



# Ethical and legal aspects of the abortion dispute in Italy in 2020-2023<sup>1</sup>

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**Abstract:** The main goal of the article is to analyze the key elements of the current dispute over worldviews and politics in Italy concerning the ethical and legal aspects of various forms of abortion. The country on the Tiber River was one of the states around the world that widely liberalized abortion laws during the COVID-19 pandemic. In August 2020, the Italian Ministry of Health decided that pharmacological abortion – performed with the medical preparation RU-486 – should not be practiced at hospital gynaecology-obstetrics wards, but at day hospital facilities, with no requirement of hospitalization for women performing this type of abortion. Limited access to medical services in public and private healthcare facilities led to the practice of pharmacological abortion shifting largely from hospitals and clinics to pharmacies, private apartments, and homes. In 2021, pharmacological abortion in Italy accounted for 48.3% of all abortions performed under the current abortion law. In the face of the trivialization of the termination of pregnancy, Italian pro-life circles have taken a variety of measures to protect preborn life. One such initiative was the “Beating Heart” campaign, which looked at the possibility of showing the unborn child and its beating heart to the woman seeking an abortion. The analyses carried out in the article show that in the age of the Internet and the global village, it is not so much the legal norms that are increasingly important, but human free will and the awakening of people’s moral sensitivity by developing appropriate bioethical awareness at the societal level. In this context, the various initiatives currently implemented in Italy by pro-life circles to achieve these goals are of great significance. In addition, the abortion debate in Italy supplies a number of arguments for the need to extend the conscience clause to pharmacy personnel.

**Keywords:** chemical abortion, pharmacological abortion, bioethics, conscience clause, principle of conscientious objection

## Introduction

Intense debates are currently underway in many countries around the world regarding the moral evaluation of abortion and the various forms of its legalization. Two recent developments demonstrate the fierceness and importance of this dispute over worldviews and politics. The first is a landmark ruling by the U.S. Supreme Court of June 24, 2022, overturning the famous 1973 *Roe v. Wade* ruling that made abortion a federal right throughout the United States half a century ago. The Supreme Court now ruled that the “right to abortion” is not a federal right. As a consequence of the ruling, the power to create their own regulations for the protection of preborn life has been restored to individual states. The second development, headed in the exact opposite direction,

was the official recognition in France of the “right to abortion” as one of the fundamental rights. In early 2024, the official enshrinement of this right in the French constitution received overwhelming support from Parliament and approval from President Emmanuel Macron. The adoption of a similar solution across the EU has also been advocated by the European Parliament, which passed a resolution on April 11, 2024 calling for the inclusion of the “right to abortion” in the Charter of Fundamental Rights.

One country currently witnessing a fierce dispute over abortion is Italy. The country on the Tiber River was one of those states around the world which widely liberalized abortion laws during the COVID-19 pandemic. In Italy, a profound change in this area

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was the result of a decision by government authorities in August 2020 to move pharmacological abortion from hospital gynecological-obstetrical wards to outpatient clinics and day hospitals.

Pharmacological abortion, also known as chemical abortion, is a method used only in the early stages of pregnancy, i.e. up to 7-9 weeks. The first stage of the abortion procedure involves taking the RU-486 pill, containing a preparation called Mifepristone, which results in killing the newly formed life in the womb. The second stage of chemical abortion involves the use of a preparation called Misoprostol, among other things, which belongs to a group of drugs called prostaglandins that cause the cervix to relax and induce contractions leading to expulsion of the dead embryo from the woman's body. Pro-life circles in Italy have not been indifferent to the liberalization of abortion laws, launching many initiatives to protect preborn life (Cioncolini, 2023; Gissi, Stelliferi, 2023; De Ciero, 2022; Perna, 2022; Balzano, 2021; Mattalucci, Raffaetà, 2020).

What specifically is involved in the current abortion debate in Italy? How was the "Beating Heart" campaign implemented and what was its main message? What kind of information is contained in the Health Ministry's annual reports on the operation of the abortion law currently in effect in the country on the Tiber River? What does the work of the Permanent Observatory on Abortion consist in? What is the scale of pharmacological abortion in Italy? Should pharmacists and pharmacy staff exercise the conscience clause?

