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The debate over the conscience clause exercised by the healthcare professionals in Italy between 2023 and 2026[1]

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Andrzej Kobyliński ✉

Andrzej Kobyliński, https://orcid.org/0000-0003-2252-8634, Institute of Philosophy, Cardinal Stefan Wyszyński University in Warsaw, Poland
✉ *Corresponding author: a.kobylinski@uksw.edu.pl*

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Abstract: The main goal of this article is to analyse the ethical and legal debate being held in Italy, that concerns the use of the conscience clause by healthcare professionals. The conscience clause refers to the possibility of stating one's refusal to carry out any legally accepted acts which a particular individual considers to be morally wrongful, as well as contrary to their personal beliefs. The conscience clause is a legal structure that supports the exercise of the right to conscientious objection. Within the Italian legal system there are two forms of stating the refusal to comply with legally binding clauses on the basis of personal worldview: it is possible to decline to perform the military service (which was compulsory in that country until 2004) and to exercise the medical principle of conscience clause. With regards to the medical doctors, pharmacists, nurses and midwives, the conscience clause applies in particular to performing medical procedures, such as assisted suicide for the elderly or the terminally ill, as well as to executing a surgical and/or pharmacological abortion or any prenatal diagnosis used to terminate the life of a human being with various forms of disabilities or else making use of human embryos for laboratory research, etc. In Italy, for many years there has been taking place an intense debate regarding the application of the conscience clause in the context of abortion procedures. In 2026, the Constitutional Court gave a ruling statement on this matter that reviewed the legislation in force in the Region of Sicily. The law passed by that regional parliament could have led to discrimination against any healthcare professionals that would exercise the conscience clause. The ruling of the Court reinforced the constitutional validity of the principle of conscientious objection and protected it from attacks by politicians and pro-choice activists. Besides, the pro-life groups regarded this ruling as a victory in favour of freedom of conscience, natural law, common sense and human rights. The debate over the conscience clause in Italy touches on many important issues at the intersection of law and ethics. Multiple analyses have shown that healthcare professionals should have the right guaranteed to refuse to perform any medical procedures that conflict with their moral and religious beliefs.
Keywords: medical abortion, bioethics, medical ethics, conscience clause, medically assisted suicide, Constitutional Court

Introduction

In early 2026, the Italian Constitutional Court handed down a ruling concerning the use of the conscience clause by healthcare professionals, which implicates the right to refuse to carry out any lawful acts that conflict with one's personal moral and religious convictions (Corte Costituzionale, 2026,). Having analysed the constitutionality of a law in force in the Region of Sicily (Legge regionale 5 giugno, n. 23, 2025), the judges of the Court confirmed the indisputable status of the medical conscience clause within the Italian legal system, and simultaneously ruled out the possibility of organising competitive for medical staff aimed solely at candidates who do not exercise their right to conscientious objection. In the Italian bioethical debate, for many years both the left-wing and liberal circles have presented Sicily as one of the regions where women faced difficulties in having convenient access to abortion procedures, mainly due to high number of healthcare professionals who did not perform such medical procedures on the basis of the conscience clause.

The law adopted by the Regional Assembly of Sicily in mid-2025 (L.R. Siciliana n. 23/2025), was challenged before the Constitutional Court by the

1 Article in Polish language: https://stowarzyszeniefidesetratio.pl/fer/67p_Koby.pdf

central government in Rome, which considered that one of the provisions of this legislation – specifically related to recruitment procedures – could be interpreted as seeking the way to establish a special type of public recruitment competitions that would be exclusively addressed to those medical doctors and nurses who do perform abortion procedures. In their judgement, the judges stated that the right to conscientious objection remains inviolable as a constitutional value, as it constitutes the deepest legal reflection on the universal idea of human dignity (Dalla Torre, 2003; Bianchi, 2023; Saporiti, 2023).

The Constitutional Court's defence of the conscience clause in the context of abortion procedures carried out by medical staff is an element of a long and intense bioethical debate being held in Italy. In recent years, the dispute over the medical conscience clause in that country has intensified, particularly following the enactment of a 2017 parliamentary act on "the living will", which involves the anticipatory expression of free will by an adult or a legal guardian, made whilst in full possession of their mental faculties, that concerns a possible future provision of or withholding of various types of medical procedures (Legge 22 dicembre, n. 219, 2017). The Italian law on the living will does not contain any provisions regarding the conscience clause. This has given rise to an ethical and legal problem, directly concerning medical staff who, for moral or religious reasons, are unwilling to comply with patient's wish to discontinue, amongst other things, artificial hydration and feeding treatments, that thereby will lead to their death (Campanelli, 2023; Gandola, 2026).

