

Impact of conscientious objection on access to abortion in Italy

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Introduction

The present study was conducted on formal invitation of the President of the Association “Giuristi per la Vita” (Jurists for Life) Gianfranco Amato.

The aims of this study are:

1. To evaluate the level and the temporal trends of conscientious objection among Italian gynaecologists
2. To compare Italian relevant data regarding conscientious objection with those of other developed countries
3. To verify whether the current level of conscientious objection constitutes an obstacle to women’s access to abortion
4. To investigate the effects of conscientious objection on the overall workload of non-objecting obstetrician-gynaecologists (ob-gyns).

Methods

We obtained the data from official reports provided to the Italian Parliament by the Italian Ministry of Health. Data were collected by the Italian National Institute of Statistics (ISTAT) using an individual and anonymous form (Istat D.12) compiled by doctors who operate to terminate pregnancies. This form is filled in with information on the woman, the pregnancy and the operation. The first fields contain: date of birth; place of birth; place of residence; province where the operation will take place; citizenship; marital status; educational level; employment status (a woman has "no employment status" if she is a housewife, a student, is retired or is looking for her first job. A woman has an "employment status" if she is currently working or if she has become unemployed, e.g. she no longer has her previous job and is looking for a new one); professional position; type of business; past reproductive history (number of live births, stillbirths, miscarriages, voluntary abortions); gestational age; any foetus malformation. Required information on the operation are: date of pregnancy interruption; date of certification; authorization; urgency; approval for minors; place and type of operation; type of anaesthesia; type of hospitalization; duration of hospitalization; any complication.[1] At the central level, the Italian Superior Institute of Health (ISS) supervises the quality of the data and then, in collaboration with ISTAT, proceeds with data processing and the preparation of tables containing data aggregated at the regional and national levels. The phenomenon of conscientious objection to abortion is detected by analysing the ISS forms that Italian regional administrations send in to communicate the total number of doctors, anaesthesiologists and nurses, and whether they are objectors or non-objectors. [2]

We searched for official national databases providing abortion statistics. As a further source of information, we extensively consulted the electronic database PubMed with these queries: “conscientious objection to abortion”, “abortion statistics”, “abortion providers” and “abortion access”.

Data were independently extracted by two reviewers and a synthesis was then drawn up.

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We hypothesized that an excess of objectors to abortion could lead to a delay in abortion procedures and a greater percentage of women would be forced to search for another provider, outside of their province of residence. Therefore, the percentage of women getting an abortion within 14 days after obtaining the required legal documentation and the percentage of women having an abortion in their province of residence were used as indexes of access to abortion.

The number of abortions per non-objecting ob-gyn and per abortion facility were used as indexes of work burden.

For comparison of data across time, several years were selected to assure maximum temporal extension and numerical significance.

Statistical Analysis

To analyse the trend over time, a Jointpoint regression analysis was performed using the Jointpoint regression program (version 4.0.4) provided by the U.S. National Cancer Institute. Differences were tested using the Fisher exact test, Wilcoxon Signed Rank Test and Mann-Whitney test, in accordance to good statistical practices. Factors affecting the quality of service were assessed by multiple regression analyses performed according to a backward elimination procedure. The analysis was performed using a Statview 5.0.1 statistical package.

Results

Results are summarized in tables I to IV.

The percentage and number of conscientious objectors to abortion among ob-gyns working in facilities approved to perform abortions were higher in 2010 than in 1982. Nevertheless, the number of non-objectors did not decrease. As the number of abortions significantly decreased in the same period, the abortion load per single non-objector ob-gynaecologist decreased at a rate of 4.51% per year throughout the entire period (Fig. 1), up to a half in 2010 (Table I).

It is difficult to compare the number of obstetrician-gynaecologists providing abortions in Italy to that of other countries, mainly due to a lack of information and differences in methodologies of data collection and reporting.

According to a large representative survey carried out in 2009, 14% of U.S. ob-gyns provided abortions.[3] A previous study featuring a lower response rate reported that 22% of ob-gyns had provided at least one elective abortion in the past year.[4] The Occupational Employment Statistics provided by the U.S. Department of Labour for 2009 show that there were 20,380 obstetricians and gynaecologists employed.[5] Therefore, the estimated number of ob-gynaecologists performing abortions in 2009 was between 2,853 and 4,484.