The main goal of the article is to analyze the key elements of the current dispute over worldviews and politics in Italy concerning the ethical and legal aspects of various forms of abortion.

## **1. The beating heart of the preborn child**

In May 2023, more than 50 Italian pro-life organizations jointly drafted an amendment bill to the abortion law which had been passed in the country on the Tiber River in 1978 and is most commonly referred to as Law 194/1978. In Italy, a group of at least 50,000 citizens with active voting rights may launch a legislative initiative by signing a citizens'

bill. The authors of the legislative initiative titled "A Beating Heart" (*Un cuore che batte*) filed their project with the Supreme Court and launched a signature-gathering campaign. The amendment to the abortion law was designed to make it mandatory for doctors to show – using appropriate medical equipment – the unborn child and its beating heart to the woman seeking an abortion.

Many pro-life associations signed the bill, yet the two entities most closely associated with the Italian Bishops' Conference did not: Movement for Life (*Movimento per la Vita*) and Let Us Defend Our Children (*Difendiamo i nostri figli*). Differing reactions to the "Beating Heart" initiative have exposed major tensions among Italian Catholics as regards the assessment of many contemporary bioethical issues. With respect to abortion, many conservative Catholics do not share the position of the Vatican and the authorities of the Catholic Church in Italy, which is not to challenge Law 194/1978 in any way. Cardinal Matteo Zuppi, President of the Italian Bishops' Conference, has repeatedly spoken along the same lines. Archbishop Vincenzo Paglia, President of the Pontifical Academy for Life, takes an identical position. The main political forces in the country on the Tiber River, from the center-right coalition in power since 2022 to the opposition center-left parties, are also in favor of defending the current abortion law and its application in practice.

From the very beginning, authors of the "Beating Heart" campaign were fully aware that there is currently no chance of such a change being made to the present abortion law in Italy. Therefore, their main goal was to promote the protection of life from the moment of conception and to demonstrate a proactive rather than a merely defensive approach to the drama of terminated pregnancies. The signature-gathering initiative was designed to operate as a driving force behind conferences, debates, roundtables, discussion in the media, etc. It was primarily about awakening consciences and forming moral sensitivity. It was a typical attempt at reducing the negative consequences of the existing legal order (Urbančok, 2018a). This kind of action can be called the principle of the greatest possible good, which finds theoretical justification *inter alia* in Pope John Paul II's encyclical *Evangelium vitae*.

“A particular problem of conscience,” claims John Paul II, “can arise in cases where a legislative vote would be decisive for the passage of a more restrictive law, aimed at limiting the number of authorized abortions, in place of a more permissive law already passed or ready to be voted on. Such cases are not infrequent. It is a fact that while in some parts of the world there continue to be campaigns to introduce laws favoring abortion, often supported by powerful international organizations, in other nations – particularly those which have already experienced the bitter fruits of such permissive legislation – there are growing signs of a rethinking in this matter. In a case like the one just mentioned, when it is not possible to overturn or completely abrogate a pro-abortion law, an elected official, whose absolute personal opposition to procured abortion was well known, could licitly support proposals aimed at limiting the harm done by such a law and at lessening its negative consequences at the level of general opinion and public morality. This does not in fact represent an illicit cooperation with an unjust law, but rather a legitimate and proper attempt to limit its evil aspects” (John Paul II, 1995, no. 73).

It is worth noting here that inspiration for the action taken by Italian representatives of pro-life movements came from a law passed in 2011 in the US State of Texas. Under this law, women who wanted to terminate a pregnancy in the State of Texas had to first see their unborn child on an ultrasound and listen to its heartbeat. If she refused, the doctor was required to describe to the woman what she was seeing on the monitor. The law was passed in 2011, but its provisions were objected to by doctors’ organizations and hospital managements. The Federal Court agreed with them, ruling that the new regulations violated healthcare professionals’ right to freedom of conscience and religion. As a result, the law was suspended for several months. In early 2012, however, the Court of Appeals dismissed the Federal Court’s ruling, and the regulations went into effect. In the second half of 2022, the State of Texas banned abortions after a baby’s heartbeat was detected. The adoption of this type of state law became possible following the previous Supreme Court ruling.