In recent years, the latest chapter in this very debate over the principle of conscientious objection in Italy has been the deliberation on various draft bills that included the legalisation of medically assisted suicide (Caporale, Palazzani, 2024; Spasiano, 2026). The most recent draft bill of this kind was proposed to the Italian Parliament in July 2025 (Disegno di legge S. 1408, 2025). In recent months, the consideration of this draft legislation has been accompanied in Italy by a lively public and parliamentary debate, a key element of which being the issue of the medical conscience clause.

What key information does the latest report from the Ministry of Health contain regarding voluntary termination of pregnancy in Italy? Is it true that in Sicily the majority of gynaecologists invoke the conscience clause? What are the latest initiatives in the abortion debate being put forward by Italian pro-life and pro-choice groups? How in mid-2025 did the Sicilian Regional Assembly come to pass a law concerning, amongst other things, the principle of conscientious objection for healthcare professionals? What are the key arguments set out in the Constitutional Court's reasoning for its ruling on this law?

The main aim of this article is to provide an ethical and legal analysis of the dispute over the conscience clause for healthcare professionals in Italy and to present the most important elements of this bioethical debate between 2023 and 2026.

1. New developments in the ethical and legal dispute over abortion

In Italy, abortion was made legal in 1978 through the adoption of the Parliamentary Act No. 194 (Legge 22 maggio, n. 194, 1978). In this legislation, in the country commonly referred to as "the Act 194/1978", the new term called 'voluntary termination of pregnancy' (Italian: *l'interruzione volontaria di gravidanza*) was introduced to describe the abortion procedure. Consequently, in academic studies and public debate, the abbreviation IVG (the initial letters of the Italian term for 'voluntary termination of pregnancy') is very frequently used as a synonym for abortion. Every year, the Ministry of Health submits a report to the Parliament on the very implementation of the Act 194/1978. The most recent report, covering the year 2023, was submitted to the Members of Parliament on 6 March 2026. The full document runs to 84 pages, nine of which concern the application of the conscience clause in the context of voluntary termination of pregnancy procedures (Ministero della Salute, 2026, 59-67).

The report shows that in 2023 there were 65,746 abortions performed in Italy in accordance with the procedures set out in the Act 194/1978. The abortion rate – the number of abortions per 1,000 women of

childbearing age between 15 and 49 – remained unchanged from 2022 at 5.6 per thousand. Meanwhile, another abortion-related coefficient, i.e. the number of abortions per 1,000 live births rose by 3.6%, as compared to the preceding year. This means that – although the absolute number of abortions remained virtually unchanged – the number of live births continues to fall sharp: in 2023 there were 379,890 children born in Italy. The most significant change highlighted by this report concerns the methods used to perform abortions: the number of surgical procedures decreased, whilst the number of medical procedures that make use of two drugs – namely the mifepristone (the RU-486 pill) and the prostaglandins – increased. Medical abortions accounted for 59.4% of all IVG procedures in Italy (Ministero della Salute, 2026, 17-22). The increase in the number of medical abortions in recent years is directly linked to a 2020 decision by the Ministry of Health, which extended the use of mifepristone from the seventh to the ninth week of pregnancy, thus eliminating the need for hospitalisation and enabling the medical abortions to be carried out in both open public clinics as well as the family planning centres.

Moreover, the report analysed here contains exceptionally important information regarding the steady increase of the use of so-called 'emergency contraception' – i.e. the 'morning-after' pill – in recent years. A key issue here is about the dual action of these medical preparations: they have both a contraceptive effect as well as an early abortive effect and their action, when taken, depends on the phase of woman's menstrual cycle. In Italy, there are two preparations most commonly used: the Norlevo pill, which can be taken no later than three days after a sexual intercourse, and the ellaOne pill, which can be taken no later than five days after the intercourse. Norlevo has a contraceptive effect if taken up to three days before ovulation, whilst ellaOne is effective in the same way if taken 1-2 days before ovulation. In such cases, both pharmaceuticals inhibit or delay ovulation, thereby preventing fertilisation. However, when a 'morning-after' pill is taken later, i.e. after fertilisation may have already occurred, they may exhibit an abortive effect, as in this case they prevent the newly formed human embryo from implantation. In 2023, there were in total 760,000 Norlevo and ellaOne pills sold in Italy. It is difficult to assess reliably what proportion of these preparations may have contributed, following possible fertilisation, to the destruction of human life at the earliest stage of its development. The Ministry of Health's report does not contain such information (Ministero della Salute, 2026, 23-24).

