raising conscientious objection.

However, the same provision, notwithstanding this seemingly unlimited recognition, provides that “conscientious objection may not be invoked by health personnel or allied health personnel if, given the particular circumstances, their personal intervention is essential in order to save the life of a woman in imminent danger.”

In this sense, therefore, it provides that the possibility of raising conscientious objection may never compromise the right to life of the woman.

Art. 9, furthermore, provides that in the absence of imminent danger to life, “hospital establishments and authorised nursing homes shall be required to ensure that the procedures referred to in Section 7 are carried out and that pregnancy terminations requested in accordance with the procedures referred to in Sections 5, 7 and 8 are performed. The Regions shall supervise and ensure implementation of this requirement, if necessary, also having recourse to the mobility of personnel.”

From Art. 9 it clearly emerges that the legislature intended to achieve a balance between the rights to life and health of the woman seeking access to procedures for the termination of pregnancy, and the freedom of conscience of medical personnel.

The legislature intended to always guarantee women the possibility of accessing termination procedures without being subjected to negative consequences due to the freedom of medical personnel to raise conscientious objection.

To this end, Art. 9 provides that a doctor, whose personal intervention is necessary for saving the woman from imminent danger to her life, cannot raise conscientious objection. In all other cases, it is provided that the presence of non-objecting personnel be guaranteed primarily by hospital establishments and authorised nursing homes and that the Regions must monitor their conduct in this regard. To this end, the Regions may also have recourse to staff mobility.

This gradation of available means (that is, the planned organisation of hospitals, the monitoring of such activity by the Regions, and the employment on the part of the Regions of staff mobility), as will be shown, does not appear in actual practice sufficient or suitable for fulfilling the objective that Law no. 194 of 1978 intends to fulfil.

Against this normative framework, the criticisms relating to Art. 9 of Law no. 194 of 1978 which render this provision insufficient to protect the right of women to access procedures for the termination of pregnancy, thus placing it in contravention of the European Social Charter (Art. 11, read alone or in conjunction with Art. E), are delineated.

3.4. The right to health of women

As seen above, Law no. 194 of 1978 establishes a balance between rights pertaining to women (and thus primarily their right to life and health, as well as self-determination in choices concerning reproduction and the termination of pregnancy) and those pertaining to medical personnel (and thus the right to raise conscientious objection in the means and times provided for by Art. 9 of Law no. 194 of 1978) providing that neither is sacrificed, except in cases of imminent danger to the life of the woman (in which case, as already stated, Art. 9 does not provide for the possibility of exercising the right to conscientious objection).

Nevertheless, in practice the high number of objecting doctors impedes the full implementation of this legislative provision, due to the lack in the same provision of concrete measures for ensuring an adequate number of non-objecting doctors in all hospital establishments.

The unsatisfactory implementation of the provision means that the rights to life and health are irreparably sacrificed, as well as the woman's right to self-determination, expressly recognised in the Italian Constitution (Arts. 2, 13 and 32).

The same conditions provided for by Law no. 194 of 1978, according to which access to procedures for the termination of pregnancy are permitted, clarify the relationship between the exercise of these constitutionally guaranteed rights and the voluntary termination of pregnancy.

In fact, as previously mentioned, Law no. 194 of 1978 permits access to procedures for the termination of pregnancy in the first ninety days when there exist “circumstances for which the continuation of the pregnancy, childbirth or motherhood would seriously endanger their physical or mental health, in view of their state of health, their economic, social or family circumstances, the circumstances in which the conception occurred, or the probability that the child would be born with abnormalities or malformations” (Art. 4), while after three months the voluntary termination of pregnancy can be carried out “when the pregnancy or childbirth entail a serious threat to the life of the woman” and “where the pathological processes constituting a serious threat to the woman’s physical or mental health, such as those associated with serious abnormalities or malformations of the foetus, have been diagnosed” (Art. 6).

It emerges from these normative provisions how access to termination procedures is necessary for a number of reasons which are closely connected to the protection of the health, both physical and mental, and to the life of the woman.

