

Countries that Disallow “Conscientious Objection” (Belief-based Care Denial)

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It has been claimed by various researchers or NGOs that certain countries do not allow “conscientious objection” (belief-based care denial) in reproductive healthcare or healthcare in general. This document examines those claims for each of the named countries.

Only four countries were found to explicitly disallow “CO” in healthcare – Bulgaria, Ethiopia, Finland, and Sweden.

Global Map of Norms regarding Conscientious Objection, by REDAAS – Red de Acceso Aborto Seguro, Argentina (Safe abortion access network)

See this map: <http://www.redaas.org.ar/objecion-de-conciencia-mapa>

Green countries are those that supposedly don’t allow “CO”: Finland, Sweden, Lithuania, Bulgaria, Ethiopia, Venezuela.

Red countries have “unlimited recognition” of “CO” in their laws: Estonia, Moldova, Albania, Namibia, Angola, and Zimbabwe.

Gray countries do not recognize “CO” but do not explicitly prohibit it. These are mostly countries in Africa, middle East, south Asia, and former Soviet bloc countries.

However, if countries do not explicitly prohibit or limit “CO,” that’s generally the same as allowing it without restriction. **Something not explicitly illegal or regulated is LEGAL.** Abortion stigma exists in every country; therefore, “CO” occurs everywhere and will happen unimpeded without explicit restrictions and enforcement actions.

Summary Table:

Country	Disallows “CO”	“CO” named in law
Bulgaria	Y	N
Czech Republic	N	Y
Ethiopia	Y	Y
Finland	Y	N
Iceland	N	Y
Latvia	N	Y
Lithuania	N	N
Malta	N	N
Montenegro	N	N
North Macedonia	N	N
South Korea	N	N
Sweden	Y	N
Turkey	N	N
Venezuela	N	Y

Country	Disallows "CO"	"CO" named in law	Sources	Comments
Bulgaria	Y	N	<p>https://pubmed.ncbi.nlm.nih.gov/23848269/</p> <p>Article 6, Decree No. 2: https://abortion-policies.srhr.org/documents/countries/01-Bulgaria-Law-No-2-Abortion-Annex-1-and-2-2000.pdf</p> <p>Penal code of Bulgaria, see pg 40: https://www.legislationline.org/download/id/8395/file/Bulgaria_Criminal_Code_1968_am2017_ENG.pdf</p>	<p>2013 article in <i>Eur J Contracept Reprod Health Care</i> said that CO is not legally granted in Bulgaria or Czech Republic, although this was later thought to be incorrect. However, providing abortions or referrals is mandatory by law, and there's no mention of CO. (This does not mean that CO doesn't occur.)</p> <p>Prohibits institutional CO according to REDAAS map. But this implies that "CO" occurs on the individual level.</p> <p>Article 6, Decree No. 2 on the conditions and procedures for the artificial termination of pregnancy, developed by the Ministry of Health of Bulgaria, 1990. Article 6, section 8 (pg 2):</p> <p>The doctor referred to in par. 1, after establishing that the pregnant woman has the conditions referred to in Art. 7, shall immediately refer her to a medical institution in accordance with the procedure and conditions laid down in the Ordinance on access for health insured persons to medical facilities for outpatient and inpatient care (State Gazette No 101 of 1999) with a referral accompanied by the results of tests for abortion.</p> <p>Medical establishments to which women are referred for abortions must ensure their hospitalization within one day or another type of care for hospitalized patients, with the objective of guaranteeing the abortion.</p>
Czech Republic	N	Y	<p>https://pubmed.ncbi.nlm.nih.gov/23848269/</p> <p>Czech Republic Health Services Act No. 372/2011, 2011: https://abortion-policies.srhr.org/documents/countries/05-Czech-Republic-Health-Services-Act-Czech-Republic-Parliament-2011.pdf#page=52</p> <p>Czech Republic Law on Abortion (1986): https://abortion-policies.srhr.org/documents/countr</p>	<p>2013 article in <i>Eur J Contracept Reprod Health Care</i> said that CO is not legally granted in Bulgaria or Czech Republic, but this later proved to be incorrect.</p> <p>According to REDAAS map, the country:</p> <ul style="list-style-type: none"> • Recognizes the right to individual CO • Allows CO to any health personnel • Establishes limits to CO • Imposes duties on those who practice CO <p>Czech Republic Health Services Act No. 372/2011, 2011: "Providers may end patient care if a) they demonstrably transfer the patient with her consent under the care of another provider."</p>