Concerning the proportion of gynaecologists who "invoked the conscience clause, in 2023 this number stood at 57.1%, compared to 60.5% in 2022, although there were significant differences between regions. Among the anaesthesiologists, the proportion of those invoking the conscience clause has been lower, standing at 35.1% nationwide in 2023, compared to 37.2% in 2022. The proportion of non-medical staff who invoked the conscience clause in 2023 was again lower: at 30.9% (compared to 32.1% in 2022). For these two latter categories of professionals, significant variations were also observed depending on geographical area and region" (Ministero della Salute, 2026, 63; Gagliardi, 2018).

Various social, media and legal actions undertaken by both pro-life and pro-choice groups constitute a very important element of the Italian ethical and legal debate on abortion. One of the most recent initiatives by pro-life advocates – widely reported in the Italian media – is the Bell for the Unborn. The bell itself has been installed in the town of San Remo, in the tower of the building that houses the Diocesan Curia of Ventimiglia – San Remo. The main aim of this initiative is to raise public awareness of emerging human life, as well as to encourage reflection on the abortion law that is currently in force in Italy. The bell was consecrated on 5 February 2022 during a prayer vigil organised as part of the 44th National Day of Life that was being celebrated in Italy at that time. On 28 December 2024, on the liturgical feast day of the Holy Innocents, its ceremonial launch took place. Since then, the bell has rung once a day to commemorate all unborn children, and its intention is to serve as a lasting reminder of the often forgotten and muzzled scourge of abortion. It is worth emphasising that the Diocese of Ventimiglia – San Remo has for many years attached particular importance to the protection and respect for human life from

conception to its natural end, especially during the annual National Day of Life and through the organisation of the celebration called '40 Days for Life'.

Msgr. Antonio Suetta, the bishop of that Diocese, maintains that there is today an urgent need to raise awareness of the scourge of abortion, and this is not a religious issue but both anthropological and scientific one. In his view, "the geographical spread of legal abortion (in almost every country in the world) and the repeated commission of this grave crime against human life have led to a growing acceptance of this very act. This has grown to such extent that many people are unaware of what abortion actually is – both biologically as well as medically – and, what's more important, it is no longer regarded as a crime or a sin. In particular, progressive and feminist ideological campaigns regard abortion as a woman's 'right' and present her own decision and judgement as absolute in relation to her will and freedom, demanding that natural law, scientific evidence, positive law and even moral judgement be twisted such as to suit this subjective perspective" (Bigazzi, 2025). The Bell for the Unborn is widely recognised within the pro-life circles, and conversely it is sharply criticised by the pro-choice groups, as well as by the liberal representatives of the Catholic Church. One such figure is archbishop Vincenzo Paglia, former president of the Pontifical Academy for Life. In the public statements he defends the abortion law that is currently in force in Italy. In his view, the Parliamentary Act 194/1978 constitutes a founding pillar of the society of the Italian Republic.

The draft bill entitled *'Amendments to Legislative Decree No. 206 of 9 November 2007 on the practice of midwifery'* may be given as an example of the actions taken by the pro-choice groups. It was tabled in the Senate of the Italian Republic on 25 February 2025 (Senato della Repubblica, 2025). On 27 March 2025, this legislative initiative was referred to the Senate's 10th Standing Committee (working on social affairs, health, employment in the public and private sectors, and social security). The proceedings on this draft bill currently remain at the stage of deliberations within this Committee. The main aim of the legislative initiative is to enable midwives to perform abortions, even though they do not hold a proper medical doctor licence. In accordance with the current Italian law, the abortion procedures may be performed exclusively by doctors. Midwives, on the other hand, belonging to the nursing and midwifery professions are not considered doctors. Hence the proposal by senators from two centre-left parties, the Democratic Party and the Five Star Movement, so as to make an exception for midwives in the specific case of abortion (Scandroglio, 2025).