The impossibility of accessing termination procedures, which are requested in accordance with legal requirements, therefore directly and absolutely compromises the fundamental rights of women.

In this regard, the Italian Constitutional Court already ruled on the subject of the voluntary termination of pregnancy and of medically assisted procreation, to understand the specific scope of the right to life and health of women in those areas closely connected to reproduction.

In particular, in its judgement no. 27 of 1975¹⁰, the Constitutional Court dealt with the question of constitutionality of the Penal Code provision criminalising the person responsible for abortion, even where the pregnancy posed a demonstrable danger to the physical and mental well-being of the woman.

On this occasion, although a constitutional basis was recognised for the protection of the unborn child (Art. 31, para. 2 and Art. 2 of the Italian Constitution), it was held that the right to life and the right to health of a person, that is, the woman, compared to that which is yet to become a person, that is, the unborn child, are not comparable.

On the subject of medically assisted procreation, in judgement no. 151 of 2009¹¹, the Constitutional Court extended the protection of women’s health beyond the limit of injury not foreseeable at the moment of fertilization, as established by Art. 14 of Law no. 40 of

¹⁰ The judgment is available at www.cortecostituzionale.it.

¹¹ The judgment is available at www.cortecostituzionale.it.

2004.¹² In the balancing between the legal position of the woman and that of the embryo, in the presence of injury to the health of the former, the protection of the woman prevails. The Court itself makes it clear that the protection of the embryo is not absolute.

In light of these considerations, however, the sacrifice of the right to health of women seems even more unreasonable bearing in mind the exceptional nature, as previously seen, that is accorded to one term of the trade-off, that is, conscientious objection.

As noted, however, the same Art. 9 of Law no. 194 of 1978 provides that conscientious objection can never compromise the life and health of the woman, thereby identifying a precise balance between the legal positions held by those involved.

3.5. The failure to implement Art. 9 of Law no. 194 of 1978

In view of the normative provisions of Art. 9 of Law no. 194 of 1978, there exists a problem related to the fact that objecting doctors are increasingly more numerous and therefore, the rights of women are being compromised when a hospital is not in a position to guarantee access to procedures for the termination of pregnancy due to the lack of non-objecting medical personnel.

The exponential growth in the number of doctors exercising the right to conscientious objection compromises the exercise of a woman's right to access termination procedures, due to the wording itself of Art. 9 of Law no. 194 of 1978.

In fact, in providing for a gradation of measures aimed at guaranteeing access to procedures for the termination of pregnancy, this provision does not specify the concrete means through which such measures are to be put in place.

Art. 9 of Law no. 194 of 1978 is limited to providing that hospitals must in all cases guarantee the requested care and that the Regions monitor the organisational activities of hospitals, including through staff mobility.

The exponential growth in the number of objecting doctors and the lack of definitions for the specific means of implementation of Art. 9 of Law no. 194 of 1978 places the same

¹² Art. 14, para. 3 of Law no. 40 of 2004 provides that: "Where the transfer of embryos to the uterus is not possible due to serious and documented circumstances of the woman's state of health, which were not foreseeable at the time of fertilization, embryo cryopreservation is permitted to up to the date of transfer, to be implemented as soon as possible." The Italian Constitutional Court in its judgment no. 151 of 2009 declared unconstitutional the third paragraph of Art. 14 "in so far as it does not provide that the transfer of embryos to be implemented as soon as possible, as established in this rule, must be carried out without prejudice to the health of women."

normative provision and the practice deriving from it (as shown by the data below) in contravention of the European Social Charter, as well as raising doubts of constitutionality with regard to the principles of the Italian Constitution.

In addition, it must also be considered how the unsatisfactory implementation of Art. 9 (which derives from such a lack of indications concerning concrete measures for guaranteeing the presence of non-objecting personnel and the growing number of objecting doctors) concerns Law no. 194 of 1978, to which the Italian Constitutional Court has attributed a specific status.