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			<p>ies/02-Czech-Republic-Law-on-Abortion-Czech-National-Council-1986.pdf</p> <p>Czech Republic Decree Implementing the Law on Abortion (1986): https://abortion-policies.srhr.org/documents/countries/04-Czech-Republic-Decree-implementing-the-Law-on-Abortion-Ministry-of-Health-1986.pdf</p>	<p>Czech law requires women to jump through hoops – but abortion should be available on request up to 12 weeks and doctors are obliged to follow the system.</p> <p>“If the woman insists on an artificial interruption of pregnancy and the doctor finds that the conditions for its performance are fulfilled, he or she shall designate a medical facility, where the procedure shall be performed.”</p> <p>There’s various levels of review allowed by doctors involved, which could be an insurmountable obstacle if most doctors are anti-choice. But ultimately if conditions are met, the HCP must proceed to arrange the abortion.</p> <p>§ 8. (1) If the doctor has not found the conditions for the artificial interruption of pregnancy (§ 4 and 5), the woman may request in writing within three days a review of his conclusion by the district gynaecology and obstetrics, who shall review the request within two days of receipt of the request. In order to review the request, the expert shall invite two other physicians from that specialty, or, where appropriate, a physician from another the specialty concerned. If he finds that the conditions for the artificial interruption of pregnancy are met, he shall notify the woman and designate the medical establishment where the procedure is to be carried out.</p> <p>(2) If the district specialist in gynaecology and obstetrics has not found conditions for the artificial interruption of pregnancy and the woman insists on it, he shall immediately refer her to the her written request to the county specialist in gynaecology and Obstetrics and Gynaecology, who shall invite two other doctors in this field, including, where appropriate, a doctor from another specialty concerned, and shall review the application within three days of its receipt of the application. If he or she does not find that the conditions for an artificial interruption of pregnancy are met, he or she shall notify in writing to the woman the result of the examination, which shall be final; if the conditions for artificial termination of pregnancy is fulfilled, he shall proceed in a similar manner to the district specialist for gynaecology and obstetrics in accordance with paragraph 1.”</p>

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Ethiopia	Y	Y	<p>https://www.figo.org/news/conscientious-objection-conscientiously-committed-how-obgyns-can-advocate-bodily-autonomy</p> <p>Ethiopia Article 84: https://abortion-policies.srhr.org/documents/countries/06-Ethiopia-Food-Medicine-Health-Care-Administration-and-Control-Regulation-2014.pdf#page=34</p>	<p>"Ethiopia explicitly does not permit health professionals to refuse to provide legal abortion services on the grounds of personal belief.[21]" Also prohibits institutional CO.</p> <p>[21]: Ethiopia: Food Medicine and Healthcare Administration and Control Councils of Ministers Regulation No 299 2013, art. 84. The law states that "[a] health professional may not refuse on grounds of personal belief to provide services such as contraceptive, legal abortion and blood transfusion."</p>
Finland	Y	Y	<p>"Yes We Can" article by Fiala et al.: https://www.conscientious-objection.info/wp-content/uploads/2016/10/Yes-we-can-Successful-examples-of-disallowing-conscientious-objection-in-reproductive-health-care.pdf</p> <p>Finland abortion law: https://abortion-policies.srhr.org/documents/countries/01-FINLAND-LAW-ON-ABORTION-1970.pdf</p>	<p>From Yes We Can: "Under the Finnish law, no doctor in a public position – working for a community, public hospital, or the government – can refuse to consider an abortion application. They must either approve it or not, but refusals must be for a legitimate reason."</p> <p>Article 6, second paragraph, Abortion Law No. 239 of March 24, 1970 amended, with respect to the clause banning CO, through Act No. 1084, 1992:</p> <p>"The physician with authority to render an opinion and the operating physician shall not be entitled, without reason, to refuse to consider a request for termination of pregnancy."</p>
Iceland	N	Y	<p>2019 law: https://abortion-policies.srhr.org/documents/countries/01-Iceland-Law-on-termination%20of%20pregnancy-2019.pdf</p> <p>2012 law (in English): https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/91321/112206/F1240162931/ISL91321%20Isl.pdf</p> <p>"Yes We Can" article by Fiala et al.: https://www.conscientious-objection.info/wp-content/uploads/2016/10/Yes-we-can-Successful-examples-of-disallowing-conscientious-</p>	<p>REDAAS says: Recognizes the right to individual CO; Allows CO to any health personnel; Imposes duties on those who practice CO; does not prohibit institutional CO</p> <p>Article 4, paragraph 3, Termination of Pregnancy Act No. 43/2019.</p> <p>"If a healthcare worker refuses to terminate a pregnancy on the grounds of Article 14 of the Healthcare Workers Act No. 34/2012, measures shall be taken to ensure that the woman is able to exercise her rights in accordance with the first paragraph."</p> <p>Article 14, Healthcare Practitioners Act No. 34/2012, 2012.</p> <p>"A healthcare practitioner may decline to carry out tasks which conflict with his/her religious or ethical convictions, provided that it is ensured that the patient receives the necessary healthcare service."</p> <p>The statement in the "Yes We Can" article is out of date and wrong unfortunately:</p>