Under the legal framework currently in force in Italy, the professional remit of midwives is defined, amongst other, as follows: monitoring the normal course of pregnancy; preparation of parents for their future responsibilities; ensuring full preparation for childbirth; assistance to mother during labour and monitoring the condition of the foetus; and finally to deliver the baby (Decreto legislativo 9 novembre 2007, n. 206, 2007). The abortion procedures are not included in this list of professional remits. The authors of the draft bill therefore wish to amend this list, so that midwives would be authorised to perform abortions in the same way as gynaecologists are. The senators proposing the bill believe that in this way women's access to abortion procedures carried out in accordance with the Act 194/1978 would be rightfully expanded.

A legislative initiative put forward by senators from the Democratic Party and the Five Star Movement has met with strong opposition from the National Federation of Midwifery Associations (Federazione Nazionale degli Ordini della Professione di Ostetrica [FNOPO], 2025). The position of the Italian midwifery community on this matter was expressed by Silvia Vaccari, the president of the organisation. Ms Vaccari stated that the midwives' professional body rejects the draft bill tabled in the Senate in its entirety. In her view, the claim that the overwhelming majority of Italian midwives do not raise conscientious objections should be contested. Furthermore, Ms Vaccari highlighted the inherent incompatibility of abortion procedures with the role of the midwifery profession, as such practices are primarily of a medical and surgical nature. In her view, assigning the performance of medical and surgical services to midwives is utterly inconsistent: medical doctors and midwives are professionals of distinct characteristics and with different areas of

practice and responsibility, and they do not perform 'similar tasks'. Therefore, legitimising "such a 'transfer of duties' from medical doctors to midwives neither facilitates the implementation of the Act 194/1978, nor does it enhance the autonomy or dignity of our profession, nor else does it meet women's healthcare needs at any stage of their live" (FNOPO, 2025).

2. Legal regulations introduced in the Region of Sicily

On 27 May 2025, the Regional Assembly of Sicily (Italian: *L'Assemblea regionale siciliana*) – the local parliament of one of the 20 regions of the Italian Republic – passed a law concerning, amongst other things, the conscience clause for healthcare professionals (L.R. Siciliana n. 23/2025). The new law came into force on 13 June 2025, the day of its promulgation by the President of the Region of Sicily. According to some interpretations of its provisions, the law has ambiguously allowed healthcare institutions to hold competitive exclusively for candidates who do not exercise the right to conscientious objection. The main aim of adopting the new law was to guarantee the availability of medical doctors and medical staff to perform abortion procedures, in accordance with the abortion law in force in Italy since 1978.

The chief author of this legislative initiative, which was preceded by a long and lively public debate over the past few years, was a member of the opposition left-wing Democratic Party. It is worth noting here that Sicily is traditionally a region dominated politically by centre-right parties. The Sicilian Regional Assembly consists of 70 members. Following the most recent regional elections, held on 25 September 2022, the centre-right holds 44 seats in the Sicilian Regional Assembly, whilst centre-left groups hold 26. There were forty-eight members of the Assembly who participated in the ballot held on 27 May 2025 and there were 27 who voted 'for' with 21 'against'. This at least ten deputies from the centre-right majority voted in favour of adopting the new bill (Dovico, 2025a).

When it comes to the issue of the conscience clause, the Article 2 of this Act, entitled *'Functional areas designated for the performance of voluntary terminations of pregnancy'*, is of key importance here. It reads as follows: '1. For the purposes of implementing the Act 194 of 22 May 1978, as amended, any healthcare facilities and hospitals within the Regional Health Service shall establish, wherever they do not already exist, there functional areas designated for the performance of voluntary termination of pregnancy (IVG) procedures within the Gynaecology and Obstetrics Operational Units. 2. The Regional Councillor for Health (Italian: *L'Assessore regionale per la salute*) shall, by means of an order to be issued within 90 days of the date of entry into force of this very Act, lay down specific guidelines concerning the functioning and organisation of the functional areas dedicated to IVG. 3. Healthcare units and hospitals shall, as part of the standard recruitment procedures provided for in the three-year staffing plans, ensure that the functional areas referred to in Para 1 above are suitably provided with the staff who do not invoke the conscience clause (Italian: *personale non obiettore di coscienza*). If, as a result of the termination of employment or a subsequent objection lodged by the staff employed in accordance with this paragraph, healthcare authorities and hospitals find themselves having no staff who do not exercise the conscience clause, then within 120 days of the date on which a declaration invoking the right to conscientious objection has been submitted or the employment contract has been terminated, they shall take appropriate steps to reinstate the staff who do not invoke the conscientious objection clause, all within the limits of available staffing resources" (L.R. Siciliana n. 23/2025).