The legislative proposal made in Italy in 2023 read as follows: “In Article 14 of the Law of May 22, 1978, No. 194, containing ‘Provisions on the Social Protection of Maternity and on the Voluntary Termination of Pregnancy,’ the following wording shall be added: ‘The physician who conducts the examination preceding a voluntary termination of pregnancy under this law is required to show to the woman seeking an abortion, by means of diagnostic examination, the unborn child she is carrying in her womb and ask her to listen to its heartbeat’” (Scandroglio, 2023a).

On July 20, 2023, Giuseppe Anzani published an editorial titled “Abortion. These Radical Signatures Are a Senseless Refusal to Help.” The text appeared in the daily *Avvenire* owned by the Italian Bishops’ Conference. The author sharply criticized the legislative initiative referring to the law in force in the State of Texas. He called the efforts taken by the bill’s promoters to amend abortion law an act of ideological propaganda. On the one hand, he criticized representatives of the far left who sought to liberalize Law 194/1978 by removing any moral or administrative restrictions on women’s reproductive freedom and making it freely available to anyone who chooses to terminate a pregnancy. On the other hand, Anzani disagreed with conservative circles that called for tightening Italy’s current abortion law.

The author of the article argues that the legislative initiative seeking to make it obligatory to show the baby and its beating heart to the mother is a mistake. He claims such a demand violates constitutional principles which provide that a doctor must not perform any diagnostic or therapeutic procedures without the patient’s consent or against his or her will. Anzani notes that in practice, what is most important is to listen with kindness and show constructive empathy rather than exert pressure bordering on emotional torment. The thorns of difficult motherhood are not in the child, but in the many various problems faced by women. Therefore, true protection of life at the initial stage of development should primarily consist in intervention in difficult situations, providing psychological help and economic assistance, solving specific problems, etc. The author strongly emphasizes that there is no need to change the abortion law in Italy,

but instead to focus on various social and economic initiatives that offer effective assistance to pregnant women experiencing serious difficulties and considering abortion of their preborn child. This type of assistance is also referred to in Law 194/1978, which includes a provision on the obligation to “promote all appropriate intervention to support the woman, provide her with all necessary assistance both during pregnancy and following delivery” (Anzani, 2023).

The editorial in *Avvenire* drew sharp backlash from most pro-life circles in Italy. Many statements voicing harsh criticism of the text have appeared e.g. on the opinion-leading conservative Catholic portal *La Nuova Bussola Quotidiana*. On August 16, 2023, Tommaso Scandroglio published an article titled “Beating Heart.’ No, *Avvenire* Prefers Law No. 194.” In his view, Anzani is wrong when he calls it “emotional torment” for a mother to watch and listen to her child’s heartbeat. Scandroglio believes that Anzani is mistaken to say that since the proposal to amend the abortion law is doomed to failure, the whole initiative is pointless (Scandroglio, 2023b). After all, the proponents of this project were well aware that such a proposal might in fact never see the light of day in the form of a law passed by Parliament. Their intent was cultural and educational: to cause a stir, to challenge people to think, not to take it for granted that Law 194/1978 could remain in force forever, to revive pro-life impulses, to play offensively against the Law rather than in its defense.

Scandroglio rejects Anzani’s claim that the Law should not be challenged, but that it is necessary to focus on its good elements, which include the obligation of the state and society to help pregnant women. Scandroglio notes that the obligation to offer assistance is only incumbent on counseling centers and hospitals where the conversation with women seeking an abortion takes place, while it no longer applies to the doctor performing the abortion procedure. Moreover, the Law’s provision on this duty during the pre-abortion interview is so enigmatic that those who fail to fulfill it cannot be punished in any way, because it is impossible to learn of its violation. Indeed, a woman who has had an abortion would never think of suing the doctor for not properly informing her about other

options. Scandroglio stresses that in a pre-abortion interview, the woman intending to terminate a pregnancy in fact only sees abortion personnel. Consequently, one can hardly expect abortion professionals to honestly and authentically show women any alternatives to abortion (Scandroglio, 2023b; Urbančok, 2018a).

