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

**RESPONSE FROM IPPF EN
TO THE LIST OF QUESTIONS**

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**RESPONSE TO THE LIST OF QUESTIONS ADDRESSED
TO THE COMPLAINANT ORGANIZATION AND THE RESPONDENT GOVERNMENT**

**INTERNATIONAL PLANNED PARENTHOOD FEDERATION
EUROPEAN NETWORK**

V.

ITALY

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Initial Observations.

1. The European Committee of Social Rights sent a series of questions regarding the difficulties in implementing Art. 9 of Law No. 194 of 1978.

2. The questionnaire allowed the IPPF EN to present data that:

- was unavailable at the moment Collective Complaint No. 87 of 2012 was presented and
- emerged in the majority of cases due to the publicity from the Collective Complaint itself and official decrees that followed.

3. There remain in any case objective difficulties in retrieving this data for various reasons, which are dealt in this Response (please see paragraphs §§ 19, 20, 21, 23, 24, 25, 28, 29, 30, 31, 35 and 39).

4. Before responding to the questions it is essential to make some general considerations with regard to the particular nature of the subject involved in the judgment before the European Committee of Social Rights, aka voluntary termination of pregnancy, and, subsequently, the particular situation in which women who decide to interrupt their pregnancy on the one hand and the healthcare professionals on the other, who by playing a supportive role (henceforth “the doctors”) decide not to raise any conscientious objections.

5. Please remember once again that Art. 9 of Law No. 194 of 1978 stipulates that access to voluntary termination of pregnancy must be guaranteed, under the conditions and within the limits of that very same law, regardless of any reference to the effective request to terminate the pregnancy: thus, the hospitals are asked to guarantee this type of service at all times, with control in this sense exercised by the regional authorities, which also can depend on the mobility of personnel. Therefore, the presence of doctors who are not conscientious objectors must be guaranteed always in each facility in order to be able to deal with the request - an eventuality and definitely what hospitals certainly are never able to predict - to terminate a pregnancy.

6. In fact, Art. 9 requires that this service be guaranteed at all times, irrespective of whether or not there are any specific requests to have a pregnancy terminated within a certain local boundary and in a specific hospital facility. Otherwise, one could conclude that if in a specific location there have not been any requests to have pregnancies terminated, the hospitals have the right to not guarantee this service (regulated by a law that is constitutionally protected, as decreed by the Italian Constitutional Court). See, for example, the declaration of **M. PENSA**, FLC CGIL General Secretary of the *Provincia di Sondrio*, who declares that the large number of non-objecting doctors demonstrates, in itself, the unsatisfactory application of Law No. 194 of 1978, **Ann. G**. See also the declaration of doctor **A. UGLIETTI**, *Responsabile della Unità Operativa Semplice Legge 194 e Piccoli Interventi - Dipartimento per la salute della donna del bambino e del neonato, Clinica Mangiagalli, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano*, in relation to the fact that where there is only one non objecting doctor it is possible to carry out only one voluntary termination of pregnancy per week, **Ann. L**.

7. In order to have a complete answer, the questions asked by the European Committee of Social Rights require by necessity an investigation to be conducted in every single hospital, nursing home, and advice center (henceforth "facilities") in all of Italy.

8. In particular, it is necessary to see how Law No. 194 of 1978 is being implemented in all these facilities, for all cases in which a pregnancy was terminated voluntarily, with or without difficulties; as for those cases where a pregnancy could not be terminated due to such difficulties, determined by the inadequacy or unavailability of non-objecting doctors.

9. The two possible avenues for conducting this type of investigation and retrieve the data requested by the European Committee of Social Rights are either to go to the women using these facilities or to go to them and the doctors providing their services in that specific sector.

10. For the IPPF EN, institutional avenues are to be excluded, represented in particular by sources from the Ministry of Health, which presents a report every year to Parliament on the implementation of Law No. 194 of 1978.

11. These reports, in fact, do not contain any analysis regarding shortages or practical problems from the number of conscientious objector doctors. They don't even reveal a relationship between pregnancy termination requests and the presence in each individual facility of non-objecting doctors, which for that matter is in line with the Italian government's official position with regard to this judgment vis-à-vis the European Committee of Social Rights.

12. However, as is evident from the data compiled by the "Italian Free Association of Gynaecologists for the Application of law 194" (LAIGA), the data provided by the Ministry of Health in its own annual reports on the state of application of Law No. 194 of 1978 are far removed from those provided in Ministry of Health reports (please see further, in relation to the situation in Lazio, **Ann. 1** and **Ann. 2** as well as **Ann. 17** on a study conducted in the **Provinces of Como, Lecco, Lodi, Monza and Brianza, and Sondrio**, in addition to **Ann. 18** on the situation in **Regione Lombardia**). See also the documents of doctor **G. SCASELLATI**, member of LAIGA (**Ann. 53**), about the gap between the official data and the real ones, in the matter of conscientious objection, and the waiting times for the access to abortion.

13. With regard to the cited difficulties that make an investigation necessary in order to respond completely to the questions of the European Committee of Social Rights (ECSR), it is appropriate to make an initial assessment on how it could be conducted, highlighting the critical aspects that are due as stated to the sensitive nature of this particular subject and the unique conditions in which the women find themselves on the one hand and the non-objecting doctors on the other.

14. **The first theory**, or that of the **investigation conducted by interviewing the women** (who might provide first-hand evidence from their own experiences with pregnancy termination), requires interviewing all the women accessing the

hospital facilities, authorized nursing homes, and advice centers in order to provide an adequate response to the questions asked by the ECSR.

15. This theory – and the subsequent difficulties which we will address below – was confirmed by **C. LALLI**, author of numerous publications on the subject (please see below) and who in order to be able to draft these publications had to visit some hospitals in Roma to solicit information from people who were available. We expect that in this regard, considering the limited time within which it was necessary to conduct the investigation and enable a response to the ECSR questionnaire, it was **C. LALLI** who made herself available for further queries (**Ann. A**); please also see what **V. GALANTI** and **E. BORZACCHIELLO** have to say about this: they have also made themselves available for any queries related to research they are conducting on the subject (**Ann. C.**), which with regard to the theory of appealing to the European Court of Human Rights reveals how tenuous the hypothesis is of a woman who decides to take the legal route (**Ann. 19**).

16. The first question to ask refers to the type of service these women entering the facilities wish to access. Assuming that all the women will decide to respond, it would be possible to identify the number of women who intend to have their pregnancy terminated.

17. Second, and again assuming that all the women intend to respond, for that category of women who intend to have their pregnancy terminated, it will be important to ask them - once they leave the facilities - to recount any obstacles and difficulties they may have faced in accessing this procedure.

18. In this way it will be possible to give a full response to the questions asked by the European Committee of Social Rights.

19. Unfortunately, it is difficult to conduct a complete investigation of this nature, not in the least considering the limited resources and above all the time available to respond to the ECSR questions (in this regard, as we will see below, some people have confirmed their availability for any follow-up clarifications).

20. It is in fact difficult to imagine the possibility of interviewing women about the problems they experienced during the process of accessing the services to terminate their pregnancies:

- if they do encounter such problems, they will not respond because they will have to find alternative solutions within the shortest possible timeframes allowed by law, such as finding another hospital or going abroad;

- if instead they do manage to have an abortion, even with difficulty, for them to describe this risks them having to relive the trauma they just experienced, including the abortion itself (please see, for example, C. LALLI's book, *A. La verità, vi prego, sull'aborto* [*A. The truth, please on abortion*], Fandango, 2013 (and from the same author, *C'è chi dice no. Dalla leva all'aborto. Come cambia l'obiezione di coscienza*, [*There are those who say no. From conscription to abortion. How conscientious objection changes*] Il Saggiatore, 2011), which examines the experiences of women and, in relation to the first case described, observes that "Bianca ignored that unspoken pact among women who have had abortions, even if this was 10 years after her abortion," (pg. 235, **Ann. 3**). Please also see all the cases described in the book by L. FIORE, *Abortire tra gli obiettori. La moderna inquisizione. Diario del mio aborto* [*Abortion amongst objectors. The modern inquisition. A diary of my abortion*] Tempesta editors, 2012 (**Ann. 31**), in which the drama of the stories told demonstrates how difficult if not impossible it is for women to muster the courage to reveal themselves. The author herself tells of her own experience undergoing a therapeutic abortion (**Ann. 32**).

21. This involves very sensitive data and testimonials that are very difficult to obtain both first-hand (the direct accounts of women who had the courage to reveal themselves publicly are recounted in **Ann. 28**, **Ann. 31** and **Ann. 32**; the majority of cited experiences recounted in these books were anonymous) and anonymously; in terms of voluntary termination of pregnancy, it is in any case difficult for the women to talk about what they have lived through. Taken from this standpoint, we cannot even think of coercing the women to recount these things or try to identify them in order to investigate their cases.

22. **The second option**, in order to obtain a complete picture that will allow us to respond to the ECSR questions, is that of contacting **all facilities** to ask them about what problems there may be in services for terminating pregnancies.

23. According to this approach, there have to be facilities that declare to be violating Law No. 194 of 1978 and not guaranteeing its implementation, with reference to what is stipulated in Art. 9, Paragraph 4, which requires them to ensure constant access to the requested treatment (similar considerations apply at the regional level and require monitoring the organizational activities of the facilities as well as providing for mobility of medical staff).

24. It is inconceivable to request these very facilities to provide the names of the women who have aborted in order to be able to interview them on their experiences, which brings us back again to the previously described approach for conducting the investigation.

25. This involves (and it is important to reiterate) highly sensitive and in any case confidential data.

26. It is enough to think about how the data collected and processed annually by the Ministry of Health on the state of implementation of Law No. 194 of 1978 have been gathered by the hospitals in the form of anonymous questionnaires, where the personal details of the women involved are not revealed.

