

Conscientious Objection (CO)
and
Conscientious Commitment (CC)

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Actual situation

- In some countries where abortion is legal, women increasingly find difficulties to have access to this legal abortion, due to grotesque misuse of the concept of CO.
- How will we be able to secure the right for abortion against the growing dangerous anti-choice lobby ?
- What are the possible strategies in different countries ?

How do laws change over time in a democratic country?

- It takes years after the public opinion in a country has evolved before the ancient law is finally adapted.
- The more progressive the public opinion, the more women's rights are evident in a country
=> the more progressive the law

The Nordic model

- In a few northern countries (Sweden, Finland, Iceland), society finds abortion is just a part of normal life. Women have access to reproductive health for abortion, pregnancy care and fertility treatment (all in the same local clinic).
- No need to travel, no special abortion centres, no special doctors, it's just part of the normal job of gynaecologists and midwives.
- In those countries, in the field of reproductive health, the **law does not permit CO**, which reflects the public opinion. Abortion is part of reproductive health, and if you want to work in this field, you just have to respect the law. Basta! You have CO ? study dermatology!

Is the Nordic model realistic for all other countries?

- In other countries, society may be more polarised concerning sexuality, abortion (and euthanasia).
- education and health structures reflecting this polarisation exist since a very long time (centuries!).
- Religious institutions have an important position
- In Belgium and other European countries , Catholic schools, Catholic universities, Catholic hospitals are prominent in society and they follow more or less rigid religious rules
- They are financed by society and CO is widely accepted

Is the Nordic model realistic for all other countries?

- In most countries the right to CO is in the abortion law.
- In some laws, it is stipulated that CO should not be discriminated.
- It is time to add in the law: **Abortion providers should not be discriminated!** (in most Catholic structures legal abortion is forbidden; Italy: workload concerning abortion is huge, while objectors do IVF, planning their career)
- In Belgium the possibility for CO is in the
 - **euthanasia law**
 - **abortion law**: nearly 100% of Belgian **abortion providers** agree with CO

euthanasia law in Belgium

- For adults and children with a very serious incurable disease
- Conscientious Objection is written in the law
- Can you imagine to force all doctors to do euthanasia because there is an euthanasia law?
- If I ever need euthanasia, I want a committed doctor with a moral conscience!
- discussions in catholic structures!: **Catholic**
“Broeders van Liefde” accept euthanasia in their hospitals!!!

Conscientious Objection (CO) is a fundamental individual right

- I am a Conscientious Objector!
- (electro-shock therapie, useless physiology tests on dogs, painful diagnostic test in a terminal ill patient).
- The ability to exercise conscience is fundamental to individual integrity
- **Women have the right to have their conscience respected and trusted in their choice for abortion**
- **conscientious commitment**: For many health care workers providing abortion care, conscience dictates to provide this service

Conscientious Objection (CO) is a fundamental individual right

- By denying the right to conscience of religious people, we implicitly deny the moral ground for abortion and the conscientious commitment of abortion providers
- No, abortion is not the same as taking out an appendix!

Conscientious Objection (CO) is a fundamental individual right

- « Individuals have human rights to freedom of religious conscience, but institutions, as artificial legal persons, may not claim this right » (Dickens)
- We agree there should not be an institutional CO in **state institutions**, but it does not seem realistic, in most countries, to impose abortion structures in catholic hospitals (except if there is a monopoly of service delivery in a remote area; and what would be the quality ?).

Maputo protocol (Africa)

- “State parties must ensure that only the health personnel **directly involved** in the provision of contraception/family planning services enjoys the right to conscientious objection and that it is not so for the institutions. Further, it states that the right to conscientious objection cannot be invoked in the case of a woman **whose health is in a serious risk**, and whose condition requires emergency care or treatment”

Conscientious Commitment (CC) is a more realistic answer in Belgium

- During 10-15 years, we did abortions (while it was **still illegal**) in our fight to legalise abortion
- In a few hospitals (mostly linked to ULB-VUB) and in outpatient family planning centres (French speaking part) and outpatient abortion centres (Flanders). Lawsuits, condemnation, street marches during years !!
- **After a fight of 17 years, the abortion law legalised our Conscientious Commitment outpatient abortion structures put up during illegality**

Conscientious Commitment (CC) is a more realistic answer in Belgium

- Why is the « Nordic model » not realistic in Belgium?
80% of abortion are done by GP's; not by gynaecologists.
 - Flanders: > 90% in 5 outpatient abortion centres
 - French speaking part: 75% in 29 FP centres
- For the women
 - Which woman wants to be treated by a team that feels abortion is wrong?
 - When you force health providers to do abortions they don't agree with, women will be the victims!
It creates traumatic experiences and we see it every week! (anaesthesiologist, nurses)

What should the state do ?

- **Clear neutral information via governmental websites**
 - the abortion law
 - In which structures you can get a legal abortion
- **Education:** it must be mandatory to incorporate the subjects of unwanted pregnancy and abortion into the curriculum of students, schoolteachers and in medical, paramedical and psychosocial courses
- **Make it compulsory to have a clear public notification of CO on the:**
 - door of the pharmacy
 - website of GP's, gynaecologists
 - website & information brochure of hospitals

What should the **state** do ?

- Make sure there are **abortion structures** in each region or town.
 - Oblige public hospitals to have an abortion structure (with financial consequences)
 - or put up outpatient abortion centres in each region
- If there are difficulties in finding abortion providers => **allow positive discrimination of abortion providers**
 - Allow to hire non-objectors over objectors
 - Oblige objectors to do administration or emergency duty during the same time that abortion providers perform abortions ($\frac{1}{2}$ day abortions = $\frac{1}{2}$ day administration or $\frac{1}{2}$ day of WE emergency duty)

What should the **state** do ?

- **Obligation** to refer! At the first contact or consultation
- it must be **punishable to hamper** the right for abortion (délit d'entrave), and to do disinformation (about fetal anomaly, about the law....)

What can we do ?

- mobilise women and men to go for all their health needs to **non-CO structures**
 - **Pharmacy**: don't buy **any** medication in a CO pharmacy; start a trial ! (France)
 - **GP, gynaecologist**: tell them why you change doctor
 - **euthanasia law**: Does my General Practitioner (GP) accept euthanasia? If not, I choose another GP
 - **Hospital**: tell them why you change hospital

What can **we** do ?

Make abortion providers proud of their job!

- Advertising campaign like BPAS : what do you call a woman who's had an abortion: a mother, a sister , a friend
- Decoration of abortion doctors for their dedication to women:
 - Daan Schipper (The Netherlands)
 - Elisabeth Aubény: La Légion d'Honneur
 - Willy Peers and Lucie Van Crombrugge: Dr Honoris Causa of VUB in Belgium

Conclusion

- Each woman needs to feel the empowering support and respect from committed abortion health care providers
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- It will help her to cope and respect herself; help her to take the right decisions needed to get on with her life in a positive way

Conclusion

- Every country needs to analyse what is the best strategy to secure the right for abortion written in the law
- We have to pressure our governments to protect women's right for abortion
- We are aware there is a dangerous right wing strategy to misuse Conscientious Objection
- But there is not only one “right solution”
- Il n'y a pas qu' une seule “ligne juste”

film

- Very bad medical care: malpractice!
- These doctors should be in jail and there medical diploma withdrawn
- To lie to patients minimising fetal anomaly is punishable