An open letter addressed to the faithful of the Diocese of Terni-Narni-Amelia by its Bishop Francesco Antonio Soddu was published in September 2023. It was an isolated public voice in Italy of a Catholic bishop who strongly supported the collection of signatures as part of the “Beating Heart” legislative initiative. Soddu pointed out that the main goal of the project was to increase women’s awareness so that they can more freely and consciously decide whether to seek an abortion. This way, a woman can be helped to realize that what she is carrying in her womb is not a “cluster of cells,” but a human person. Or, more precisely, the person of her child.

Soddu stressed that where the medical practice advocated by the “Beating Heart” project had been adopted, the number of abortions had dropped dramatically. The measure should therefore be appreciated by anyone who claims to care about women and the birth rates. According to Soddu, the “Beating Heart” campaign also provided an opportunity to draw attention to the reality of the child’s existence in the womb, so that it was recognized as a subject of rights, above all the right to life as the first and foremost of all other fundamental rights (Soddu, 2023).

The signature-collecting campaign for the “Beating Heart” bill ended on November 7, 2023. A total of 106,000 signatures were collected, significantly exceeding the required limit of 50,000. Signatures could be submitted only at municipal and city halls. Unfortunately, in many towns and cities the local authorities boycotted the action, preventing residents from submitting their signatures. On December 5, 2023, the draft amendment to Law 194/1978 was presented to the Chamber of Deputies (*Camera dei Deputati*), which is the lower house of the Italian Parliament. It is worth noting the change in the position of *Avvenire* editors on the issue after the end of the signature-collecting campaign. Previously, the journal expressing the opinions of

the authorities of the Catholic Church in Italy had been critical of the initiative, while after collecting the required number of signatures it became its advocate (Scandroglia, 2023c).

On December 9, 2023, Francesco Ognibene published an article in *Avvenire* titled “Beating Heart.’ 106,000 Signatures to Amend Law 194.” He admitted that, at first, the initiative seemed an undertaking bordering on the impossible, which only representatives of the radical left, with their recognized know-how in initiatives of the exactly opposite nature, would be capable of. And yet it turned out differently. During the signature-gathering period, a remarkable network of cooperation was formed between volunteers from the various entities involved and many individuals who believed that Law 194/1978 should be amended to make sure doctors carried out their legal and ethical duty to give pregnant women all of the crucial information about the value and dignity of their preborn child – a new life with a beating heart.

Ognibene said in his article that the success of the signature-gathering campaign showed Italians’ interest in protecting life. Indeed, a recent sociological study shows that 76% of the citizens, or nearly 8 out of 10 Italians, believe that the state should provide more social, economic and psychological assistance to pregnant women to offer real alternatives to abortion, and as many as 58% believe that if pregnant women had adequate assistance, most abortions could be avoided (Ognibene, 2023; Waleszczyński, 2019).

## 2. Activities of the Permanent Observatory on Abortion

One important initiative in Italy, supporting mothers and parent couples seeking abortions, is the creation of separate rooms in some hospitals with pro-life volunteers who offer them assistance. The volunteers are specialists in women’s and children’s health, including gynecologists, pediatricians, and psychologists. The main goal of their work is to provide support to women who are pregnant and experiencing various kinds of difficulties that may lead to thoughts of aborting their preborn child.

In the summer of 2023, a room of this kind was established at St. Anne’s Hospital in Turin (Giojelli, 2023). The small room was set up on the initiative of the Piedmont regional government, which signed a relevant agreement with the hospital management and the Movement for Life Federation (*Federazione del Movimento per la vita*). The organizers believe that their mission is to stop abortions right where pregnancies are terminated, namely at the hospital. In their view, this is a way to show support for women and couples who have decided to terminate a pregnancy. St. Anne’s Hospital in Turin ranks first in Italy in terms of the number births, with 6,590 new births in 2022. It is also the medical facility in the Piedmont region where the highest number of abortions are performed, with about 2,500 procedures in 2021, accounting for 90% of abortions performed in Turin and about 50% in the region.