27. Furthermore, ISTAT (the Italian National Institute of Statistics) – which moreover requires forms to be filled out indicating personal details of women who undergo voluntary termination of pregnancy – even though requested by the LAIGA to submit a list of the facilities where abortions are performed in order to understand the actual state of implementation of Law No. 194 of 1978, refused to provide this (**Ann. 43**, Report of the President of LAIGA - both versions: the Italian one and the French one).

28. In any case, it is a matter of course that cases of women who are forced to go to other facilities slip through this type of investigation, as no traces remain of their requests in those facilities where they do not find adequate assistance (for further details please see the investigative report video at <http://video.repubblica.it/edizione/bari/odissea-consultori-io-obiettore-il-dottore-passa-solo-a-timbrare/113822?video=&ref=HREC2-8>, with the corresponding report in **Ann. 4** and **Ann. 46**, about the statement of doctor **P. PUZZI** on waiting times that force women to move to other hospitals and on the list of neighbouring

hospitals where they have to go to access to the voluntary termination of pregnancy. See also **Ann. 43**, Report of the President of LAIGA, which shows the difficulties of collecting this kind of data).

29. It is also worth considering that medical certificates released for terminations of pregnancy do not contain any specifics of the consultations between women and doctors (attached is an example of a certificate documenting a request for voluntary early termination of pregnancy, in **Ann. 33**). It is not even possible to recover any documents in the possession of a doctor or a woman that fit within the scope of privacy and which involve a subject, to reiterate, that is highly sensitive and differs significantly from other healthcare sectors.

30. It is also worth considering the fact that the facilities performing termination of pregnancy procedures cannot access the list (unless a similar list is made available) of women who experience difficulties in obtaining certificates at advice centers.

31. Finally, it is impossible to ignore how **even those doctors who are not conscientious objectors** can encounter substantial difficulties reporting inadequate or nonexistent implementation of Law No. 194 of 1978. This presumes the following:

- on the one hand, non-objecting doctors reporting the facility not guaranteeing the service inevitably will suffer work-related consequences, and
- on the other, that non-objecting doctors should point out who among the doctors is a conscientious objector and who, for example, refuses to provide assistance in activities not connected to termination of pregnancy (finally, please see the case decided on by **THE CORTE DI CASSAZIONE, Ann. 19**, as well as **Ann. 20** and **Ann. 25**).

32. Even if gathering testimonials from gynaecologists or anesthetists, it is not possible to reveal their names, because as stated above, this would compromise their positions.

33. Apparently, testimony from the IPPF EN concerning the veracity of statements would be of little or no use at all. What turns out to be essential in this regard are the anonymous testimonials compiled in the cited publications by **L. FIORE** (in which she describes her own experience) and **C. LALLI**, a philosopher and journalist.

34. In this regard and as an example, please see the initiative promoted by THE **LUCA COSCIONI ASSOCIATION** and THE **ITALIAN ASSOCIATION OF DEMOGRAPHICS EDUCATION** on submitting a complaint petition on the violation of Law No. 194 in *Regione Lazio*. The objective of this petition is to ask the Roma District Attorney, in light of the data provided by LAIGA on the actual number of conscientious objectors, to investigate the situation of illegitimacy in which the public hospitals are operating (**Ann. 26**).

35. In conclusion, concerning these elements, it is important to underscore how difficult if not outright impossible it is to be able to ask women first and foremost - but also non-objecting doctors - to reveal themselves publicly in a complaint against individual conscientious objector doctors or facilities where services for voluntary termination of pregnancy are not guaranteed.

36. See, for example, the declaration of doctor **A. UGLIETTI**, *Responsabile della Unità Operativa Semplice Legge 194 e Piccoli Interventi- Dipartimento per la salute della donna del bambino e del neonato, Clinica Mangiagalli, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano*, about these difficulties, which represent a serious obstacle to the collection of detailed data and testimonies, **Ann. L**.

37. See also the statements of **V. GALANTI** and **E. BORZACCHIELLO**, **Ann. 52**, on the difficulties of investigation in this matter, related to the lack of testimonies from women and doctors. In the same **Ann. 52** there are some statements about this situation: see, for example, the statements of **E. RAFFA**, journalist, and **M. PEPE**.

38. See also the statement of **G. MEDINA**, in *Regione Friuli Venezia Giulia*, who relates of a long waiting list when she tried to access to the voluntary termination of pregnancy after the first three months and the difficulties to denounce that situation (**Ann. 52**, where **G. MEDINA** reports her whole experience and the way in which she was treated) and the statement of doctor **M. TOSCHI**, in *Regione Umbria*, about the difficulties to access to abortion (**Ann. 52**).

Data gathered by the IPPF EN.

39. In light of the proper and initial considerations on the situation, which do not allow for the easy and natural retrieval of the data requested due to the sensitive nature of the subject matter as well as the physical and psychological states of the women who intend – under the conditions and within the limited time frames stipulated by Law No. 194 of 1978 – to access the procedure to terminate a pregnancy, as well as of those doctors who are not conscientious objectors, we can proceed to respond to the questions asked by the European Committee of Social Rights.

40. To respond to these questions, we must refer to those cases in which the individuals involved have decided to report the status of implementation of Law No. 194 of 1978.

41. As expected, it is necessary to keep in mind the nature of the subject at hand and the conditions in which these women find themselves, in addition to those of the non-objecting doctors - even if there are obvious differences.

42. In this regard, furthermore, it would be impossible not to consider the context in which the question of voluntary termination of pregnancy and conscientious objection is confronted and discussed.

43. With numerous publications, blogs, and fora that collect testimony from women, in addition to the associations that inform and help them (for further details please see the referenced books of **C. LALLI** and **L. FIORE** and the websites - among many others - www.vitadidonna.it and www.alfemminile.com), we should mention and attach hereto some of the many articles that have appeared on the site www.uccronline.it. Here, while also confirming the alarming data with regard to organizational shortages and thus unsatisfactory implementation of Law No. 194 of 1978, assurances are given in what cannot be described as anything but an enthusiastic tone that thanks to the high and ever increasing number of medical personnel who are conscientious objectors, that life is fostered, because owing to conscientious objection, pregnancies are not being terminated (in addition to the documents referenced below that give notice of cases whereby a pregnancy is not terminated, please see the interviews titled “The objector is a good doctor,” in **Ann**

5. Please also see the Movimento per la vita (“Movement for Life”) website where it is stated that “We propose to promote and defend the right to life and dignity of every man from conception to a natural death, favoring a culture that welcomes those who are weaker and defenseless and, above all, the conceived and unborn child,” at www.mpv.org; or still yet, publications such as “Abortion: the Greatest Crime against Humanity” at: www.albatrus.org/italian/potpourri/sermoni/aborto_crimine_contro_umanita%20.htm).

44. Once more, see Movimento No194 (www.no194.org).

45. One should also consider the demonstrations against applying Law No. 194 of 1978, such as the one held in Roma in May 2012: “During the demonstration held by anti-abortion factions held in Rome in May, slogans of crusades against the ‘woman assassins’ were displayed and plastic feti glued to crosses were marched around: the modern inquisition continues without policy dealing adequately with the problem of conscientious objection, frustrating a law of the state and leaving not just women but also non-objecting gynaecologists hostage to ideologies brought forward with blind fanaticism. We will come back to this because violence against women has a thousand faces” (**Ann. 36**), or that of January 5th, 2013, which involved many cities in Italy and the declared objective of which was not only to “denounce the phenomenon of abortion or Law 194/1978 that edifies it in our system, but [...] repeal of this law by referendum with the full knowledge that each of our lives is already possible in the absence of lethal events occurring during pregnancy” (**Ann. 37**).

46. Precisely these types of stands and initiatives completely deny the legitimacy of Law No. 194 of 1978 (which instead, we reiterate, was defined by the Italian Constitutional Court and is constitutionally protected; its essential legal core cannot be broken apart without violating constitutional principles of which it is their direct expression), fostering a climate that makes it very difficult, if not outright impossible, for women and doctors to report failures in implementing the law (if one just thinks about positions for which “the question of abortion seen as a victory of civilization and real civil rights for women remains unresolved” (**Ann. 6**); or the view that “Approved in ‘78, the law on voluntary termination of pregnancy is

still not a big hit among Italian hospital staff," (**Ann. 7**), never mind those cases where women and doctors who perform terminations of pregnancy are called assassins).

47. On the one hand, we have the testimony of non-objecting doctors who decided to tell their own stories, even considering their own retirement security; on the other, there are the testimonials of the women, many which have been compiled in books whereby their anonymity - and this must be underscored - is guaranteed in any case.

1) The complainant Organization and the respondent Government (“the parties”) are asked to provide information on any problems encountered by hospitals, nursing homes, and advice centers (consultori) with respect to the procedures of termination of pregnancy due to the high number of objecting health personnel and allied health personnel.

Suspension of service due to the lack of non-objecting personnel.

48. Conscientious objection has denied **Bari and its Province (Regione Puglia)** of the last hospital where voluntary termination of pregnancy was performed. In fact, at **St. Paul hospital**, the only public facility, all the doctors declared themselves to be conscientious objectors (**Ann. 10**).

49. In particular, it turns out that women, due to the impossibility of accessing services for voluntary termination of pregnancy at public hospitals, need to come to the Polyclinic, which is not part of the ASL (local healthcare network) and where there are significant organizational difficulties due to the scarcity of non-objecting doctors, or at the facilities Monopoli, Putignano and Corato, if not another Region outright.

50. In addition, we refer to the investigative video report on the **Bari advice centers**, which brought to light the difficulties women experience in finding doctors who prescribe the morning-after-pill and who will issue the documentation required for a voluntary termination of pregnancy: <http://video.repubblica.it/edizione/bari/odissea-consultori-io-obiettore-il-dottore-passa-solo-a-timbrare/113822?video=&ref=HREC2-8>.

51. Also in the Department of Gynaecology and Obstetrics of the **Perrino Hospital of Brindisi (Regione Puglia)** all doctors are conscientious objectors (**Ann. 47**).

52. Even the **Polyclinic of Napoli** shut down its public service for voluntary termination of pregnancy after the violent death of the only non-objecting doctor in a motorcycle accident (**Ann. 11**).