In the view of the bill's proponents, the new legal regulations would need to be adopted, since in Sicily – in accordance with the 2022 data from the Ministry of Health – 81.5% of gynaecologists, 62% of anaesthesiologists and 64.9% of non-medical staff were making use of the conscience clause, which in all three cases was significantly above the national average (60.7%, 37.2% and 32.1% respectively). Out of 55 healthcare facilities with obstetrics and gynaecology departments that were included in the analyses conducted by the Italian Ministry of Health, there abortions were performed in 2002 in 26 (47.3%) of them. It is worth pointing out that the

average caseload per gynaecologist not invoking the conscience clause was 1.5 abortions per week, which is slightly above the overall national average of 0.9. Around 5% of women living in Sicily who decided to have an abortion travelled to another region of Italy for this procedure to be performed (Ministero della Salute, 2024).

In the debate leading up to the adoption of the new bill, both the left-wing as well as liberal groups cited various figures given by the Ministry of Health and used them as arguments justifying the need to organise competitive for staff who do not invoke the principle of conscientious objection. On the other hand, the majority of right-wing and conservative groups highlighted the lack of sound ground justifying the need for such a change. In the view of the latter, in Sicily – even though medical staff in the region invoke the principle of conscientious objection at a rate significantly above the national average – the abortion procedures, carried out in accordance with the Act 194/1978, are widely available. Consequently, there is no need to increase the number of facilities or staff members who do not invoke the conscientious objection clause.

The central authorities in Rome have also become involved in the bioethical and political dispute unfolding in Sicily. They received support from some sections of public opinion, including the Association of Pro Vita & Famiglia, which promotes the family model based on marriage between a man and a woman and defends the human right to life from conception to natural death. On 24 July 2025, members of this Association delivered to Palazzo Chigi in Rome – the seat of the Council of Ministers and the Italian Prime Minister's office – over 20,000 signatures collected during a public petition, calling on the government to challenge the Sicilian law at the Constitutional Court. On 4 August 2025, at a meeting of the centre-right Council of Ministers – chaired since 2022 by Giorgia Meloni – the 32 various legal acts passed by the regions and autonomous provinces were subjected to legal review. Seven of these were deemed to be inconsistent with the Constitution of the Italian Republic and, as a result, were referred to the Constitutional Court, being the legal body responsible for resolving jurisdictional disputes between central government and the regions. The legal provisions introduced in Sicily, concerning the possibility of organising competitive reserved for healthcare professionals who do not exercise the right to conscientious objection, were included in the list of the challenged laws (Corte Costituzionale, 2026, 40).

The central government in Rome has stated that the legal provisions adopted by the Regional Assembly of Sicily exceed the legislative scope of remits of regional authorities, as defined in the Italian legal system. Furthermore, they are in contradiction to the national legislation, as they infringe upon the constitutionally protected principles of equality, against the right to exercise conscientious objection as well as the principle of equal access to public offices and public competitive (Dovico, 2025b). In the view of the Government of the Italian Republic, the Sicilian law, by requiring healthcare facilities to ensure – through organised competitive – the presence of staff who do not invoke the conscience clause in functional areas dedicated to voluntary termination of pregnancy and, where necessary, to initiate appropriate procedures to reinstate them to work, would ultimately introduce, even if only implicitly, forms of recruitment and employment reserved exclusively for such a specific category of employees.

Thus – as stated by the authorities in Rome – an additional requirement of subjective category was introduced in Sicily, and it goes beyond the criteria laid down in national legislation in such a way that might have discriminatory effects on candidates who do invoke the conscience clause. Moreover, it might cause serious repercussions for the constitutional principles governing equal access to employment in the public sector. The Prime Minister, represented by the State Attorney General's Office (Italian: *Avvocatura generale dello Stato*) –in Italy performing the role of the supreme state body responsible for supporting the state, the government and Italian ministries before the courts as well as providing legal assistance and issuing legal opinions on behalf of the public administration – has challenged the aforementioned Sicilian law before the Constitutional Court.