Of importance in this context are initiatives taken by the Piedmontese authorities, who say they are now aiming for the entire region to be in the vanguard of social maternity protection, which several other Italian regions are taking as a model. In justifying their actions, they cite, among other things, Law 194/1978, which says in one of its articles that one should help overcome the causes that can lead to the termination of pregnancy. Piedmont authorities strongly reject criticism from some feminist circles who claim that this kind of initiative threatens the principle of women’s autonomy and self-determination. According to officials in the region, every time a woman has an abortion because she felt abandoned in the face of the challenges of motherhood represents a dramatic failure of state, local and social institutions. For this reason, setting up a room in Piedmont’s main obstetrics and gynecology hospital where women and couples who find themselves in a difficult situation can find help with projects that support preborn life is a social achievement for the entire region, especially crucial at a time of deep concerns about Italy’s “demographic winter” (Zambrano, 2023; Kućko, 2023; Randle, 2021).

Another important initiative of Italian pro-life circles was the creation in 2021 of the Permanent Observatory on Abortion (*L’Osservatorio Permanente sull’Aborto*). It is formed by a team of

doctors and scientists who support the Ministry of Health's annual reports on the implementation of Law 194/1978 with relevant intellectual analyses. The Observatory hopes that its work can contribute to reflection and foster calm and constructive dialogue on a topic that is crucially related to public health management and the need to overcome the deep demographic crisis. In pursuit of its statutory goals, the Observatory has compiled three reports. The first was published in 2021 and was entitled *Costs of the Abortion Law in Italy (1978-2018)* (L'Osservatorio Permanente sull'Aborto, 2021). A year later, a second report titled *Toward the Privatization of Abortion* was published (L'Osservatorio Permanente sull'Aborto, 2022). The report titled *Hidden Dialogue* (L'Osservatorio Permanente sull'Aborto, 2023) was published in 2023. The documents are also available electronically on the Observatory's website.

The Observatory's analyses show that the number of official abortions in Italy has been declining for many years mostly due to a sharp decline in the population of women of childbearing age. Data on official abortions performed legally in healthcare facilities do not take into account the growing scale of so-called "at-home abortions" performed using abortion pills. Another factor explaining the decline in the number of "official" abortions is the spread of various forms of so-called emergency contraception, namely the "72-hour after" pill, available in Italy under the name Norlevo, and the "five-day after" pill, sold under the name ellaOne. Such medical preparations have a dual effect: contraceptive and abortifacient – depending on when in the woman's menstrual cycle they are taken.

Norlevo pills have a contraceptive effect if taken up to three days before ovulation, in which case they inhibit or delay ovulation, preventing fertilization and the formation of a new human embryo. The ellaOne pill can be used no later than 120 hours after sexual intercourse. The product has a contraceptive effect if taken 1-2 days before ovulation, by inhibiting or delaying ovulation and preventing conception. If taken after fertilization and the formation of a new life, however, these preparations work as abortifacients. The period between fertilization and complete im-

plantation of the new human embryo in the uterus is 12-14 days. For two weeks after fertilization, there is a new life that is not yet implanted in the uterus.

At this stage, there can be two reasons for the preborn life being terminated. The first is the natural expulsion of the human embryo from the mother's body, which in many cases occurs spontaneously. Even if such preparations are not used, most human beings do not nest in the uterus due to various natural causes, but are excreted outside the body. With Norlevo or ellaOne, however, the probability of a human embryo not implanting in the uterus increases dramatically, since the effect of these preparations is also anti-implantation, anti-nidation. It involves blocking the action of progesterone, which plays a key role in getting the endometrium ready for implantation. The endometrium is the mucous membrane lining the uterine cavity. It provides a place for the embryo to nest. The after pill causes a change in the mucous lining of the uterine walls, the endometrium becomes inhospitable, the uterus shrinks. If fertilization has occurred after sexual intercourse, the inhospitable endometrium either does not receive the human embryo or removes the already implanted embryo. In this case, the effect of the Norlevo and ellaOne pills is specifically abortive (L'Osservatorio Permanente sull'Aborto, 2022; Kobylinski, 2021).