53. Also attached, just as for other cases, is the article published on the website *www.uccronline.it*, which other than examining the issue, also manages to define the nothing less than disquieting context in which this occurs: "Life won out at the Federiciano Polyclinic of Napoli; soon no human being will be suppressed again because there is no longer a doctor ready to kill that which embryology defines as a 'new human being, unique and unrepeatable'. The decision has been made to suspend voluntary termination of pregnancy and administration of the Ru486 pill."

54. Then there are the cases of **Fano** and **Jesi (Regione Marche)**, for which we are attaching extensive documentation, provided in part by **THE CGIL** (Italian General Confederation of Labor), regarding the shutting down of the service for voluntary termination of pregnancy (**Ann. 12**).

55. In addition, we have attached the document that appeared on the website *www.uccronline.it* confirming this situation and asserting that it is "Good news for the birth rate in Jesi: all the doctors are conscientious objectors" (**Ann. 6**). Starting with its title, the article "Abortion: fortunately the conscientious objectors are increasing" is of the same tone and confirms the relationship between the high number of conscientious objector doctors and a decrease in abortions (**Ann. 13**). In particular, while considering the fact that this news was reported by national dailies in a triumphant tone at the beginning of September, in reality this situation, whereby all ten gynaecologists are conscientious objectors, has been hindering terminations of pregnancy since August.

56. Even in **Regione Lazio**, where the LAIGA registered a percentage of conscientious objectors of 91.3%, in 31 public facilities 9 do not offer termination of pregnancy services and in three Provinces no therapeutic abortions are performed (**Ann. 1** and **Ann. 2**, in which reference is made to **Province di Frosinone, Rieti** and **Viterbo**. See also **Ann. 56**).

57. In light of this situation, it is appropriate to recall also what was reported on the website *www.uccronline.it* to understand the context in which Law No. 194 of 1978 does not get implemented. In particular, the serious situation recorded by the LAIGA, far from being denied, is welcomed with a celebratory tone: "Good news coming from Lazio: in 9 public facilities out of 31 [...], no human beings are being suppressed during the first phase of their existence"; and, once again, **Formia** and **Palestrina** "have suspended the service," while the **Tor Vergata Polyclinic** "even having the infrastructure enabling it does not perform terminations of pregnancy," and finally concluding with the question: "If there are no pro-abortion doctors available, how can the healthcare facilities be blamed?" (**Ann. 14**).

58. Always within the **Regione Lazio**, **St. Andrea Hospital**, a public university hospital, is not performing abortions and is not training new gynaecologists (for more details see the testimonial of doctor **M. PARACHINI**, a gynaecologist and LAIGA member, in **Ann. 2**) Furthermore, it has been revealed how "Many of the non-objecting doctors are on the verge of retirement and will not be replaced due to a lack in professional training" (in **Ann. 2** and see also the case of doctor **P. PUZZI** in **Ann. 4**).

59. With this in mind, **G. BRUNELLI**, a Full Professor of Public Institutional Law at the University of Ferrara, raises the same concern, explaining that "Conscience, as has been clearly stated, has its own 'regional geography'" which increases with time, due to the "disinterest in the problem by new generations of gynaecologists who [...] did not mature at a time in which the problem was still binding and as a result do not want to take on the responsibility of acting on behalf of socially important ideals, and in some cases maybe in the mere interest of protecting their own personal convenience." (**Ann. 29**, pg. 842). This brings to mind what **C. M. STIGLIANO**, a member of the Board of Directors of the Italian Society of Gynaecology and Obstetrics, said in a hearing at the Chamber of Deputies (XIVth session, XIIth Commission, meeting of December 22, 2005, minutes from the meeting, informational inquiry on implementation of Law No. 194 of 1978, on "Standards for social advancement of maternity and voluntary termination of pregnancy," in particular concerning the functions assigned by law to family counselors.

60. THE CGIL supplied some data regarding the lack of or reduction in non-objecting doctors: in *Provincia di Palermo (Regione Sicilia)* in some hospitals there isn't a single non-objecting doctor (or there is only one, who is external); in *Regione Abruzzo* there are hospitals where there are no non-objecting doctors (in *Pescara*, out of three hospitals only in one is the service guaranteed and with only one doctor; in *Teramo*, out of four hospitals the service is guaranteed only in two; in *Chieti*, out of five hospitals only three guarantee it, and in one facility with only one external non-objecting doctor; in the three facilities of *L'Aquila* there is only one non-objecting doctor; in *Messina* there are hospitals without a single non-objecting doctor (Barcellona, Patti, Lipari, Mistretta) (Ann. 39); in *Regione Puglia* as well there are numbers given for the ratio of conscientious objector doctors to non-objectors (anesthetists, doctors, nurses, obstetricians), out of which it turns out that in some hospitals there are no non-objecting doctors (Ann. 44).

61. See Ann. 52, where a statement of L. BARBARO, Director of the *Unità Operativa Consultori Area Ionica Asl 5*, is reported about the necessity to direct women seeking access to abortion to other cities because in *Messina (Regione Sicilia)* it was impossible to guarantee the treatment.

62. See also Ann. 49, about the situation in *Regione Liguria*, where, in addition to the retarded submission of the report for 2011 on the application of Law No. 194 of 1978, in the same report there is no data on conscientious objection. Moreover, in Ann. I, it is indicated that in the hospitals of this Region the wide recourse to conscientious objection compromises the access to the voluntary termination of pregnancy.

63. See table in Ann. 43, Report of the President of LAIGA, which shows the number of hospitals in which the voluntary terminations of pregnancy are performed in the following Regions: Piemonte, Lombardia, Trentino, Veneto, Friuli, Liguria, Emilia Romagna, Toscana, Umbria, Lazio, Abruzzo, Molise, Basilicata, Puglia, Calabria, Sicilia, Sardegna.

64. See the same **Ann. 43**, Report of the President of LAIGA, where a **list is laid down of some hospitals which don't guarantee the voluntary termination of pregnancy and/or where all doctors are conscientious objectors**: "Az. Ospedaliera Universitaria S. Andrea (Roma), Ospedale Acquapendente (Viterbo), Ospedale Andosilia (Civitacastellana), Ospedale Belcolle (Viterbo), Ospedale S. Camilo De Lellis (Rieti), Ospedale Umberto 1° (Frosinone), Ospedale S. Benedetto (Alatri), Ospedale Maggiore della Carità (Novara), Ospedale Castelli (Verbania), Ospedale Portogruaro (Verona), Ospedale di Gorizia, Ospedale di Jesi Marche, Ospedale di Fano Marche, Ospedale di Fermo Marche, Ospedale di Belluno, Ospedale Di Camposampiero, Ospedali Riuniti S. Lorenzo Varmagnola Torino, Ospedali Civili di Brescia, Ospedale S. Maria delle Stelle Melzo Milano, Ospedale di Cernusco, Ospedale di Carate, Ospedale di Gallarate, Ospedale di Gorgonzola, Ospedale di Angera, Ospedale di Treviglio e Caravaggio, Ospedale di Como, Ospedale di Cantu', Ospedale di Monza, Ospedale di Sassuolo, Ospedale Franchini-Montecchio Reggio Emilia, Ospedale di Ponteanicari, Ospedale di Lipari, Ospedale Muscatello Augusta (SR), Ospedale Bosa (Sardegna), Ospedale di Ozieri (Sardegna), Ospedale di Bassano, Ospedale San Paolo di Bari, Ospedale Perrino (Brindisi), Ospedale di Venere (Bari), Ospedale di Bitonto (Bari), Ospedale di Bisceglie, Ospedale di Fasano, Ospedale di Velletri".

65. See also statement in **Ann. 52** about the situation of **Regione Toscana**, with particular reference to *Azienda Ospedaliera Universitaria Senese U. O. C. Ostetricia e Ginecologia – Policlinico "Le scotte" Iale Bracci (Siena)*, where the suspension of service is expressly motivated by the presence of objecting doctors.

66. Attached is documentation provided by doctor **P. PUZZI**, a retired gynaecologist. At his hospital (in **Gavardo, Provincia di Brescia**) he performed voluntary terminations of pregnancy together with another gynaecologist. However, he remained alone after the other doctor retired and he was forced to become a conscientious objector due to the workload from requests to terminate pregnancies (**Ann. 8**, the experience of doctor **P. PUZZI**, who also collected data regarding Brescia-area hospitals, **Ann. 9**). doctor **P. PUZZI** also provided

documentation concerning the numerous cases in which the service for voluntary termination of pregnancy was suspended (Ann. 45).

**Evident disproportion between
the number of available non-objecting personnel
and the requests to terminate pregnancy within a specific hospital,
in a determined period of time.**

67. With regard to this particular aspect, the considerations made on the questions related to cases apply whereby termination of pregnancy services were suspended.

68. In any case it is important to reiterate that there was no official data on this particular aspect: the Annual Reports of the Ministry of Health in fact do not include any data that correlates specifically with the number of requests to have pregnancies terminated at hospitals. As has already been stated, the request by LAIGA to ISTAT for a list of all the facilities was not accepted and thus it was not possible to conduct any investigation on the link between requests for voluntary termination of pregnancy (which however could never account for the number of requests received whereby women have been forced to seek other facilities or solutions in the face of the difficulties they have with accessing this treatment) and the number of non-objecting doctors called to perform such procedures.

69. Let us again remember that Art. 9 of Law No. 194 of 1978 requires every facility to guarantee this service at all times, irrespective of there actually being requests for voluntary terminations of pregnancy or not. Otherwise, we could conclude that if in a specific location there have been no requests for termination of pregnancy, the facilities would be entitled not to guarantee the service (which is enforced by a law that is constitutionally protected).