Based on the figure of 1,210,000 abortions performed in the United States [6], the estimated number of abortions per abortionist gynaecologist in the United States is between 269.8 and 424.1.

According to an extensive survey conducted in France, 3100 obstetrician-gynaecologists participated in some phase of the abortion procedure in 2007. [7] Considering anaesthesiologists and midwives, a total of 6,900 health professionals were then involved in the procedure. In 2007, 215,390 abortions were recorded. [8] Therefore, every French ob-gyn is estimated to have been involved in 68.8 cases of abortion.

According to official figures for 2010, in Italy non-objecting personnel employed in facilities where abortions are provided consists of 1,668 ob-gyns, 3,461 anaesthesiologists and 12,027 paramedics, for a total of 17,156 health professionals. [9] A further quota of health-care personnel potentially involved in abortion procedures comes from Family Counselling Services. Based on a report provided by the Italian Ministry of Health on 17 to 21 territories, in 2008 an average of one ob-gyn works in FCSs. [10] Adjusting the data at the national level for conscientious objection, 677 non-objecting ob-gyns are estimated to be employed at FCSs. A single Italian non-objecting ob-gyn is potentially involved in 49.5 to 51.7 abortions, depending on the year, whether 2010 or 2008.

With respect to 1990[11], the number of both abortion and obstetric services decreased significantly in 2009[12]. Nevertheless, the decrease in abortion services did not correspond to a decrease in the percentage of obstetric facilities where abortions are performed. Due to the relevant decrease in the number of abortions, the abortions/abortion facilities ratio decreased significantly leading to a significant decrease in the load of abortions per facility (Table III). The comparison to other countries shows that the load of abortions per abortion facility in Italy is significantly lower than that of France, [13] the United States [14] and the Canadian province of British Columbia. [15]

Access to abortion

Notwithstanding the marked decrease in the load of abortions per non objecting ob-gyn, in 2010 the percentage of women getting an abortion within 2 weeks after the legal documentation was handed over (the Italian law prescribes a mandatory week for reflection) was significantly lower than in 1984 (Table IV). No variations in the percentage of women having an abortion in their province of residence was observed in the same period.

No correlation was observed between the percentage of women getting an abortion within 14 days and the levels of conscientious objection. Rapid access to abortion was inversely correlated to the percentage of immigrant women having an abortion ($p=0.015$). The correlation persisted after including the number of abortions, the percentage of objectors, the number of non-objectors and the abortion load per non-objector in the model (R^2 0.39; $p=0.003$).

In addition, the percentage of women having an abortion in the province of residence was not associated with levels of conscientious objection. In multivariate regression, the percentage of women having an abortion in their province of residence was inversely associated with the number of abortions and positively associated with the number of immigrants having an abortion (R^2 0.34; $p=0.025$).

Conclusions

The levels of conscientious objection among Italian obstetrician-gynaecologists are higher at present than they were immediately after the law was approved in May 1978. The increase in conscientious objectors did not correspond to a decrease in the number of non-objecting gynaecologists, which remained stable. Because of the decrease in the number of abortions at present, non-objectors have a significantly lower number of abortions to perform than in the 80s. The comparison to other countries with more liberal laws is reassuring in terms of the number of non-objecting gynaecologists who are fitted to perform abortions, the number of abortion facilities and their location in the Italian territory. Unlike the United States, where 87% of counties lack an abortion provider and 35% of women live in those counties [6], in Italy none of the 110 provinces lacks an abortion facility [16].

The decrease in the percentage of women getting an abortion within 2 weeks, observed during the period examined, appears to be related to the increase in immigrant women who probably have greater difficulties in attending to the legal procedures and accessing abortion services. No correlation was found between conscientious objection and indexes of access to abortion.

Mean duration of a vacuum aspiration procedure is 5.7 minutes. [17]

Considering the preparation and immediate post-procedure activities, a typical surgical abortion procedure lasts 15 minutes.

In Italian public hospitals, the working time that physicians put in is 38 hours per week (1,634 per year).

At the current level of conscientious objection in Italy, the 69.5 abortions per non-objecting ob-gyn (regional range is 18.2-194.8 abortions) correspond to 17.4 hours per year (range 4.6-48.7 hours) dedicated to abortions, which represent 1.1% (range 0.3-3.0%) of the entire working time load.