In Italy, "emergency contraception" preparations are also available without prescription to minors. More than 600,000 boxes of Norlevo and ellaOne pills were sold in 2021. This surge in sales explains the decline in official abortions (taking into account the sum of surgical abortions and drug abortions performed using abortion pills) with an increase in the number of very early drug abortions, even assuming an extremely conservative abortion rate for these pills. In this context, abortion in Italy is being increasingly trivialized and becoming "just another form of contraception": when all other various forms of "emergency contraception" fail, then legal abortion is used as provided for in Law 194/1978. The progressive shift in legal abortions from surgical to chemical procedures, from the operating room to pharmacies and a woman's private home, is increasingly blurring the line between contraception and abortion (L'Osservatorio Permanente sull'Aborto, 2022).

### 3. Pharmaceutical abortion vs. Pharmacists' conscience clause

In Italy, each year the Ministry of Health submits a report to Parliament on the implementation of Law 194/1978. The latest report was sent to MPs and Senators on September 12, 2023, presenting information for 2021. The data is collected via the Epidemiological Surveillance System for Voluntary Abortion, operating in Italy since 1980. The monitoring relies on questionnaires provided by the National Statistical Institute (*Istituto Nazionale di Statistica*), which must be filled out for each abortion at the medical facility where the abortion is performed. The completed questionnaires are then collected and delivered by regional authorities to the Ministry of Health in Rome.

The most recent report shows that 63,653 abortions were performed in Italy in 2021 in accordance with the procedures set forth in Law 194/1978, confirming the continuous downward trend (-4.2% by 2020) since 1983. The abortion rate (the number of abortions per thousand women aged 15-49 living in Italy), which is the most accurate indicator for correctly assessing the use of abortion, confirms the downward trend as well, with 5.3 per thousand women in 2021 (-2.2% compared to 2020). It is worth noting at this point that Italy's abortion rate is one of the lowest in European countries with similar social and healthcare systems. The use of abortion in 2021 declined across all age groups compared to 2020, especially among the youngest. The abortion rate remains the highest among women between the ages of 25 and 34 (Ministero della Salute, 2023).

A report by the Health Ministry shows that among minors, the abortion rate in 2021 was 2.1 per thousand women. In 2021, 1,707 young women under the age of 18 had abortions, a total of 2.7% of all abortions performed in Italy. The abortion rate is higher among foreign women (12.0 per thousand women) than among mothers with Italian citizenship (5.0 per thousand women). The percentage of abortions performed by women who have already had experience with abortion has been declining since 2009, and stood at 24.0% in 2021. Italy has seen a steady increase in the percentage of abortions performed early in the pregnancy: 61.7% of the

procedures were performed within the first 8 weeks of pregnancy, 21.7% at 9 to 10 weeks, 9.9% at 11 to 12 weeks and 6.7% after 12 weeks (Ministero della Salute, 2023).

A very interesting piece of information contained in the Ministry of Health report concerns the substitution of surgical abortion with drug abortion. A comparison of data sets on the timeline shows a steady increase in the use of chemical abortifacients. In 2021, 48.3% of abortions performed in healthcare facilities under the rules laid down in Law 194/1978 were performed with Mifepristone and various types of prostaglandins. The use of pharmacological abortion varies considerably from region to region, both in terms of the number of procedures and the number of facilities offering them.

At this point it is worth noting that a large number of healthcare professionals in Italy exercise the conscience clause provided for in the Italian legal system. Those who do not wish to participate in the performance of abortions can, when signing their employment contract, file a statement with the hospital or clinic administration invoking the principle of conscientious objection. In 2021, 63.6% of gynecologists, 40.5% of anesthesiologists and 32.8% of non-medical personnel exercised the conscience clause. Major regional differences can be seen in all three categories. In culturally traditional and politically conservative regions, this rate is higher than in progressive-liberal ones (Ministero della Salute, 2023).