70. Although this is a different question unrelated to voluntary termination of pregnancy, but which helps to define the general context in which women find themselves, we make reference to the **investigative report video by THE RADICAL ASSOCIATION OF ROMA** (<http://roma.repubblica.it/multimedia/home/2899382>)

relative to the difficulties with obtaining a **morning-after-pill prescription** (Ann. 30, which also considers the legal case). In particular, direct testimonials have been published, even if these were anonymous, regarding the following hospitals: Casilino, Cristo Re, Cto, Gemelli, Fatebenefratelli, Grassi, Sandro Pertini, Regina Margherita, Sant'Andrea, Daughters of St. Camillus, San Giovanni, San Carlo, Tor Vergata Polyclinic, Sant'Eugenio, San Filippo Neri, San Pietro Fatebenefratelli, San Giacomo, Aurelia Hospital, Santo Spirito and Umberto I).

71. Moreover, this issue presents an undeniably critical viewpoint of the widespread practice in the implementation of Art. 9 of Law No. 194 even concerning activities that in fact are not related to abortions (for further details on this, see the case decided by THE CORTE DI CASSAZIONE (Ann. 19) and the decision by THE PUGLIA REGIONAL ADMINISTRATIVE COURT (Ann. 25), in addition to cases of "conscientious objection by pharmacists" (Ann. 34), or of "conscientious objection of nurse's aides and nurses" (Ann. 19).

Limited number of hospitals / nursing homes where terminations of pregnancy are carried out within a specific administrative unit (municipality, province or region).

72. With regard to this particular aspect, the considerations made on the questions related to cases apply whereby termination of pregnancy services were suspended.

Significant increase in requests to carry out abortions in specific hospitals / nursing homes.

73. In this particular matter, we reference the case of **Polyclinic of Bari** published on *www.uccronline.it* (Ann. 10), which explains that for administering the RU486 pill "Bari had become the place to go for an easy abortion, with women who came not only from *Regione Puglia* but all over the south of Italy."

Cases of non-replacement of non-objecting doctors who are not available

(due to holiday, illness, retirement, etc.)

74. As for this question we can recall the already-referenced case of the hospital in **Gavardo**, in **Provincia di Brescia**, where after the retirement of doctor **P. PUZZI** there were no efforts undertaken to take on an additional physician who would work alongside the only remaining non-objecting doctor (**Ann. 8**).

75. Still yet, we must remember the case of **Polyclinic of Napoli**, where after the death of the only non-objecting doctor the service was discontinued (**Ann. 11**).

76. At the **St. Camillus Hospital of Roma** (see also **Ann. 15**) a therapeutic abortion was delayed for four days due to a lack of non-objecting anesthetists as they were all on vacation. The delay risked overstepping the time limits stipulated by Law No. 194 of 1978 (**Ann. 16**).

77. In addition, we reference an inquiry conducted in **Regione Lombardia**, which other than underscoring the fact that the real data on conscientious objection is higher than the official data (**Ann. 17, Ann. 18 e Ann. 27**), also highlights the problem of needing to tackle non-objecting personnel shortages by depending on external doctors who have already retired, or “on-call personnel” or freelance doctors paid on a fee-for-service basis (for more on this, in addition to **Ann. 8**, please see **Ann. 17, Ann. 18, and Ann. 27**, in which the latest data is presented for the cities of **Treviglio, Como, Cremona, Lecco, Lodi, Milano, Monza and Brianza, Mantova, Sondrio and Gallarate**).

78. Furthermore, it appears things are going to get worse, as “Many non-objecting physicians are elderly and near retirement [...] while the younger ones are almost all objectors.” (**Ann. 18**).

79. Always in relation to the situation in **Regione Lombardia**, additional considerations have been proposed that “might be applicable to the whole of Italy”

(according to C. LALLI, in "Abortion and conscientious objection in Lombardia hospitals", **Ann. 27**).

80. In particular, the effects from high relative percentages of personnel who are conscientious objectors depend on a certain number of variables: "From the city where you live and the ease with which you can choose one facility over another [...]. From how well you know your rights and the effects of conscientious objection on the real guarantee of service [...]. From how much money you have [...]. From how many people as well as whom you know [...]. In any case, there is no doubt that any service would be under similar threat by such percentages." (C. LALLI, in **Ann. 27**).

81. We would also like to point out the case of **Ascoli Piceno (Regione Marche)**, where the service is guaranteed by a doctor from Milan: "Effective application of the law is subject to the attitude of a 'highly exclusive category of professionals with specific technical skills (i.e. obstetricians and gynaecologists)' - think about what occurs at Ascoli Piceno, where it would not be possible to perform voluntary terminations of pregnancy if it weren't for a doctor who comes from Milan every week to guarantee these procedures. There is thus the need to guarantee that all the facilities involved, including advice centers, are applying the law correctly and rigorously respecting the timeframes stipulated therein. The organizational malfunctions caused by the high number of conscientious objections do in fact result in pregnancies being terminated with an ever-increasing delay, placing the health of women at risk." (**Ann. 29**, pg. 844).

82. Moreover, with this in mind we reference how "Based on the referenced report by the Ministry of Health, in 2006 the percentage of voluntary terminations of pregnancy performed within 14 days of the certificate being issued (56.7%) decreased from 2004 (58.0%), and as a result the percentage of procedures performed after three weeks increased: from 16.4% in 2005 to 18.0% in 2006." (**Ann. 29**, pg. 844).

83. See also **Ann. 43**, Report of the President of LAIGA, in which there are many references to these cases, like **Bari** (in relation to the difficulties arising when

the only non-objecting doctor is on vacation), **Monterotondo** (in relation to the difficulties arising when the only non-objecting doctor falls ill), **Jesi** (in relation to the difficulties arising when the only non-objecting doctor retires) and **Napoli** (in relation to the difficulties arising when the only non-objecting doctor dies).

**Absence / refusal of objecting doctors to provide
the necessary care prior to and following abortion, etc.**

84. With regard to the actual care provided prior to and following an abortion, the case defined by decision of **THE CORTE DI CASSAZIONE** (on April 2nd, 2013) is worthy of mention, which sentenced a doctor who was a conscientious objector to a year in jail after he refused to aid a woman who had already undergone an abortion and had developed a serious hemorrhage as a result (**Ann. 19**).

85. For this, please see the statements made by Attorney **F. GALLO**, Secretary of the Luca Coscioni Association: <http://www.radioradicale.it/scheda/376858/legge-194-intervista-a-filomena-gallo-sulla-sentenza-della-corte-di-cassazione-sullobiezione-di-coscienza>. Here the difficulties associated with reporting cases of improper application of Law No. 194 of 1978 are also highlighted.

86. This case turns out to be even more glaring and is particularly indicative of a climate that is generally resistant to the effective implementation of Law No. 194 of 1978, as this involved providing care to a woman who had already undergone an abortion. Incidentally, it is important to remember that Law No. 194 of 1978 requires even doctors who are conscientious objectors to intervene and perform abortions to save the life of the woman when this becomes necessary (Art. 9).

87. The decision by **THE CORTE DI CASSAZIONE** only confirms the standard data and the consolidated jurisprudence that limits the area of operation of conscientious objection only to procedures that are strictly linked to abortion (please see the authoritative comment by **V. ZAGREBELSKY** with regard to **THE PRETURA**

DI ANCONA decision of October 9th, 1979, which established that only activities immediately preceding anesthetization of the patient, anesthesia itself, and the abortion are subject to conscientious objection, in **Ann. 20**; in addition, please review the case law by THE ITALIAN CONSTITUTIONAL COURT ruling out that the judge supervising guardianship, with reference to a voluntary termination of pregnancy by a minor - Art. 12 of Law No. 194 of 1978 - could raise conscientious objection, as that judge's activity is not considered to be related to the abortion procedure; moreover, it is impossible to identify any discrimination between the judge supervising guardianship and the doctors who instead may raise conscientious objection in, among others, ruling no. 196 of 1987 in **Ann. 41**; also see **Ann. 42** for a reconstruction of the subsequent constitutional case law, which demonstrates how Law No. 194 of 1978 continues to be challenged through requests for statements on the constitutional illegitimacy of the essential core of the law, considered constitutionally protected by the Italian Constitutional Court).

88. Furthermore, we reference the observations made with regard to the difficulties encountered in obtaining a prescription for the morning-after-pill (for more information please see the **investigative report video** by THE RADICAL ASSOCIATION OF ROMA at <http://roma.repubblica.it/multimedia/home/2899382>, as well as **Ann. 30**), and those related to the so-called conscientious objections claimed by those performing their duties within advice centers, pharmacists, nurse's aides, and nurses (**Ann. 19, Ann. 25** and **Ann. 34**).

89. Along the same lines, we should make an additional consideration regarding activities taking place at advice centers (see the **video investigation** at <http://video.repubblica.it/edizione/bari/odissea-consultori-io-obiettore-il-dottore-passa-solo-a-timbrare/113822?video=&ref=HREC2-8> with its related investigation in **Ann. 4**).

90. These activities – which include psychological support, information and counseling to pregnant women – fall outside of the area of application of Art. 9 of Law No. 194 of 1978 as they involve activities that are not specifically or necessarily intended to terminate a pregnancy. For further details on this please see the ruling by THE PUGLIA REGIONAL ADMINISTRATIVE COURT (**Ann. 25** - in addition to the already-

cited **Ann. 20** regarding the ruling by **THE PRETURA DI ANCONA** with the comment by **V. ZAGREBELSKY** - which we will review below), which established that “the exemption as per Art. 9 of Law No. 194/1978 for objectors applies exclusively to procedures and activities specifically and necessarily intended to terminate a pregnancy, and not care provided prior to and following the procedure.”