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			objection-in-reproductive-health-care.pdf	"The 1975 Icelandic law does not include any clauses on 'CO'... The law requires that information and services be made available for women seeking abortion, including medical advice, pregnancy tests, counselling and support, social assistance, and assistance with the application and referral to a hospital. Information and guidance must be provided impartially by HCPs. Training in abortion is also mandatory for Ob/Gyns, although not for midwives or other HCPs."
Latvia	N	Y	<p>Abortion section (English): http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_127921.pdf</p> <p>Article 40, 1997 law (Latvian): https://abortion-policies.srhr.org/documents/countries/07-Latvia-Medical-treatment-law-Parliament-of-Latvia-2014.pdf#page=8</p>	<p>Latvia allows CO without restriction. While there is no CO clause in the abortion section itself, WHO's database links to another law:</p> <p>Section 40, Medical Treatment Law of Latvia, 1997</p> <p>"The doctor is responsible for the preservation of the unborn, and it is their duty to try to discourage the patient from stopping the pregnancy if the pregnancy does not contradict the woman's health and there is no danger that the infant will have a hereditary or acquired disease. The physician has the right to refuse to terminate the pregnancy if there is no medical reason."</p>
Lithuania	N	N	<p>Abortion law: https://reproductiverights.org/maps/provision/lithuanias-abortion-provisions/#english</p> <p>Open Democracy article about abortion in Lithuania: https://www.opendemocracy.net/translate/goog/en/5050/suk%C5%B3-nesmerkian%C4%8Di%C4%85-laid%C4%85-ir-buvau-pasmerkta-pati/?x_tr_sl=lt&x_tr_tl=en&x_tr_hl=en&x_tr_pto=sc</p>	<p>REDAAS says Lithuania prohibits institutional CO, and cites the law: "Note. Obstetricians-gynecologists who are engaged in private practice must also comply with the procedures for the surgical termination of pregnancies."</p> <p>However, Lithuania has restrictive abortion laws, only allowing abortion up to 12 weeks. Further, the abortion law begins by saying: "1.1. Pregnancy may be terminated upon a woman's request up to 12 weeks, provided there are no contraindications to this surgery." The word "may" would allow doctor discretion.</p> <p>Also, it's highly likely that the abortion law does not live up to its promise and "CO" is rampant. That's because: repeated attempts have been made to ban abortion, the Ministry of Health consistently promotes anti-choice propaganda and medical misinformation, abortion is highly discouraged and significant abortion stigma exists, Catholic dogma has political influence, and there's stories of abuse and mistreatment of women seeking abortion.</p>
Malta	N	N		REDAAS says there is no recognition of CO (Malta is gray: countries whose standards neither recognize CO nor explicitly ban it.)