Indeed, the Constitutional Court has defined this legislation as “constitutionally tied content” (judgments nos. 26 and 35 of 1997), and therefore, recognised that it deals with a law “the normative nucleus of which shall not be altered or rendered ineffective unless there are injuries to parties that are specifically provided for in the Constitution (or in other constitutional laws)” (judgment no. 16 of 1978).

Against such problems in implementation, even the solutions which have been sought in practice have shown themselves to be insufficient and inadequate for guaranteeing the implementation of Law no. 194 of 1978 and thus for ensuring the effective protection of the rights of women seeking access to procedures for the termination of pregnancy.

In many cases hospital establishments have had recourse to external non-objecting personnel. This solution, which appears to guarantee the required care, that is, the termination of pregnancy, presents obvious limits with regard to the lack of guaranteed continuity in the provision of care.

In other cases, hospital establishments have had recourse to agreements with nursing homes. In these cases, however, the conclusion of agreements with private establishments compromises the public nature of Law no. 194 of 1978. In this regard, in response to the shortage of staff, a solution to the problem is not identified, but a mechanism which bypasses it is introduced.

Another solution entails putting a clause in the competition notices for positions of medical doctors in hospitals which excludes objecting medical personnel from participating. It must be considered here how Italian administrative jurisprudence called upon to judge such clauses has not expressed itself univocally on the legitimacy of this matter.¹³

¹³ See, concerning the illegality of such clauses, for example, decision No. 396 of the Regional Administrative Tribunal of Liguria of 3 July 1980, according to which any special requirements for admission to public employment entailing limited access must find a basis in a law, which may place restrictions or exclusions in respect of certain categories of persons, provided that they are justified for requisite aptitudes or other objective requirements and that they do not include other arbitrary or unjustified treatment. On the other hand, however, the Tribunal of Emilia Romagna, in its decision No. 289 of 13 December 1983, established that a

This legal framework and the consequent practice is in conflict not only with the principles expressed by the Italian Constitution (especially Arts. 2 and 13, since they determine the violation of the right to life and freedom of self-determination of women; 3 since it violates the principle of equality and reasonableness; 32, where it protects the right to health of women) but with the principles expressed by Art. 11 of the European Social Charter, read alone or in conjunction with art. E, in view of the fact that Law no. 194 of 1978 and in particular Art. 9, do not sufficiently determine the practical arrangements through which hospitals are to ensure the presence of non-objecting medical staff, nor the means by which the Regions should monitor these activities and or how the Regions may have recourse to the mobility of staff.

3.6 The data concerning the number of objecting doctors in Italy

In light of the foregoing considerations, it is necessary to report the statistical data which demonstrate the insufficient number of non-objecting medical personnel in public hospitals and thus the problems in the implementation of Art. 9 of Law no. 194 of 1978.

Every year the Ministry of Health submits to Parliament a report on the implementation of Law no. 194 of 1978.¹⁴

The last report submitted in August 2011 contains the following data referring to the various professional groups (annex 7).

In 2009, there was a stabilisation of conscientious objection among gynaecologists and anaesthetists, after a considerable increase in previous years.

At the national level, the percentage of objecting gynaecologists increased from 58.7% in 2005 to 69.2% in 2006, to 70.5% in 2007, to 71.5% in 2008 and to 70.7% in 2009;

the percentage of anaesthetists in these years increased from 45.7% to 51.7%;

the percentage of non-medical staff saw a further increase, from 38.6% in 2005 to 44.4% in 2009.

In Southern Italy, there is a rate of more than 80% registered gynaecologists: 85.2% in Basilicata, 83.9% in Campania, 82.8% in Molise, 81.7% in Sicily and 81.3% in Bolzano;

person who has been hired on a provisional basis by a hospital on foot of a notice containing a clause restricting the applicants to non-objecting persons, is legally revoked if that person later claims conscientious objection.

¹⁴ The Ministry of Health reports are available at www.salute.gov.it.

the highest percentages of gynaecologists are registered in Molise and Campania at more than 77% and in Sicily at 75.6%, and the lowest percentage is in Tuscany at 27.7% and Trento at 31.8%;

for non-medical personnel the numbers are lower, with a maximum of 87% in Sicily and 82% in Molise.