91. Moreover, **THE PUGLIA REGIONAL ADMINISTRATIVE COURT** acknowledges to a significant degree the difficulties related to implementing this law in the advice centers as well, recalling the observations of the Puglia Regional Government: “That the fear of a massive presence of objectors within the Advice Center could cause Law No. 194/1978 to be implemented incorrectly becomes clear on pg. 10 of the defense brief of Puglia Region submitted on July 14th, 2010, wherein is asserted: ‘... it was necessary to acknowledge that the reported critical situation is also due to the presence of doctors who are conscientious objectors in many Advice Centers and who, while performing their duties, do not all have the same attitude. While some (the majority) correctly abide by the law and agree to issue documents for voluntary terminations of pregnancy to the women requesting this service within the scope of ‘universal responsibility’ of the entire advice center team (psychologist, social worker, midwife, and doctor), others refuse to do so and often refuse even to implant IUDs for contraception or to prescribe emergency contraception (the morning-after-pill), causing unfulfillment of the advice center’s service in preventing voluntary termination of pregnancy pre- and post-conception’.” (**Ann. 25**). Always related to this case, the Puglia Magistrate Court proposed a solution that “would not conflict with the principle of equality as per Art. 3 of the Constitution,” i.e. “reserving 50% of posts for specialists who have not raised any conscientious objection while also reserving 50% of the remaining posts for specialists who are conscientious objectors,” at individual advice centers.

92. Finally, please see what has been published online by Attorney **F. GALLO**, Secretary of the Luca Coscioni Association, at <http://www.radioradicale.it/scheda/376858/legge-194-intervista-a-filomena-gallo-sulla-sentenza-della-corte-di-cassazione-sullobiezione-di-coscienza> regarding the testimonials of women who were forced to undergo abortions alone in the medical facility bathrooms because after they took the necessary medications the doctors did not provide the care required.

2) The Parties are asked to describe, if any, concrete cases in which pregnant women:

- a. tried in vain to access the procedures for termination of pregnancy;**
- b. carried out abortions in unhealthy conditions and/or at their own expense;**
- c. were forced by the circumstances to continue the pregnancy.**

93. With regard to the data requested in this second section of the document forwarded by the European Committee of Social Rights, it is important to remember what has been mentioned at the beginning about the impossibility of compiling testimonials from women in this matter.

94. This in fact involves sensitive data and information that could be reconstructed first of all through first-hand testimony by the women. They could be identified only by daily monitoring in front of healthcare facilities or by forwarding the request for lists of the women to the facilities, which is impossible to fulfill owing to protection of privacy laws. Once they have been identified, the women must be willing to talk and make their stories known, which, to reiterate, is incomparable with other medical procedures, whether if an abortion was performed - with or without difficulties - or if the woman had to resort to other solutions.

95. Furthermore, one could retrieve the medical records of all patients. Such an operation, just as when asking the facilities for lists of women who made the request to terminate a pregnancy, is impossible to carry out for reasons of privacy protection.

96. As already stated, even the data contained in the Annual Reports of the Ministry of Health are sourced from anonymously completed questionnaires in which, as seen from the voices expressed in those Reports, there is not a single section on the malfunctioning of healthcare facilities with regard to the high numbers of doctors who are conscientious objectors.

97. It is therefore impossible to imagine the idea of requiring women who need to request access to services for terminating a pregnancy to provide a written account of their story.

98. Please also see what has been published on the following website by Attorney **F. GALLO**, Secretary of the Luca Coscioni Association, regarding complaints originating from cases of women who were forced to carry out abortions by themselves: <http://www.radioradicale.it/scheda/376858/legge-194-intervista-a-filomena-gallo-sulla-sentenza-della-corte-di-cassazione-sullo-biezione-di-coscienza>). This underscores the difficulty of reporting, besides the mistreatment reserved for women (it is also evident in the referenced and attached books how the women are treated badly; see **Ann. 38** for a case of mistreatment that occurred in Napoli and was documented in newspapers) one-window facilities made available to offer legal advice ("Civic assistance", in www.associazionelucacoscioni.it; e-mail address for women: info@associazionelucacoscioni.it, **Ann. 35**).

99. Attorney **F. GALLO** has made herself available to provide information about these cases, which were impossible to compile within the date specified to respond to the questionnaire due to the delicate nature of the information inherent in those cases.

100. In relation with the situation of **Regione Lazio**, see the statement of doctor **G. PACINI**, member of the Association Vita di Donna (www.vitadidonna.it) (**Ann. 52**), who is collecting testimonies of women since 2002, through a free telephone number, about the difficulties of access to abortion.

a. tried in vain to access the procedures for termination of pregnancy;

101. With regard to this particular aspect, reference is made to the cases already shown on the lack of the service for voluntary termination of pregnancy.

102. Another case, which ended with the termination of a pregnancy, is important for raising awareness to the difficulties women encounter when there are organizational shortages in hospitals. Indeed, in **Padova** a woman was denied a therapeutic abortion and she was forced to go to **Napoli**. The case led to a parliamentary hearing by the Radical group in the Chamber of Deputies (**Ann. 21**). See also the history of the therapeutic abortion of **R. MELONE**, **Ann. N**).

103. In addition, for the **Regione Marche** THE **CGIL MARCHE** showed how “already in 2010, of the 2,409 voluntary terminations of pregnancy that women residing in the Marche had undergone, 5.5% of the procedures were performed outside of their respective Provinces and 24.5% outside of *Regione Marche*” (**Ann. 12**).

104. Also attached is the Report by the LAIGA President, doctor **S. AGATONE**, on which the declarations of some foreign medical centres and data regarding the “migration” of women between the **Regions** (in relation to the situation of **Regione Lombardia**, the Report shows the system of taking charge of women) are shown (**Ann. 43**). See also the statement of doctor **E. CANITANO** (**Ann. 52** and **Ann. F**) about the difficulties to find a hospital which guarantees the treatment in **Regione Lazio**. In particular, see the case of a woman forced to move to Greece.

105. Doctor **P. PUZZI** has provided documentation on the phenomenon of women moving from one structure to another. In some cases it was even possible to count the number of women forced to travel (**Ann. 45**). For this, ultimately one could observe how in some facilities some lists are made available of other facilities where women can go if at the former they are unable to undergo termination of pregnancy due to the absence of non-objecting doctors (**Ann. 46**).

106. Thus, from this standpoint, and remembering the preceding initial considerations, with regard to the difficulties inherent in retrieving the requested data, one can see how in certain cases there could be facilities where the procedures for terminating pregnancy aren't even requested because at this point

people know that these procedures are not performed there. Therefore, they are in violation of the law that requires each facility to guarantee this service.

107. See also the experience of doctor **A. UGLIETTI**, *Responsabile della Unità Operativa Semplice Legge 194 e Piccoli Interventi- Dipartimento per la salute della donna del bambino e del neonato, Clinica Mangiagalli, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano*, about the cases of women which try in vain to access the procedures for the termination of pregnancy in the hospitals of **Gallarate, Busto Arsizio, Melegnano** and **Foggia**. These women are forced to go to the hospital, where she works, in Milano (**Ann. L**).

108. See also **Ann. 50**, in relation of the situation in **Milano**, where hospitals have a particular system for the access to abortion: in fact, only a limited number of women is accepted, which differs from hospital to hospital and which is valid only on certain days and in certain periods of time (see also **Ann. 43**, Report of the President of LAIGA, about the situation of **Regione Lombardia**, in particular the cases of the hospitals Buzzi, San Carlo, San Paolo, Clinica Mangiagalli, Luigi Sacco in **Milano** and the hospitals of **Rho, Garbagnate Milanese, Cernusco sul Naviglio**).

b. carried out abortions in unhealthy conditions and/or at their own expense;

109. Beyond the cases already mentioned concerning so-called economic discrimination, with regard to which only the most well-off women can travel abroad or in private hospitals, it is important to remember the problem of clandestine or do-it-yourself abortions. There are 15,000 of the former every year, even with Law No. 194 of 1978 in effect (while previously there were approximately 250,000 clandestine abortions per year; see **Ann. 22** and **Ann. 23** on the case of **Ischia**, in **Regione Campania**).

110. This phenomenon, which inevitably leads women to expose themselves to significant health and life-threatening risks, in addition to forcing them to pay for a service normally guaranteed in Law No. 194 of 1978, is directly related to the

problem that links the decrease in abortions to the alleged lack of problems associated with the number of doctors who are conscientious objectors (see the response to question no. 7 for more on this).

111. Significantly, **C. LALLI (Ann. 27)**, with regard to the situation in **Regione Lombardia** (which may be the same for the whole country), observes how among other variables that have a bearing on the effects of the high number of doctors who are conscientious objectors, there is also the economic factor, i.e. the economic resources women may have, determining whether they will seek treatment abroad or access methods that could place their health or even lives at risk: “if you can afford it, you could choose to go to London, as was often before Law 194 was enacted. At the other extreme there are some women who have taken Cytotec, a drug intended to treat ulcers but the collateral effects of which include miscarriage (misoprostol, the active ingredient of Cytotec, is used to terminate pregnancies, but using it as a do-it-yourself medication bears certain risks, depending on where you take it and if you have taken the wrong dosage).”

112. **THE CONSULTORIA AUTOGESTITA OF MILANO** refers a case of a woman, who tried to access to abortion in the **hospital Bassini of Cinisello Balsamo (Regione Lombardia)**, where there are only two externally recruited doctors. This woman reports her experience of unhealthy conditions, in which she was forced to interrupt her pregnancy. **THE CONSULTORIA AUTOGESTITA OF MILANO** argues, from the latest official data on the application of Law No. 194 of 1978, that in the Regions where there is a low percentage of conscientious objectors the post-operative complications are approximately null and in the Regions where there is an increase of conscientious objectors there is a relevant growth of these complications (**Ann. 50**).

c. were forced by the circumstances to continue the pregnancy.

113. Included in this section are **all the cases already referenced** in which difficulty accessing the service has forced women to continue their pregnancy while hoping to find other available facilities or alternative solutions.

114. At **St. Camillus Hospital in Roma** (for more on this see **Ann. 15**) a therapeutic abortion was delayed for four days due to the absence of non-objecting anesthetists, who were all on vacation, and the woman had stated previously that “I’m at the mercy of this case and the vacation of the clinicians [...]. They did not give me specific times and the cutoff date to proceed with the abortion is Thursday, after which I’ll be forced to keep the baby until the ninth month, who in any case will be stillborn” (**Ann. 16**).

3) The parties are asked to distinguish between the situation relating to the requests for abortion put forward by women during the first three months of pregnancy and those presented after this period (therapeutic abortions).