The surge in the sales of Norlevo and ellaOne pills in Italy has also led to the issue of the conscientious objection by pharmacists and pharmacy staff becoming particularly important. Unfortunately, the Italian legal system does not extend the principle of conscientious objection to this professional group (Kobylinski, 2020). Maria Teresa Riccaboni of the Union of Italian Catholic Pharmacists (*Unione Cattolica Farmacisti Italiani*), which currently has more than 1,000 members, says the problem has been known for years, but is still being disregarded by much of Italy's political class. In recent years, the topic has made the headlines, especially after the radical liberalization of access to "emergency contraception" pills. Unfortunately, the conscience clause for this professional group is objected to by

the Federation of Italian Pharmacists' Associations and Federfarma, a national association representing more than 18,000 private pharmacies contracted by the public health service.

Riccaboni says that the inability of pharmacists and pharmacy personnel to exercise the right to conscientious objection represents blatant discrimination against this professional group. Unfortunately, several drafts of relevant bills submitted to Parliament have failed in recent years. According to Riccaboni, pharmacists and pharmacy personnel should also be able to exercise the conscience clause in exactly the same way as doctors, nurses, and healthcare professionals, who are guaranteed such a right by two laws: Abortion Law 194/1978 and Artificial Insemination Law 40/2004. As a result, those working in pharmacies who wish to follow ethical principles and the natural moral law in their work have little choice today: they must either sell Norlevo and ellaOne pills against their conscience, or seriously risk losing their jobs. Unfortunately, after the radical liberalization of the sale of "emergency contraception" pills in Italy, most pharmacists have stopped asking ethical questions and are freely selling it. Riccaboni says that cases of pharmacists declaring their willingness to stop dispensing Norlevo and ellaOne pills are very rare (Dovico, 2023).

## Conclusions

The main goal of inquiries pursued in the article was to present key elements of the current debate in Italy on the moral evaluation of abortion and the conditions for its legalization. The following five research conclusions emerge from the analyses.

First, Italy is among those countries in the world where the COVID-19 pandemic caused a sharp increase in the number of pharmacological abortions performed in hospitals, clinics, or at home. When it comes to legal abortions performed at healthcare facilities under Law 194/1978, drug abortions accounted for 48.3% of all abortions in the country on the Tiber River in 2021. Limited access to medical services in public and private healthcare facilities resulted in the practice of chemical abortion moving largely from hospitals and clinics to pharmacies and homes.

Second, changes in the use of pharmacological abortion in Italy are not as radical as those in the UK or the Netherlands, as well as elsewhere. In 2020, government authorities in London made chemical abortion one of the medical procedures available through telemedicine. After the end of the COVID-19 pandemic, this revolutionary solution became part of the normal functioning of the British healthcare system. The Parliament in the Hague, on the other hand, passed a law in April 2024 that allows doctors to prescribe abortion pills and send them by mail to Poland. This means that women living in Poland – after online doctor consultation – can receive medical preparations in the mail to perform chemical abortions at home.

Third, while the Italian dispute over abortion is a local one, as it concerns the interpretation of the country's current Abortion Law of 1978, it also relates to the international debate, an important element of which is the definition in some countries of the "right to abortion" as one of human rights. In this context, it should be considered a revolutionary change to enshrine this "right" into the French constitution in early 2024.

Fourth, the abortion debate in Italy provides many arguments for the need to extend the conscience clause to pharmacists and pharmacy personnel as well. With abortion increasingly moving from hospitals and gynecological surgeries to pharmacies and homes, pharmacists and pharmacy staff should also be able to exercise the medical clause, just like doctors, nurses, and medical personnel.

Fifth, the Italian abortion dispute clearly demonstrates that legal regulations are now playing a diminishing role when it comes to protecting the dignity and value of human life from the moment of conception to natural death. Living in a global village and having access to the Internet, one can order any medical preparation – including abortifacients. Undoubtedly, human free will and autonomous decisions are becoming increasingly important. In this context, the various initiatives undertaken in Italy by pro-life circles should be appreciated, as they enhance people's moral sensitivity and foster a proper understanding of contemporary bioethical issues.



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