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				Abortion is completely illegal in Malta, so any prohibition of CO would not apply anyway.
Montenegro	N	N	<p>Law on Conditions and Procedure for Abortion: https://www.gov.me/clanak/zakon-o-uslovima-i-postupku-za-prekid-trudnoce</p> <p>Sex selection abortion: https://www.rferl.org/a/montenegro-sex-selective-abortions-boys-demographics/31294610.html</p>	<p>REDAAS says that the country "Recognizes the right to individual CO; Allows CO to any health personnel" but this is false. The constitution has a conscience clause that appears to be limited to military service (although doctors could take advantage of the ambiguity): Article 48: Objection of conscience Everyone shall have the right to objection of conscience. No one shall be obliged, contrary to own religion or conviction, to fulfill a military or other duty involving the use of arms.</p> <p>Montenegro allows abortion on request up to 10 weeks and the law is silent on CO. But the law instructs doctors to tell patients of "the danger and harmful consequences for health, which may occur due to termination of pregnancy."</p> <p>Also states under <i>Conditions for termination of pregnancy</i> that "Termination of pregnancy can be done up to 10 weeks from the day of conception, based on the written request of the pregnant woman. Termination of pregnancy can be performed after 10 weeks from the day of conception, but not after 32 weeks." (emphasis added).</p> <p>Such language effectively gives doctors the right to refuse. Also, Montenegro reportedly has a sex selection problem, which points to a strongly patriarchal society and the likelihood of CO refusals.</p>
North Macedonia	N	N	<p>Article about 2019 law: https://www.safeabortionwomensright.org/news/north-macedonia-new-draft-law-on-abortion-adopted-by-the-government-of-north-macedonia/</p> <p>Proposed Abortion law: (second on list at right) https://ener.gov.mk/default.aspx?item=pub_regulation&subitem=view_reg_detail&itemid=48921</p>	<p>Law was revised in 2019. Allows abortion on request up to 12 weeks and laws are silent on CO. However, unless specifically regulated, CO would likely happen with no oversight.</p>
South Korea	N	N	<p>"An ethical issue: nurses' conscientious objection regarding induced abortion in South Korea," 2020:</p>	<p>South Korea decriminalized abortion via a court decision in April 2019. Although the court gave the National Assembly until December 2020 to pass a new law on abortion, the proposed bill provoked heated debates and resulted in five other bills being submitted. The National</p>

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			<p>https://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-020-00552-9</p> <p>Framework Act On Health And Medical Services, 2000: https://elaw.klri.re.kr/kor_service/lawView.do?hseq=54790&lang=ENG</p> <p>Medical Service Act, 2010: https://elaw.klri.re.kr/eng_mobile/viewer.do?hseq=21627&type=part&key=36</p>	<p>Assembly was unable to pass a new law by the deadline. However, physician groups expressed their support for the ability to refuse care based on CO and have asked for a law that includes such provisions. (See "An Ethical Issue" study)</p> <p>Article 5 of the <i>Framework Act on Health and Medical Services</i> is believed to encompass CO but does not specifically mention it. The wording would not preclude the possibility of healthcare personnel claiming they have "justifiable grounds" based on conscience: "Article 5 (Obligations of Health and Medical Services Personnel): (2) When health and medical services personnel are requested to provide health and medical treatment services, they shall not refuse to comply with such request, unless any justifiable ground exists otherwise." (Article amended Mar. 17, 2010)</p> <p>The Medical Service Act is similarly ambiguous, stating: "(1) A medical person may not, upon receiving a request for medical treatment or assistance in childbirth, refuse to render his/her service without any justifiable reason."</p>
Sweden	Y	N	<p>"Yes We Can" article by Fiala et al.: https://www.conscientious-objection.info/wp-content/uploads/2016/10/Yes-we-can-Successful-examples-of-disallowing-conscientious-objection-in-reproductive-health-care.pdf</p> <p>1974 abortion law: https://abortion-policies.srhr.org/documents/countries/01-Sweden-Abortion-Law-1974.pdf</p> <p>2009 amendment: https://abortion-policies.srhr.org/documents/countries/05-Sweden-Amendment-to-Abortion-Law-2009.pdf</p> <p>Grimmark v. Sweden, European Court of Human Rights, 2020: https://laweuro.com/?p=10488</p>	<p>From "Yes We Can": "The Abortion Act does not have any specific clauses related to 'CO', but not allowing 'CO' for abortion has become a stable policy in Sweden and has been confirmed by the courts (more below). Sweden's Prime Minister officially supports this ban on 'CO'. The Swedish Parliament has consistently rejected proposals [11] to enact a conscience clause for HCPs. Medical authorities have stated that those who object to performing abortions (or inserting intrauterine contraception) cannot become obstetricians/ gynaecologists (Ob/Gyns) or midwives. Abortion care is included in the curricula for all medical students, and those who wish to become an Ob/Gyn or midwife must have mandatory training in abortion care. There is no way to opt-out."</p> <p>The 2020 Grimmark decision: "On the 11th of March, the European Court of Human Rights issued its decisions in Grimmark v. Sweden and Steen v. Sweden, two cases casting light on the issue of refusal by healthcare professionals to participate in abortion procedures. The Court in these fairly straightforward decisions rejected the Applicants' complaints as manifestly ill-</p>