115. In reference thereto we highlight again the case of **Regione Lazio**. It has been documented, in fact, that “If for abortions during the first trimester one can deal with external freelance or ‘fee-based’ doctors, who make up approximately 11% [...], this is not the case with therapeutic abortions, for which the 91.3% figure weighs like lead. With the availability of freelance and ‘fee-based’ doctors the objections sink to 84%, but this is a figure that in any case is higher than the 80.2% cited by the Ministry of Health, which does not consider the fact that in reality a portion of non-objecting gynaecologists (4%) does not perform voluntary terminations of pregnancy” (according to doctor **M. PARAVICINI** in **Ann. 2**).

116. One should note (**Ann. 43**, Report of the President of LAIGA) that external or fee-based doctors are not authorized to perform so-called therapeutic abortions (see also the interview with **S. RODOTÀ**, Emeritus Professor of Civil Law, *Università La Sapienza di Roma*, and former President of the Authority for the protection of personal data, **Ann. 48**).

117. In this regard we cite an observation by Prof. **G. BRUNELLI** (**Ann. 29**, pg. 843): “This situation is particularly complicated due to the ideological choice of the legislator [Art. 8, Law No. 194 of 1978] to allow the procedure to be performed only in public hospitals and nursing homes authorized by the regional government, with negative effects ‘on the availability of the service.’ There are in fact ‘certain local situations where a higher rate of conscientious objections in reality translates into a lack of available services and therefore gives rise to a certain local mobility in order to have the voluntary termination of pregnancy performed elsewhere.” This is also how **A. BURGIO**, Director of Healthcare Services and Epidemiology at the National Statistics Institute, related the problem during a hearing at the Chamber of Deputies (XIVth session, XIIth Commission, meeting of December 15, 2005, minutes from the meeting, informational inquiry on implementation of Law No. 194 of 1978, on “Standards for social advancement of maternity and voluntary termination of pregnancy,” in particular concerning the functions assigned by law to family counselors) (**Ann. 29**, pg. 844).

118. We also cite the personal story of **M. BRUNETTI** (**Ann. 28**; please also see the book by **C. LALLI**, *C’è chi dice no. Dalla leva all’aborto. Come cambia l’obiezione di coscienza* [There are those who say no. From conscription to abortion. How conscientious objection changes] Il Saggiatore, 2011, **Ann. 40**), in which she describes the painful series of events that led to a so-called therapeutic abortion and which were due to the presence of only one non-objecting doctor (a woman) at the hospital. This doctor recommended her to come to the hospital on the day when she could guarantee that she would be present, but then had to step in for another doctor overnight. Therefore, she was not available on the agreed-upon date. The Chief Physician's position is also significant, because he authorizes this nighttime fill-in and marks an asterisk next to the patient's name and that of someone else awaiting termination of pregnancy, noting them as “those of Mme. doctor ***.”

119. In this particular case, aside from the dramatic and direct testimony of this woman, it is important to take note of her courage in reporting this situation. In this regard we shall again review cases of doctors and hospital facilities being reported.

120. See also **Ann. 43**, Report of the President of LAIGA, which shows the differences between the number of hospitals where the requests of abortion by women during the first three months of pregnancy are satisfied and the number of hospitals where the requests of abortion presented after the first three months are satisfied, in the **Regions of Piemonte, Lombardia, Trentino, Veneto, Friuli, Liguria, Emilia Romagna, Toscana, Umbria, Lazio, Abruzzo, Molise, Basilicata, Puglia, Calabria, Sicilia, Sardegna**.

121. See the same **Ann. 43**, which shows the specific difficulties connected with the voluntary termination of pregnancy after the first three months (in relation with **Regione Lazio**, the Report shows that only 7 hospitals - out of 31 – guarantee the access to the voluntary termination of pregnancy after the first three months and women are forced to move to other *Province*).

4) The parties are asked to confirm whether externally recruited doctors carry out therapeutic abortions and whether all the available non-objecting health personnel and allied health personnel are entitled to, and actually carry out terminations of pregnancy.

122. Inasmuch as indicated above, we again cite the situation in **Regione Lazio**: “If for abortions during the first trimester one can deal with external freelance or ‘fee-based’ doctors, who make up approximately 11% [...], this is not the case with therapeutic abortions, for which the 91.3% figure weighs like lead. With the availability of freelance and ‘fee-based’ doctors the objections sink to 84%, but this is a figure that in any case is higher than the 80.2% cited by the Ministry of Health, which does not consider the fact that in reality a portion of non-objecting gynaecologists (4%) does not perform voluntary terminations of pregnancy” (as stated by doctor **M. PARAVICINI** in **Ann. 2**).

123. The externally recruited non-objecting doctors cannot carry out therapeutic abortions, taking into account the time required for this kind of

intervention. Women are forced to move to other hospitals (**Ann. 43**, Report of the President of LAIGA, and see also **Ann. L**).

5) With respect to the possible problems encountered by pregnant women in accessing the procedures for termination of pregnancy, the parties are asked to provide specific information and data on any possible appeals lodged by such women before the competent administrative and/or judicial authorities over the last five years.

124. There are no data or news on the use of legal appeals against the offending hospital.

125. We highlight the case, already referenced above, of the woman who following an abortion was in serious condition due to hemorrhaging and was not cared for by a doctor. This doctor was then sentenced by **THE CORTE DI CASSAZIONE (Ann. 19)**.

126. We also point out the case, already referenced above, of **M. BRUNETTI**, who had the courage to lodge a report immediately with regard to her so-called therapeutic abortion: "Margherita decided to report [the Chief Physician]. After two and a half years almost nothing had happened: after her report the public prosecutor had requested the case to be archived, which Margherita opposed. The judge, before choosing another public prosecutor, wanted to hear the parties. Margherita went to the hearing together with her husband and without an attorney. 'I explained about what had happened to me and didn't need a lawyer. I wanted that no other woman should have to go through what I had experienced. There is no compensation involved. What compensation can there be for suffering?'. Margherita tells her story and then it's the turn of the Chief Physician's attorney, who says he understands the lady's reasoning but cites organizational problems and apologizes if the lady was afraid. 'I wasn't afraid, I was pissed off!'

she clarifies. After this hearing the whole case goes dark and is archived. The doctor wrote her a letter of ‘excuses.’ ‘But he didn’t even apologize, he only repeated that for organizational reasons...’ Indeed, the letter seems like a cross between a prefabricated template and an impossible defense. [Chief Physician] in July 2007 regrets the ‘unfortunate’ series of events and expresses understanding for ‘your regrets when you found out that the doctor [...] with whom you had developed a trust-based relationship wound up being unavailable.’ But it is certainly not as much the doctor’s character or the ties Margherita had with her that are the reason for Margherita’s regrets as much as the fact that she (the doctor) was the only non-objecting doctor in the entire ward. [Objecting doctor] [...] complains in the end that the image of the facility has been damaged by this case.” (Ann. 28).

127. This last account once again helps to clarify how difficult it is for the women as well as for non-objecting physicians to report these situations.

128. As has already been pointed out in the official response to the Italian Government by IPPF EN, one cannot claim that eventually resorting to this avenue – for which no proof has been provided – might result in a speedy and happy ending to the problems inherent in this particular case, and thus within the timeframe established by Law No. 194 of 1978. Furthermore, it is easy to imagine how the woman would be left in a vulnerable position and subjected to embarrassment in the face of that same hospital facility that had denied her access to the service for terminating her pregnancy. Moreover, the legal avenue indicated is inappropriate for solving problems in general.

129. However, one can understand the reasons why the Italian Government has not been able to successfully document the use of legal action taken against hospitals, also in light of the particular nature of Law No. 194 of 1978 and the specifics that characterize the condition of women who need to terminate their pregnancies.

130. It is indeed difficult to imagine an effective legal course of action in a situation where women need to have an abortion and the law imposes rigid time limits to have it performed legally (Ann. 26, in relation to the case highlighted

herein and lodged with the Roma District Attorney's office by THE LUCA COSCIONI ASSOCIATION and THE ITALIAN ASSOCIATION FOR DEMOGRAPHICS EDUCATION).

6) The parties are asked to provide detailed information on the measures adopted by hospitals, nursing homes and regional authorities as an implementation of Article 9§4 of Law No. 194/1978, i.e.:

“Hospitals and authorized nursing homes in any case are obligated to carry out the procedures stipulated by Article 7 and perform requested terminations of pregnancy according to the protocols stipulated in Articles 5, 7, and 8. The regional authorities check and ensure this is also being carried out by mobile personnel.”

131. With regard to this point, we reference the case of **Polyclinic of Bari**, for which the non-objecting doctor **N. BLASI** reported the inadequate organization of the hospital, in particular the lack of a serious outpatient clinic and staff training (**Ann. 10**).

132. Ever with regard to **Bari** and while specifically citing the hospitals' lack of organization, it was noted how “No one in fact needs to deny the existence of sabotage of all non-objecting personnel enacted by department and hospital directors, general administration, and not in the least by the Regional Government, which has shown itself in recent years to be incapable of reminding the local healthcare facility directors of their responsibilities” (**Ann. 10**).

133. It has been seen how women requesting access to voluntary termination of pregnancy services have been “rerouted” to other hospitals after the death of the only non-objecting doctor at **Polyclinic of Napoli** and after they were barred from the waiting lists (**Ann. 11**).

134. **St. Camillus Hospital of Roma**, according to doctor **G. SCASELLATI**, the Director of that facility's Day Hospital, turns out to be the only hospital in Lazio where the RU 486 pill is administered, while in Umbria there is not a single structure that offers drug-based abortions. There is great economic discrimination inherent in this, as "Rich women go to Marseille" (**Ann. 15**).

135. In addition, doctor **G. SCASELLATI**, during her hearing at the Chamber of Deputies, explains that "we are 30 gynaecologists at St. Camillus, including the Chief Physician, of whom only three are non-objectors." "Over the last four years we have been under continuous attack. We are the clinicians who have decided to defend a law of the state. Thus, in my opinion, conscientious objection constitutes the most serious aspect of the problem. We should talk about it, since those who terminate pregnancies are steadily decreasing and constantly have to justify their work." (**Ann. 29**, pg. 842).