In drawing a comparison with respect to the data provided by the Ministry of Health Reports of recent years (annex 8), one can detect the high percentage increase in the three professional categories:

	GYNAECOLOGISTS	ANAESTHETISTS	NON-MEDICAL PERSONNEL
Minsiterial Report 2011 (2009 data)	70,7%	51,7%	44,4%
Minsiterial Report 2010 (2008 data)	71,5%	52,6%	43,3%
Minsiterial Report 2009 (2007 data)	70,5%	52,3%	40,9%
Minsiterial Report 2008 (2006 data)	69,2%	50,4%	42,6%
Minsiterial Report 2007 (2005 data)	58,7%	45,7%	38,6%
Minsiterial Report 2006 (2004 data)	59,5%	46,3%	39,1%
Minsiterial Report 2005 (2003 data)	57,8%	45,7%	38,1%

The percentages relating to the three categories (gynaecologists, anaesthetists and non-medical personnel) in Northern, Central, Southern Italy and the Islands are also recorded: (in <http://espresso.repubblica.it/dettaglio/Camici-obiettori/2131653>, with reference to the data of the 2010 Ministerial Report) (annex 9):

	Northern Italy	Central Italy	Southern Italy	The Islands
GYNAECOLOGISTS	67%	71,1%	80,5%	74,3%
ANAESTHETISTS	44,3%	54,2%	68,3%	68,3%
NON-MEDICAL PERSONNEL	32,2%	40%	55%	67%

The tables that provide the data for the three categories of gynaecologists, anaesthetists and non-medical personnel relating to individual regions in the Italian legal order are also enclosed (annexes 10 and 11).

The question posed by some councillors of the Lombardy Region on the subject of conscientious objection and on the implementation of Law no. 194 of 1978 is also attached. From this document it emerges how there has been an increase in the obstacles preventing the proper implementation of the legislation in the Region due to the significant increase of objecting medical and non-medical personnel, which in some areas is above 85% (annex 12, with data relating to the number of objectors, annex 13).

3.7 The Articles of the European Social Charter which are purported to be violated

Against this background, we can now proceed to highlight the principles guaranteed by the European Social Charter that are susceptible to violation given the above-mentioned determination of Art. 9 of Law no. 194 of 1978 and the state of practice concerning this provision.

We therefore intend to analyse Articles 11 and E of the European Social Charter and above all, the interpretation of these articles on the part of the European Committee of Social

Rights, in order to highlight the contrast between what is determined by the European Social Charter and what is determined by Italian law, in particular Art. 9, in relation to the voluntary termination of pregnancy.

It is, in fact, this provision, which does not sufficiently define the means by which hospitals and regions are to ensure, relative to the freedom of conscience, an adequate number of non-objecting medical personnel in all establishments, that lies in conflict with the European Social Charter.

3.7.1 Article 11 (*Right to protection of health*) of the European Social Charter

With reference to this provision it must be stressed that the European Social Charter aims to guarantee the effective exercise of the right to health, committing member states to adopt the necessary and appropriate measures to achieve that aim.

This commitment is justified on the grounds that the right to health is understood as a prerequisite for upholding the respect of human dignity.

The recognition of the fundamental right to health is made even stronger by the reference to the European Convention on Human Rights (Arts. 2 and 3, *Right to life* and *Prohibition of torture*) (p. 81 Digest of the Case Law of the European Committee of Social Rights, 1 September 2008). In particular, it is established that there exists an inextricable link between the two international treaties, and from the date of entry into force, a positive obligation on the part of Member States concerning the right to health.¹⁵

Given these considerations, Member States shall undertake to eliminate the causes that hinder the full enjoyment of the right to health. In this sense, therefore, the European Social Charter requires that, as far as possible, the highest possible standard of health is