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Tables and figures

Table I Conscientious objection among Italian obstetrician-gynaecologists (1990 vs. 2009)

	1982 (territorial range)	2010 (territorial range)	Level of significance (p)
Ob-Gyn conscientious objectors (n.)	2672 (6-460)	3766 (2-560)	0.003
Ob-Gyn conscientious objectors (%)	59.3 (37.3-78.3)	69.3 (16.7-85.7)	0.017
Ob-Gyn conscientious non-objectors (n.)	1831 (5-303)	1668 (4-277)	n.s.
Abortions (n.)	234801 (540-37493)	115981 (242-18959)	<0.001
Abortions/non-objector ratio (n.)	128.2 (70.9-320.3)	69.5 (18.2-194.8)	0.001

Table II Abortion Services in Italy (1990 vs. 2009)

	1990 (territorial range)	2009 (territorial range)	Level of significance (p)
Abortion services (n.)	547 (1-91)	442 (1-66)	0.009
Obstetric services (n.)	739 (1-92)	665 (1-96)	0.04
Abortion/Obstetric services ratio (%)	74.0 (28.6-100.0)	66.5 (22.2-100.0)	n.s.
Abortions/Abortion service ratio (n.)	303.2 (141.4-572.7)	268.3 (116.7-415.3)	0.006

Table III Abortion services in Italy and other countries

	Italy (territorial range)	USA (territorial range)	France	British Columbia
Year	2009	2008	2011	2010
Abortion services (n.)	442 (1-66)	1793 (1-522)	594	23
Abortions/Abortion services ratio (n.)	268.3 (116.7-415.3)	676.2 (30-2655)*	374.5*	693.6*

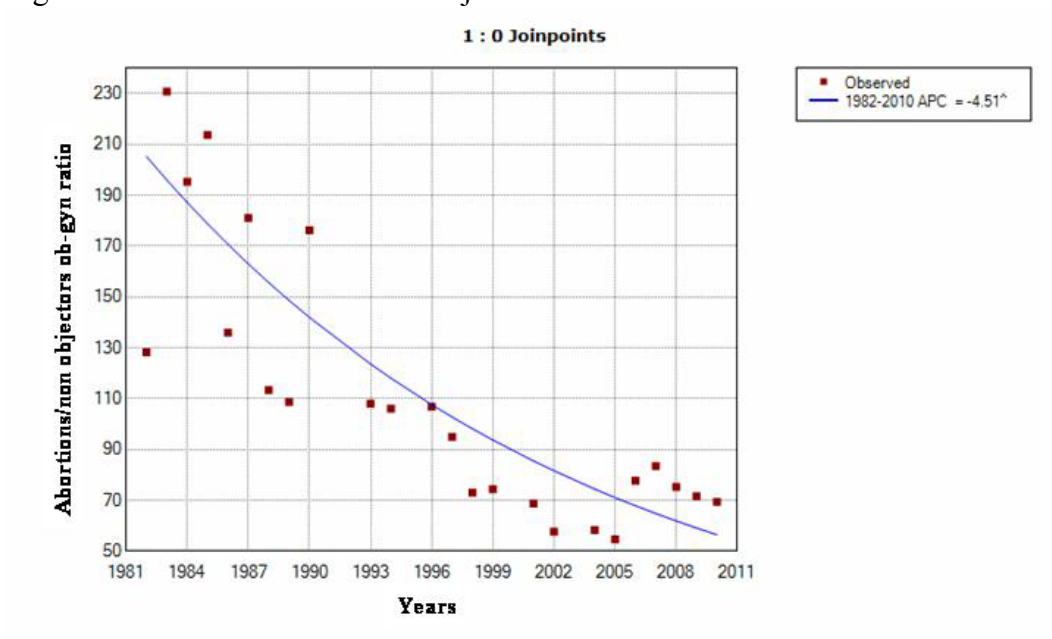
* p<0.001

Table IV Access to abortion services in Italy (1984 vs. 2010)

	1984 (territorial range)	2010 (territorial range)	Level of significance (p)
Number of abortions*	108938 (1444-25812)	59665 (688-12870)	0.005
Women having abortion ≤14 days (%)*	72.5 (58.5-90.5)	58.4 (39.6-88.0)	0.016
Women having abortion in the province of residence (%)	86.8 (50.2-100.0)	86.1 (70.0-100.0)	n.s.

* referred to same 10/21 territories.

Figure 1. Trend in abortions/non objector ratio 1982-2010.



Conflict of interest disclosure statement

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