136. Also referenced is the **inquiry published** at www.ilfattoquotidiano.it (**Ann. 24**) in which three key aspects are illustrated to show how implementation of Law No. 194 of 1978 is being compromised by the regional authorities; there emerges the image of a "Heterogeneous country with spotty distribution of services at the regional level and with visible differences between North, Center, and South."

137. See the statement of **M. PINI**, Director of *Reparto materno infantile*, in **Napoli (Regione Campania)**, about the difficulties met in the application of Law No. 194 of 1978 and the lack of any improvement measures, like the mobility of doctors or different ways of recruitment (**Ann. 52**).

138. In relation with the situation in **Regione Lombardia**, it should be noted that some regional councillors posed another list of questions (11.4.2013, **Ann. 51**), one year after the first questionnaire (26.4.2012), on the subject of conscientious objection and on the implementation of law No. 194 of 1978. The former document showed that there had been an increase in the obstacles preventing the proper implementation of the legislation in the Region due to the significant

increase of objecting doctors, which in some areas is above 85% (**Ann. 55**). In the latest document it is required of the competent regional councillor to provide information about the number of objecting and non-objecting doctors in all hospitals of the Region; the data referred to the mobility of the women seeking to access to abortion; in which hospitals it is necessary to employ externally recruited doctors (“*medici gettonisti*” or “*consulenti esterni*”); how much is the cost of the doctors’ mobility (**Ann. 51**).

7) The parties are asked to specify whether - and if yes, why - they consider that the reduction in the number of abortions resulting from the official reports regularly presented by the Ministry of Health to the Parliament indicate that pregnant women do not encounter problems in accessing procedures for termination of pregnancy.

139. With regard to this last point, it must be noted that the decrease in the abortion rate is not indicative of the idea that there are no problems in implementing Art. 9 of Law No. 194 of 1978.

140. Instead, this piece of information might indicate that the decrease in abortions is due to the very fact that women have not been able to access this service, having to find other solutions, such as going abroad or undergoing clandestine abortions (**Ann. 23**, regarding clandestine abortions rendered necessary by doctors who are conscientious objectors. These abortions can be performed by those very same objecting doctors who are willing to have them done at their own offices and thus privately; **Ann. 15**, which denounces so-called economic discrimination that hits “poor and desperate” women, because “It is rare to find actresses, managers, and professional women sitting waiting in the hallways [...]. They have other means.”).

141. Still yet, please see **Ann. 22** on the number of clandestine abortions carried out by Italian women (for foreign women there are no reliable estimates), which reaches 15,000 despite Law No. 194 of 1978 being in effect, while prior thereto there were more than 250,000 clandestine abortions every year. We

highlight an additional phenomenon, that of the so-called “do-it-yourself” abortions, done via online purchases of pills or turning to illegal markets (**Ann. 22**).

142. Further, please see the data supplied by **THE CGIL MARCHE (Ann. 12)**, in which a link is established between the increase in the numbers of gynaecologists, anaesthetists, and non-medical personnel in **Regione Marche** who are conscientious objectors on the one hand, and on the other the number of voluntary terminations of pregnancy in the same Region.

143. Then, always with regard to **Regione Marche**, it is pointed out that “already in 2010, of the 2,409 voluntary terminations of pregnancy that women residing in the Marche had undergone, 5.5% of the procedures were performed outside of their respective Provinces and 24.5% outside of *Regione Marche*” (**Ann. 12**).

144. Finally, and generally speaking, review the **conference** entitled “Conscientious objection in Italy. Legal proposals to guarantee the full implementation of Law No. 194 on abortion” held in Roma on May 22, 2012, at <http://www.radioradicale.it/scheda/352813/obiezione-di-coscienza-in-italia-proposte-giuridiche-a-garanzia-della-piena-applicazione-della-legge-194-s>.

145. See also **Ann. 43**, Report of the President of LAIGA, where there are some tables about the difference, in each indicated hospital, between the number of non objecting doctors and the number of objecting doctors, in the **Regions of Piemonte, Lombardia, Trentino, Veneto, Liguria, Toscana, Emilia Romagna, Lazio, Abruzzo, Molise, Campania, Basilicata, Puglia, Calabria, Sicilia, Sardegna**.

146. **THE PRESIDENT OF LAIGA**, in her Report (**Ann. 43**), shows what happens when there is only one non objecting doctor in a hospital.

147. **THE PRESIDENT OF LAIGA**, in her Report (**Ann. 43**), recounts her own experience as a non-objecting doctor and reports some more experiences of women.

148. See also the **Ann. 52**, about the research of **V. GALANTI** and **E. BORZACCHIELLO**, already mentioned above, about the statements of several doctors

and women regarding their own experiences (see for example **E. RAFFA, M. PEPE, G. MEDINA, L. BARBARO, M. PINI, ASSOCIATION SAVE194CAMPANIA, G. PACINI, E. CANITANO, N. BLASI, M. TOSCHI, G. FATTORINI** – President of AGITE, *Associazione Ginecologi Territoriali* - www.agite.eu, **M. ORLANDELLA, A. D. TURCHETTO**).

Additional in-depth analysis and latest research results.

149. Finally, always with regard to the initial considerations made, IPPF EN continues to conduct research on the problems related to the difficulties in implementing Art. 9 of Law No. 194 of 1978.

150. Considering the difficulties shown, further analysis could be conducted and useful results from additional research achieved even after the final date indicated by the ECSR (European Committee of Social Rights) for submitting responses.

151. In this regard, even while acknowledging this, IPPF EN signals its availability for additional clarifications pointed out by:

- **C. LALLI**, philosopher and journalist, author of numerous publications and books on the subject, who by visiting some hospitals in Roma investigated the difficulties women encounter in accessing services for termination of pregnancy and the testimonies of whom are provided in anonymous form to make their experiences known (**Ann. A**).

Attached and kindly provided by this author are copies of the books *A. La verità, vi prego, sull'aborto* [A. *The truth, please, on abortion*], Fandango, 2013 and *C'è chi dice no. Dalla leva all'aborto. Come cambia l'obiezione di coscienza*, [There are those who say no. From conscription to abortion. How conscientious objection changes] Il Saggiatore, 2011, in electronic form and please do not share these in this format.

- **L. FIORE**, author of the book *Abortire tra gli obiettori. La moderna inquisizione. Diario del mio aborto* [Abortion amongst objectors. The modern inquisition. A diary of my abortion] Tempesta editors, 2012. This book features various testimonials by women as well as the author's own first-hand experience of undergoing a so-called therapeutic abortion (**Ann. B**).

Attached by the kind generosity of the publishing house is a copy of her book. Please do not share it.

- **C. FLAMIGNI**, Full Professor in Gynaecologic Endocrinology and Gynaecology and Obstetrics, Università degli Studi di Bologna, and member of the Comitato Nazionale di Bioetica.
- **M. MENGARELLI**, sociologist, President of the Osservatorio Sociale sull'Infertilità and member of the Consulta di Bioetica and of the Consiglio generale of the Luca Coscioni Association.
- **F. GALLO**, an attorney and Secretary of the Luca Coscioni Association.
- **V. GALANTI**, doctoral candidate of research at the Lucca Institute for Advanced Studies (**Ann. C**).
- **E. BORZACCHIELLO**, Doctoral Research Candidate at the Compluense University of Madrid (**Ann. C**).
- **A. POMPILI**, LAIGA member and gynaecologist (**Ann. D**).
- **S. AGATONE**, President of LAIGA and gynaecologist (**Ann. F**).
- **M. PARACHINI**, LAIGA member and gynaecologist (**Ann. F**).
- **C. DAMIANI**, LAIGA member and gynaecologist (**Ann. F**).
- **P. FACCO**, LAIGA member and gynaecologist (**Ann. F**).
- **C. GRANDE**, LAIGA member and gynaecologist (**Ann. F**).
- **G. ORLANDO**, LAIGA member and gynaecologist (**Ann. F**).
- **P. LOPIZZO**, LAIGA member and gynaecologist (**Ann. F**).
- **G. SCASSELLATI**, LAIGA member and gynaecologist (**Ann. F**).
- **D. VALERIANI**, LAIGA member and gynaecologist (**Ann. F**).
- **E. CANITANO**, LAIGA member and gynaecologist (**Ann. F**).
- **P. PUZZI**, gynaecologist (**Ann. E**).
- **M. PENSA**, FLC CGIL General Secretary of the *Provincia di Sondrio* (**Ann. G**).
- **D. FANTINI**, gynaecologist (**Ann. I**).

- **E. CIRANT**, journalist (**Ann. H**).
- **A. UGLIETTI**, gynaecologist, *Responsabile della Unità Operativa Semplice Legge 194 e Piccoli Interventi- Dipartimento per la salute della donna del bambino e del neonato, Clinica Mangiagalli, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano (Ann. L).*

List of willing doctors laid down by LAIGA:

- **A. RESTA**
- **A. G. MORETTI**
- **P. SCORPINITI**
- **N. BAGETTA**
- **R. BONAFIGLIA**
- **C. CICCONE**
- **D. BIASI**
- **E. BEOLCHINI**
- **D. N. GRANCHI ZANIERI**
- **I. ABU EID**
- **L. ERMIO**
- **G. LUCARINI**
- **M. MARIANO**
- **M. SANI**
- **M. TOSCHI**
- **N. CHERLI**
- **S. DE ZORDO**

- **B. ZENI**
- **P. MAZZUCCO**
- **C. PESCE (Ann. M, about the organizational difficulties)**
- **R. MARINO**
- **E. DIANA**

List of willing women laid down by LAIGA:

- **C. MASSACESI**
- **S. CECCHINI**
- **R. MELONE (Ann. N)**

Conclusions.