¹⁵ With reference to the European Convention on Human Rights, it is worth recalling what was established by the European Court of Human Rights (*Case of R.R. v Poland*, Application No. 27617/04). The Court stated “States are obliged to organise the health services system in such a way as to ensure that an effective exercise of the freedom of conscience of health professionals in the professional context does not prevent patients from obtaining access to services to which they are entitled under the applicable legislation”. And again, the European Court of Human Rights stated in the same decision that “While a broad margin of appreciation is accorded to the State as regards the circumstances in which an abortion will be permitted in a State, once that decision is taken the legal framework devised for this purpose should be ‘shaped in a coherent manner which allows the different legitimate interests involved to be taken into account adequately and in accordance with the obligations deriving from the Convention’ (*A, B and C v. Ireland* [...])”. The judgment is available at www.echr.coe.int. With reference to procedures for the termination of pregnancy, it may be recalled how there exists the right, in states that allow access, to respect the woman’s choice to terminate her pregnancy under the conditions established by law itself, without incurring any unreasonable restriction (on this point, see S. Bartole, P. De Sena and V. Zagrebelsky, *Commentario breve alla Convenzione Europea dei Diritti dell’Uomo*, Cedam; Padua, 2012, p. 325).

provided for, and thus the right to health understood in a physical and mental sense, must be ensured.

The extent of the commitment required by the States in this regard is based on scientific knowledge and on the basis of health risks that this knowledge is able to contain.

With reference to Italian legislation on the voluntary termination of pregnancy, the requirement that access to medical care should be guaranteed for all is particularly important. In this sense, as has been demonstrated, even with a specific law on the subject (Law no. 194 of 1978) providing for access to procedures for the termination of pregnancy, because of the elevated number of objecting doctors, the effective access to termination procedures necessary for the protection of the life and health, as well as the self-determination of women, is not guaranteed.

This reveals a very relevant consideration for which the rights of access to medical care requires that the waiting time for such access must not jeopardize health itself and that there must be adequate numbers of medical and health personnel (p. 83, Digest of the Case Law of the European Committee of Social Rights, 1 September 2008).

This consideration carries particular significance for the voluntary termination of pregnancy, whereby law no. 194 of 1978 establishes specific time limits within which the termination of pregnancy is possible and beyond which, therefore, such termination is no longer permitted. From this point of view, it becomes even more necessary that the number of non-objecting doctors is adequate for carrying out the requested termination procedures.

Art. 11 of the European Social Charter also requires that States provide for counselling and services aimed at raising awareness about the issues related to health and individual responsibility relating to health. In this regard, it is especially important to highlight the attention that is paid to the condition of pregnant women, for whom free and regular check-ups must be made available.

3.7.2 Art. E (Non-discrimination) of the European Social Charter

Art. E of the European Social Charter is relevant because it accompanies the implementation of all of the Charter's other provisions and in particular, the enjoyment of the rights recognised and guaranteed by it.

A preliminary observation can be made in relation to how the principle of non-discrimination is universally observed. This is also recognised by Art. 3¹⁶ of the Italian

¹⁶ Art. 3 of the Italian Constitution states that: "All citizens have equal social dignity and are equal before the law, without distinction of sex, race, language, religion, political opinion, personal and social conditions. It is the

Constitution and it requires that the provisions of the law be interpreted in the interests of equality and reasonableness.

With reference to Art. E, it must be recalled that there is a corresponding provision in the European Convention on Human Rights (Art. 14, *Prohibition of discrimination*). The relative judgment that takes place before the European Court of Human Rights, precisely because it is an expression of an internationally recognised principle, does not differ “significantly from the procedures followed by national courts and in particular, the Italian Constitutional Court” (S. Bartole, B. Conforti and G. Raimondi, *Commentary on the European Convention for the Protection of Human rights and Fundamental Freedoms*, Cedam; Padua, 2001, p. 416).

Art. E of the European Social Charter states that equal situations should be treated equally and different situations treated differently (see p. 176, Digest of the Case Law of the European Committee of Social Rights, 1 September 2008).

In this regard, the European Committee of Social Rights established that states violate Art. E in cases where, in the absence of an “objective and reasonable justification”, they provide non-differentiated treatment for situations that are not equal.