3. The position of the Italian Constitutional Court

The Constitutional Court's judgment on the law adopted by the Regional Assembly of Sicily was delivered on 11 February 2026 and was subsequently promulgated on 1 April 2026 in the official Italian State journal *Gazzetta Ufficiale della Repubblica Italiana*. The Court ruled that the Sicilian law was adopted with the intent to organise voluntary termination of pregnancy services within healthcare facilities, in accordance with the abortion law in force in Italy, but that it must also obligatorily respect the right to a conscience clause, which is clearly and in detail (*expressis verbis*) protected by the Act 194/1978 and cherished in the Italian Constitution (Kobyliński, 2015). Thus, on the one hand, the judges of the Court found that Sicilian Regional Law No. 23 of 5 June 2025 is consistent with the Constitution of the Italian Republic, whilst on the other hand they indicated that the only applicable interpretation of this legal provision is the one which unequivocally confirms the indisputable status of the medical conscience clause within the Italian legal system, and also precludes the organisation of competitive aimed solely at candidates who do not invoke the principle of conscientious objection (Corte Costituzionale, 2026; Kućko, 2020).

Hence, the proposition of the Council of Ministers – formally drafted by the State Attorney General's Office – which argued that the Sicilian law was 'unconstitutional', was rejected. However, at the same time, the Court upheld the arguments of the central government in Rome regarding the arrangement of competitive held for healthcare professionals. The Court's ruling also set out the limits of regional legislation and confirmed the right of healthcare professionals to the conscience clause. In the view of the Court's judges, the fact that a person exercises their right to conscientious objection on the grounds of moral and religious principles cannot constitute grounds for excluding medical doctors, nurses, midwives and other healthcare professionals from participating in public competitive for employment.

In the justification of its judgment, the Court did not rule out the possibility of a broad interpretation (Latin: *interpretatio extensiva*) of the Sicilian law, as presented by the Council of Ministers. A broad interpretation is understood as such an interpretation of the law whose outcome goes beyond the literal meaning of the legal text being interpreted. The judges held that, had this been the only possible interpretation, the provision adopted by the Regional Assembly of Sicily would have to be deemed incompatible with the Constitution of the Italian Republic. In that case, it would have introduced an unauthorised derogation from the rules governing public competitive and it would also infringe upon the jurisdiction of the central authorities in Rome around establishing the fundamental principles of the national healthcare system. Moreover, it would be contrary to the very Act 194/1978, which does not provide for the possibility of holding competitive reserved exclusively for persons not exercising the right to conscientious objection. Thus, the Court characterised this method of recruiting healthcare staff as a wholly exceptional scenario within the state's legal system, emphasising that it is permissible only where there is an explicit statutory provision for that approach (Corte Costituzionale, 2026, 43).

The judges of the Court held that "in the Act 194/1978, the conscientious objection was recognised in a very broad sense, to the extent that it was defined as a simple unilateral declaration of consent, which could, in principle, be made at any time. Article 9 of the Act 194/1978 thus reflects the legislature's intention, which decisively reinforces the constitutional significance of freedom of conscience, traditionally recognised since time immemorial as an essential feature of the inalienable identity of the human person. In accordance with the established case-law of this Court, the intimate sphere of individual conscience must be regarded as the deepest legal reflection of the universal idea of human dignity and constitutes a constitutional value so high that it justifies the establishment of privileged exemptions from the fulfilment of public duties classified by the Constitution as mandatory" (Corte Costituzionale, 2026, 45; Moń, 2009).

If the broad interpretation of the Sicilian law, as assumed by the Council of Ministers, were the only possible interpretation, then the principle of freedom of conscience—which is a constitutional value in the Italian legal system—would be called into question. Undoubtedly, elimination of those who oppose the abortion from participation in competitive recruitment exams infringes upon the freedom of conscience guaranteed by the Constitution (Dalla Torre, 1992). Furthermore, barring from these examinations the candidates who have exercised the conscience clause would violate one of the fundamental constitutional principles, namely the principle of equality. Such a measure would constitute a form of discrimination on the grounds of personal beliefs. Moreover, this solution could lead to the exclusion of the most competent candidates. Such a restriction on access to employment in the public sector would also be ultimately ineffective, as those candidates, who during the competitive examination would declare that they were not invoking the conscience clause, could change their mind at any time after signing their employment contract.