152. All things considered, IPPF EN, assisted by Prof. Marilisa D'Amico and Benedetta Liberali of the Milan Bar, recalling all the broader considerations set out in Collective complaint No. 87 of 2012 and in the Response to the Government's submission on the merits, requests that the European Committee of Social Rights declare Italy in violation of Art. 11 of the European Social Charter, read alone or in conjunction with Art. E, on the basis of the inadequate wording of Art. 9 of Law No. 194 of 1978, which does not guarantee women the right of access to termination procedures, provided by the same Law No. 194, as demonstrated by the facts relating to its concrete implementation in practice.

Declaration and Signature.

153. 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 stylized, cursive script.

Marie-Rose Claeys

Regional Director, International Planned Parenthood Federation European Network

List of Annexes.

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- LAIGA, "Lettera aperta al Ministro della Salute Renato Balduzzi e, p.c., alla Ministra del Lavoro e delle Pari Opportunità Elsa Fornero" ["Open letter to Minister of Health Renato Balduzzi with copy to Minister of Work and Equal Opportunities Elsa Fornero"]

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- C. Lalli, A. La verità, vi prego, sull'aborto [A. The Truth, please, on abortion], Fandango, 2013

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- A. Cassano, "Aborto, il business dei privati" ["Abortion, a business of private practices"], December 16, 2012, at <http://bari.repubblica.it>
- A. Cassano – I. Turlione, "Odissea consultori: 'Io obiettore, il dottore passa solo a timbrare'" ["The advice center odyssey: 'I'm a conscientious objector and the doctor comes by just to place a stamp'"] December 15, 2012, at <http://video.repubblica.it>

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- "'L'obiettore è un buon medico', parla Renzo Puccetti" ["'The conscientious objector is a good doctor', Renzo Puccetti speaks"], June 25, 2012, at www.uccronline.it
- "'L'obiettore è un buon medico', parla Assuntina Morresi", ["'The conscientious objector is a good doctor', Assuntina Morresi speaks"], June 28, 2012, at www.uccronline.it
- "'L'obiettore è un buon medico', parla Stefano Bruni", ["'The conscientious objector is a good doctor', Stefano Bruni speaks"], July 28, 2012, at www.uccronline.it

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- "Buone notizie per la natalità a Jesi: tutti i medici sono obiettori di coscienza" ["Good news for the birth rate in Jesi: all the doctors are conscientious objectors"], September 19, 2012, at www.uccronline.it

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- P. Puzzi, "Ospedali e cliniche a Brescia" ["Hospitals and clinics in Brescia"]

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- A. Baoli, "Obiezione di coscienza, da Nord a Sud la legge 194 è diventata inapplicabile. Continua l'assedio alla norma sull'aborto. Ora anche a Bari non esistono più medici non obiettori. È ora di frenare questo fenomeno che lede il diritto alla salute femminile" ["Conscientious objection, from North to South Law 194 has become impossible to implement. The assault on abortion law continues. Now in Bari there no longer non-objecting doctors. It's time to stop this phenomenon, which infringes on women's health rights"], March 24 2013, at <http://cronachelaiche.globalist.it>

- "Riorganizzare strutture e personale per difendere la Legge 194. Il dibattito sull'interruzione di gravidanza in Puglia e il funzionamento dei consultori, dopo l'inchiesta di Repubblica" ["Reorganize facilities and personnel to defend Law No. 194. The debate over termination of pregnancy in Puglia and the role of advice centers after the La Repubblica inquiry"], March 25, 2013, at <http://bari.repubblica.it>

- A. Cassano, "Aborto, la protesta del segretario Cgil: 'Obiettori ledono la dignità delle donne'. Dura presa di posizione di Pino Gesmundo dopo la scelta, rivelata da Repubblica, di 6 medici del reparto di ginecologia e ostetricia del San Paolo di Bari di rifiutarsi di praticare le interruzioni volontarie di gravidanza. 'Un atto che produce conseguenze molto gravi'" ["Abortion, protests by the Cgil Secretary: 'Objectors hurt the dignity of women.' A hard-line position taken by Pino Gesmundo after the decision, revealed by La Repubblica, of six doctors in the gynaecology and obstetrics department of San Paolo Hospital of Bari to refuse to perform voluntary terminations of pregnancy. 'An act that has very serious consequences'"], March 18, 2013, at <http://bari.repubblica.it>

- A. Cassano, "Tutti i medici obiettori. Aborti impossibili alla Asl di Bari. Al San Paolo smantellato l'ultimo presidio degli ospedali pubblici: nel capoluogo adesso resta solo il Policlinico" ["All doctors conscientious objectors. Abortions impossible at the Bari local healthcare facility. At San Paolo Hospital they have dismantled the last public hospital system: in the provincial capital only the polyclinic remains"], March 17, 2013, at <http://bari.repubblica.it>

- "Uno dei pochi ginecologi abortisti, Nicola Blasi, va in pensione in anticipo" ["One of the few gynaecologists performing abortions, Nicola Blasi takes an early retirement"], April 3, 2011, at www.uccronline.it

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- "Napoli, i medici sono tutti obiettori: impossibile interrompere la gravidanza al Policlinico" ["Napoli, all the doctors are conscientious objectors: it is impossible to terminate a pregnancy at the Polyclinic"], March 18, 2012, at www.uaar.it

- "Niente aborti al Policlinico di Napoli: tutti i medici sono obiettori" ["No abortions at Polyclinic of Napoli: all the doctors are conscientious objectors"], March 16, 2012, at www.aduc.it

- "Al Policlinico di Napoli vince la vita, nessun medico abortista" ["Life wins at Polyclinic of Napoli, no abortionist doctors"], March 20, 2012, at www.uccronline.it

- "Tutti obiettori, niente aborto al Policlinico" ["All conscientious objectors, no abortions at the Polyclinic"], March 16, 2012, at www.campanianotizie.com

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- "Aborto. Impossibile a Jesi: tutti i medici sono obiettori. Dieci ginecologi, ma tutti obiettori di coscienza. Una situazione che, di fatto, ha bloccato il servizio di interruzione volontaria di gravidanza nell'ospedale marchigiano. Cgil e Aied chiedono soluzioni chiare e certe per garantire l'applicazione della legge 194" ["Abortion. Impossible in Jesi: all the doctors are conscientious objectors. Ten gynaecologists, but all are conscientious objectors. A situation that in reality has impeded voluntary termination of pregnancy services at this Marche hospital. The Cgil and Aied (Italian Association for Demographics Education) demand clear-cut solutions to guarantee implementation of Law 194"], September 10, 2012, at www.quotidianosanita.it
- CGIL, "Obiettori di coscienza dell'ospedale di Jesi e Fano e IVG" ["Conscientious objectors to voluntary termination of pregnancy at Jesi and Fano hospitals"], September 7, 2012
- CGIL, "Dopo l'ospedale di Fano, anche a Jesi tutti i ginecologi sono obiettori: a rischio la legge 194" ["After Fano hospital, in Jesi all the doctors are also conscientious objectors: Law 194 at risk"], September 7, 2012
- "Jesi, stop a interruzioni di gravidanza. i ginecologi sono tutti obiettori. Un episodio analogo era già avvenuto all'ospedale di Fano. Sulla vicenda è intervenuto l'assessore regionale alla sanità. Nei prossimi giorni dovrebbe operare un medico della struttura di Fabriano" ["Jesi, a halt to terminations of pregnancy. The gynaecologists are all conscientious objectors. A similar episode had already occurred at Fano hospital. The regional health office has intervened. In the coming days a doctor from Fabriano hospital is supposed to perform services"], September 7, 2012, at www.repubblica.it

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- L. Serloni, "E' estate, vietato abortire. Donna rimane in corsia. La diagnosi prenatale parla di 'feto idrocefalo e displasia renale bilaterale'" ["It's summertime and abortions are prohibited. A woman is left to wait. The prenatal diagnosis is of a 'hydrocephalic fetus and bilateral renal dysplasia'"], August 9, 2008, at www.repubblica.it

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- "Cassazione: punito medico obiettore che rifiuta le cure dopo l'aborto" ["Cassation: an objecting doctor refusing to provide care after abortions is punished"], April 3, 2013, at www.leggioggi.it
- E. Borzacchiello, V. Galanti, "Aborto e obiezione di coscienza, due diritti da riequilibrare" ["Abortion and conscientious objection, two rights that need to be rebalanced"], at www.associazionelucacoscioni.it
- "Legge 194, Cassazione: 'Medico obiettore non può rifiutare cure dopo aborto'" ["Corte di Cassazione on Law 194: 'An objecting doctor cannot refuse to provide aid after abortions'"], April 3, 2013, at www.ilfattoquotidiano.it
- N. Somma - M. De Maglie, "Legge 194: se l'obiezione di coscienza diventa omissione di coscienza" ["Law 194: if conscientious objection becomes a conscientious omission"], April 3, 2013, at www.ilfattoquotidiano.it

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- M. Pappagallo, "194, aumentano gli obiettori. 'Tanti gli aborti clandestini'. I ginecologi: 15 mila tra le italiane" ["Law 194, the objectors are on the rise. 'There are many clandestine

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- M. Bisso, “Com’è difficile avere a Roma la pillola del giorno dopo. Come prescrizione d’urgenza, dovrebbe essere dovuta ma il personale degli ospedali spesso si rifiuta” [“How difficult it is to get the morning-after-pill in Rome. As an emergency prescription it should be a given, but hospital personnel often refuse to give it”], September 10, 2008, at www.repubblica.it

- M. Bisso, “Pillola del giorno dopo in tribunale. Ora il giudice dovrà decidere sul rifiuto di tre medici obiettori” [“The morning-after-pill in court. Now the judge will have to decide on the refusal by three objecting doctors”], April 11, 2008, at <http://roma.repubblica.it>

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- Certificate confirming a request for voluntary termination of pregnancy, at www.omceoge.org

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- availability of doctor A. Uglietti, *Responsabile della Unità Operativa Semplice Legge 194 e Piccoli Interventi - Dipartimento per la salute della donna del bambino e del neonato, Clinica Mangiagalli, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano*

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