In particular, it has been emphasised that human differences should be welcomed, but also be treated in such a way as to ensure a genuine and meaningful equality.

It follows therefore that there is a violation of Art. E when there exists not only a direct discrimination, but also any other form of indirect discrimination.

From this viewpoint, indirect discrimination can occur when no account is taken of all relevant differences or when there is inadequate measures to ensure that the exercise of rights are effective for all.

With reference to Art. 9 of Law no. 194 of 1978 and to the problems of implementation described above, the following observation may be made with respect to the violation of the principle of non-discrimination guaranteed under Art. E of the European Social Charter.

First, there exists a territorial and economic discrimination, not based on any objective and reasonable justification, among women seeking access to termination procedures.

This discrimination is based on the fact that, due to the lack of a guaranteed presence of non-objecting medical personnel in all public hospitals, women are forced to move from

duty of the Republic to remove those obstacles of an economic or social nature which constrain the freedom and equality of citizens, thereby impeding the full development of the human person and the effective participation of all workers in the political, economic and social organisation of the country”.

one institution to the next in order to find one that can guarantee access to termination procedures.

This need for moving around qualifies as differentiated treatment (territorial discrimination) in the case of an equal situation, that is, the request to exercise the right of access to termination procedures according to the conditions and measures stipulated by Law no. 194 of 1978. This situation, furthermore, undermines the very possibility of exercising this right, where the time spent searching for a hospital that provides the required procedure, could extend beyond the limit stipulated by Law no. 194 of 1978 within which such treatment is permitted.

The lack of non-objecting medical personnel, which forces women to find alternative solutions and thus travel to find a hospital that provides the required procedure, also leads to an economic discrimination among women.

In particular, wealthier women are inclined to avail of private clinics in Italy or in public hospitals or private clinics abroad, as they are able to afford the ensuing costs of their choice. On the other hand, it is easy to imagine that women who are not in a position to afford such costs – bearing in mind the “categories” of women who are less well off – are forced to avail of the establishments and persons, or even to travel abroad, which do not guarantee the full protection of health and hygiene that is required by the termination procedure.

Second, it can be observed how Art. E specifically provides that health cannot be assumed as a criterion for discriminating on grounds of race, skin colour, gender, language, religion, political or other opinion, national extraction or social origin, association with a national minority, birth or other status.”

A person’s state of health cannot therefore qualify as a criterion justifying discriminatory treatment, or to differentiate between rules applying to some persons and not to others.

In the matter of the voluntary termination of pregnancy, in light of the regulatory shortcomings of Art. 9 of Law no. 194 of 1978 and the ensuing problems in its implementation, there exists instead a kind of discrimination between women seeking access to termination procedures and women not seeking such access, whether they are pregnant or not.

The state of health, both physical and mental, of women seeking an abortion becomes a criterion (including the list of criteria which cannot derive from any discrimination, established by Art. E) for discrimination and, therefore, renders them a target for unfavourable treatment in relation to the protection and guaranteeing of their right to access termination procedures and consequently, in relation to the protection and guaranteeing of

their right to life, health and self-determination. The principle of non-discrimination guaranteed by Art. E must always be accompanied by one or more of the provisions of the European Social Charter: in this case Art. 11 of the European Social Charter, which protects the right to health, is relevant.

In the case of the law governing the termination of pregnancy, therefore, this represents the first direct violation of the right to health, as recognised and guaranteed by Art. 11 of the European Social Charter.

Furthermore, there exists a violation of the principle of equality and non-discrimination (Art. 11 in this case read in conjunction with Art. E), since women are unreasonably discriminated against in their choice to terminate pregnancy both from the point of view of the choice of hospital and from an economic point of view.

Italian law also appears to violate these provisions in so far as it does not appear to develop its own provisions in a coherent manner. On the one hand, Law no. 194 provides and guarantees women access to hospital establishments in order to terminate pregnancy (thus ensuring their rights to life, health and self-determination); on the other, however, it does not actually provide the tools and means necessary for achieving that same aim, as is evidenced by the implementation in practice.

