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Women's access to lawful medical care: the problem of unregulated use of conscientious objection

Motion for a resolution

tabled by Ms Carina HÄGG and other members of the Assembly

This motion has not been discussed in the Assembly and commits only those who have signed it

The practice of conscientious objection arises in the field of health care, when individual health care providers or institutions refuse to provide certain health services based on religious, moral or philosophical objections. While recognising the right of an individual to conscientiously object to performing a certain medical procedure, the Parliamentary Assembly is deeply concerned about the increasing and largely unregulated occurrence of this practice, especially in the field of reproductive health care.

The Parliamentary Assembly emphasizes the need to balance the right of conscientious objection with the responsibility of the profession and the right of each patient to receive lawful treatment and expresses its concern about the severe consequences that the occurrence of this practice has on women's access to lawful health care services.

In the majority of the Member States of the Council of Europe the practice of conscientious objection is largely unregulated. The absence of a comprehensive and effective legal and policy framework governing the practice of conscientious objection by health-care providers has severely affected women's health and lives in a number of Council of Europe Member States, and is disproportionately affecting poor women and women from rural areas.

In view of the Council of Europe's member states obligation to ensure access to health care services provided by law, the Assembly invites member states to:

1. develop comprehensive guidelines that define and regulate conscientious objection, with regard to health and medical services;
2. provide oversight and monitoring of the practice of conscientious objection so as to ensure women are able to access the medical services they need and are legally entitled to receive and to guarantee the effective implementation and enforcement of these regulations within Member States respective health services;
3. urge those Member States who have not yet done so to establish an oversight framework to ensure that women are referred to equivalent practitioners in a timely manner who do not share such objections and who are within reasonable distance in case the chosen health care provider refuses to perform certain reproductive health services based on conscientious objection;
4. rule out the right of institutional conscientious objection, preventing public hospitals or clinics as a whole to invoke conscientious objection.

Signed (see overleaf)



Signed¹:

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1. EDG: European Democrat Group
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