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			<p>Explanation of decision: https://strasbourgobservers.com/2020/04/06/grimmark-v-sweden-and-steen-v-sweden-no-right-for-healthcare-professionals-to-refuse-to-participate-in-abortion-services-and-framing-strategies-by-anti-abortion-actors/</p>	<p>founded. Rather, the Court found the Swedish authorities' decision to not employ midwives who refused to participate in abortion procedures complied with Article 9 of the European Convention on Human Rights."</p>
Turkey	N	N	<p>https://www.academia.edu/50821164/A_Rethink_on_Conscientious_Objection_From_Midwives_Perspectives</p> <p>2020 Study: Estimating abortion prevalence and understanding perspectives of community leaders and providers: Results from a mixed-method study in Istanbul, Turkey: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7457705/pdf/10.1177_1745506520953353.pdf</p> <p>2019 study: "How Do Pronatalist Policies Impact Women's Access to Safe Abortion Services in Turkey?" https://journals.sagepub.com/doi/abs/10.1177/0020731419855877</p>	<p>Jacqueline Richards in "A Rethink on Conscientious Objection – From Midwives" says only: "Whilst CO is not included in legislation in some countries (Sweden, Bulgaria, Turkey and Finland) CO is high in certain countries Italy, Slovakia, Poland and Portugal."</p> <p>But CO is practiced by doctors as shown in the 2020 study: "Furthermore, many providers said that they will not perform induced abortions on request due to their personal or religious beliefs, even if abortion is permitted at the facility that they work at. Family planning providers who consciously objected to performing abortions cited common anti-abortion rhetoric that, "abortion is murder," "every life is valued," or assigning personhood to fetuses. Indeed, only one family planning provider (Interviewee 9) believed that a woman, "had the right to choose," and another provider (Interviewee 14) reported that she felt conflicted about whether or not to provide abortion services. Thus, under-reporting may be due to the fact that women cannot reasonably access abortion services in healthcare facilities:" (objector stories follow)</p> <p>The 2019 study makes clear that abortion access has significantly reduced due to doctor objection and pronatalist policies.</p>
Venezuela	N	Y	<p>Article 58, Code of Medical Ethics: https://issuu.com/ultimosensalir/docs/codigodeontologia</p> <p>Constitution of the Bolivarian Republic of Venezuela: http://hrlibrary.umn.edu/research/venezuela-constitution.html</p>	<p>Article 58, Code of Medical Ethics developed by the Medical Federation of Venezuela, 1985 "Circumstances that place the mother's vital interests in conflict with the vital interests of the unborn child create a dilemma and raise the question as to whether the pregnancy should or should not be deliberately terminated. The diversity of answers to this situation is produced by the diversity of attitudes towards the life of the unborn child. This is a matter of individual conviction and conscience, which should be respected."</p>

Country	Disallows "CO"	"CO" named in law	Sources	Comments
				<p>Article 59 of the Constitution of the Bolivarian Republic of Venezuela, on freedom of religion and worship, states that "No one may invoke religious beliefs or disciplines in order to avoid compliance with the law or to prevent another from exercising his or her rights."</p> <p>Article 61 on freedom of conscience states: "Every person has the right to freedom of conscience and the right to manifest it, unless its practice affects the personality or constitutes a crime. Conscientious objection cannot be invoked in order to avoid preventing others from complying with the law or from exercising their rights".</p> <p>These constitutional clauses relate to limits on freedom of religion and worship to comply with the law or protect legal rights of others. Since abortion is illegal, the clause cannot apply to abortion.</p>