4. Conclusions

As has been evidenced, the lack of specific legal provisions regarding the actual means with which to ensure a proper balance between objecting and non-objecting medical personnel unreasonably sacrifices a woman's right to freedom of self-determination in choices concerning procreation, physical and mental health, and life.

Despite recognition of the right of medical personnel to raise conscientious objection, the right of women to access termination procedures cannot be compromised or even denied, since it is also legally provided for and protected by the same Law no. 194 of 1978.

Art. 9 of Law no. 194 of 1978, as is shown by the statistics relating to implementation in practice, is absolutely inadequate for ensuring the necessary and correct balance between the various rights involved in the matter of voluntary termination of pregnancy.

This balance is determined in the provision only in an abstract and general way, since it recognises both the right of women to access procedures for the termination of pregnancy and the right of doctors to raise conscientious objection, without providing the specific means of implementation to guarantee both without elevating the number of objecting doctors to the detriment of women's rights.

The reason for this concrete failure lies in the lack, within the law itself, of specific measures through which hospital establishments and the Regions can give effect to the obligations of the legislation itself, ensuring procedures for the termination of pregnancy.

The generic provision contained in Art. 9 concerning the need for all hospital establishments and authorised nursing homes to ensure that requested termination procedures are carried out and that the Regions monitor and guarantee implementation in relation to personnel, is especially insufficient.

It is, instead, necessary to determine more precisely the concrete and specific ways in which to ensure the adequate presence of non-objecting doctors, providing for example, as already established by the Constitutional Court in relation to assisted procreation (judgment no. 151 of 2009), that all hospital establishments must be equipped with the "strictly essential number" to meet the demands for the voluntary termination of pregnancy, requiring that the Regions specifically monitor the means of defining this number.

For these reasons, IPPF EN asks the European Committee of Social Rights to declare that Italy is in violation of Art. 11 of the European Social Charter, read alone or in conjunction with Art. E, due to the inadequate formulation of Art. 9 of Law no. 194 of 1978 and thus, the protection of the right to access procedures for the termination of pregnancy.

5. Declaration and Signature

I hereby declare that, to the best of my knowledge and belief, the information given in the present application form is correct.

A handwritten signature in black ink, appearing to read 'Marie-Rose Claeys', with a long horizontal stroke extending to the right.

Marie-Rose Claeys

Regional Director, International Planned Parenthood Federation European Network

Annexes

- 1) Law No. 194 of 22 May 1978, “Norms on the social protection of motherhood and the voluntary termination of pregnancy”
- 2) Law No. 30 of 9 February 1999, “Ratification and Implementation of the European Social Charter, revised with an annex, signed in Strasbourg on 3 May 1996”
- 3) Law No. 298 of 28 August 1997, “Ratification and Implementation of the Additional Protocol to the European Social Charter which provides for a system of collective complaints, signed in Strasbourg on 9 November 1995”
- 4) IPPF EN Statute
- 5) IPPF EN, “Towards Health, Choice and Rights. Strategic Plan 2010-2015”; IPPF EN, “From choice, a world of possibilities. Sexual and reproductive health and rights in Europe”, November 2010; IPPF EN, “Report on regional office activities 2011”
- 6) International Non-Governmental Organisations (INGOs) entitled to submit collective complaints
- 7) Extract relating to conscientious objection – Ministry of Health Report, August, 2011
- 8) Extracts relating to conscientious objection – Ministry of Health Reports, 2005 – 2010
- 9) Data relating to conscientious objection – Ministry of Health, 2010 – tables relating to territorial zones of Italy
- 10) Data relating to conscientious objection – Ministry of Health, 2010 – tables relating to individual *Regions*
- 11) Data relating to conscientious objection, at www.laiga.it
- 12) Questions for written answers – Conscientious objection and full implementation of Law 194/1978, proposals by councillors of the Region of Lombardy – 26 April 2012
- 13) Conscientious objection – data concerning questions for written answers – *Region of Lombardy*