In order to avoid such negative practical consequences arising from the broad interpretation of the law regulation voted for and adopted by the Regional Assembly of Sicily, the judges of the Constitutional Court ruled that the correct interpretation of this legal provision is a restrictive one (Latin: *interpretatio restrictiva*). The main reason for implementing this approach was to ensure the compliance of the Sicilian Law with the Constitution. Along this interpretation, the regional law imposes on healthcare facilities solely the obligation to guarantee the operational capacity of units that provide the abortion services, whilst competitive recruitment examinations must be kept open for also the individuals who refuse to carry out such medical procedures on the grounds of their beliefs. Such a restrictive interpretation leads to the conclusion that the Sicilian Law in no way alters the rules governing access to employment in the public sector, but it merely establishes internal technical restrictions related to the organisation of healthcare services and the operation of healthcare facilities. The main purpose of this restriction is to ensure the operational effectiveness of healthcare units designated for voluntary termination of pregnancy.

On the basis of this interpretation, the expression 'a person not exercising the conscience clause' is relevant solely during the phase of internal staff allocation, but in no way it may translate onto a selective requirement that could restrict an employee's freedom of conscience or require that the waiver of the right to invoke the principle of conscientious objection may be taken into account at the time of recruitment. Consequently, the law adopted by the Regional Assembly of Sicily must be interpreted in such a way that competitive recruitment exams are open to all, and wherever the doctors who perform abortion procedures are necessary to be employed, the staff invoking the conscience clause should be assigned to other duties. Consequently, the Sicilian law is not unconstitutional, provided that it is interpreted in such a way so as to allow candidates invoking the principle of conscientious objection to participate in the competitive recruitment examinations.

In the view of the Court's judges, the effectiveness of healthcare services cannot be achieved through the preliminary selection of staff on the basis of their individual beliefs, but it must be ensured by means of organisational tools, including, but not limited to: internal mobility, the use of conventional forms of cooperation, working shifts planning and, more generally, dynamic human resource management models that ensure keeping an appropriate balance between healthcare professionals who do exercise the conscience clause and those who do not (Corte Costituzionale, 2026, 42). It is worth noting here that the pro-life groups have acclaimed the Court's ruling as a victory of freedom of conscience, natural law application, common sense and human rights. In their view, a regional law cannot treat a moral conviction – understood as a human person exercising the conscience clause – as a condition that prevents any person from participation in a public recruitment competition for any posts in healthcare service facilities. The Court's ruling precludes – both for the region of Sicily and for any other region that may in future wish to regulate medical staff's access to gynaecology and obstetrics – the possibility of

introducing competitive recruitment examinations that would be available exclusively for candidates who perform abortions. Undoubtedly, the ruling has reinforced the constitutional validity of the right to conscientious objection, protecting it from attacks by certain politicians and pro-choice activists (Quaglia, Ghigi, 2023; Kobyliński, 2024, 286-287).

Summary

The main scholarly contribution of this article is a synthetic presentation of the key elements of the debate on the medical conscience clause in Italy between 2023 and 2026, along with an analysis of selected ethical and legal aspects of this issue. The findings of this study allow to draw the following four research conclusions:

Firstly, the judgement of the Italian Constitutional Court of 11 February 2026 significantly strengthens the right of healthcare professionals to exercise conscientious objection. The judges of the Court confirmed the indisputable status of the medical conscience clause in the Italian legal system and ruled out the possibility of organising for medical staff the competitive recruitment examinations which are aimed solely at candidates who do not invoke their right to conscientious objection.

Secondly, the controversy that surrounds the medical conscience clause in Italy confirms the currently growing role of the law in bioethical discussions; the arguments put forward on this topic in public debate become increasingly of a legal rather than an ethical nature.

Thirdly, the intense bioethical debate that takes place in Italy confirms the significant impact of pro-life groups in that country. These groups undertake many important initiatives aimed at defending the dignity of human life from the moment of conception to natural death.

Fourthly, one of the key aspects in the dispute over the conscience clause for healthcare professionals in Italy is the legal uncertainties surrounding the respective competences of the central authorities in Rome versus the legislative power of the individual country regions.

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