

RESEARCH REPORT

**REFUSAL TO
PERFORM
ABORTION
ON REQUEST
IN ROMANIA**

2020-2021



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FOREWORD

THE PRESENT REPORT PRESENTS THE WOMEN'S ACCES TO ABORTION ON DEMAND IN ROMANIA IN 2020 AND THE WAY THE COVID-19 CRISIS REDUCED THE POSSIBILITIES OF WOMEN AND GIRLS IN ROMANIA TO HAVE ACCESS TO REQUESTED ABORTIONS IN SAFE CONDITIONS. THE DATA WAS COLLECTED BETWEEN FEBRUARY–MAY 2021, BUT IN THE RESEARCH PROCESS, FOR A MORE GENERAL POINT OF VIEW, WE USED DATA COLLECTED IN OTHER PERIODS OF TIME (SUCH AS THE PANDEMIC SITUATION).

THIS RESEARCH WAS CARRIED OUT BY THE FILIA CENTER WITHOUT FUNDING. THE EFFORT WAS MADE WITH THE SUPPORT OF OUR VOLUNTEER TEAM: ȘTEFANA BRUMĂ, IULIANA ȘERBULEA, ALEXANDRA DÂRLĂU, AMALIA FRUMOSU, IULIANA CHIVU AND MIKY EPURE.

FILIA CENTER THANKS IRINA VULCAN FOR TRANSLATING THE ORIGINAL REPORT IN ENGLISH.

THE DATA COLLECTION AND THE WRITING OF THE REPORT WERE COORDINATED BY ANDRADA CILIBIU, MEMBER OF THE FILIA CENTER.

IF YOU WANT TO CONSULT THE REPORT ON THE SAME SUBJECT PUBLISHED IN 2019 BY THE FILIA CENTER, YOU CAN DO IT HERE: <https://cutt.ly/BWj5mTc>

IF YOU WANT TO CONSULT THE DATA COLLECTED IN 2020, YOU CAN DO IT HERE: <https://cutt.ly/EWj5SAz>

IF YOU WANT TO CONSULT THE INTERACTIVE MAP OF THE HOSPITALS THAT PERFORM ABORTION-ON-DEMAND, YOU CAN DO IT HERE: <https://cutt.ly/5Wj5NzF>

SUMMARY

Between January-May 2020 we collected data by quantitative and qualitative methods from the majority of the Romanian hospitals that have an obstetrics-gynecology department. From the official answers of the 171 hospitals we learned that:

- 59 of them execute abortion on demand, 69 reported that they don't do it at all, and in nine hospitals only medical abortion is performed.
- out of the 802 specialist obstetricians-gynecologists working in the 171 hospitals that responded, 275 are performing abortions on demand.
- in five cities we've been informed that there were situations of abortions performed by empirical, non-medical methods: Bucharest, Constanta, Sibiu, Motru and Segarcea.
- in these hospitals the price for an abortion on demand starts at 60 lei and reaches up to 780 lei, for the same procedure.
- there are some discrepancies between the official answer of the hospitals and their response when contacted by telephone.
- 51 of them invoked religious reasons as the main reason for the refusal of doctors, 20 of them invoked motives of an ethical and moral nature and 9 invokes reasons referring to the SARS-CoV-2 crisis.

In the following pages you can find more information about the access to abortion on demand, the motivation behind the refusal of the doctors, the context of the access to reproductive health services in Romania, recommendations and other data and information collected in the past year

INTRODUCTION

On the 23 of may 2020, within a month from the first case of infection with SARS-CoV-2 in Romania, The Ministry of Internal Affairs issues the Order 74527/23.03.2020 of the Emergency Action Commander. The Order stipulates:

Throughout the state of emergency, hospitalizations for surgeries, other non-emergency medical treatments and investigations which are not emergencies are suspended and can be rescheduled from all sanitary units equipped with beds, public and private, as well as consultations and treatments that can be rescheduled or are programmable, in all ambulatory structures, both public and private.

From that moment on, every made procedure which is not considered urgency and for which the potential patient did not bring documentation proving the need for that procedure, became impossible to access. At that time, the abortion on demand became one of the most affected reproductive health services, a procedure that was difficult to access even before the pandemic.

In 2019, the Filia Centre researched women's access to the abortions on demand, alongside ECPI (Euroregional Center for Public Initiatives). The results of the researched showed that the access to abortions on demand is difficult, even though it is guarantee by the Romanian legislation. The current legislation in Romania (Penal Code) determines the conditions under which abortion is permitted: up to 14 weeks (art. 201/1/C) "on demand" and up to 24 weeks with medical purpose (art. 201/6). In the case of teenagers under 16 years, they must be accompanied by a parent or legal representant to express consent to the abortion. In practice, for the patients under 18 years old the consent of the parent is mandatory in all cases- there are not clear sufficient norms to make it art. 650 from the Law no. 95/2006 on health care reform (republished) explicit enough.

In reality, in just over 25% of the 158 public hospitals contacted by telephone (where there is an obstetrics-gynecology department) there is still performed in 2019 abortions on demand. In some counties, such as Neamt or Olt, none of the doctors from the medical units perform an abortion on request. The refusal of the doctors relies on regulations of the Code of Medical Deontology of the Romanian College of Romanian Doctors (CNMR).

Article 34

The Refusal to Provide Medical Services

The Refusal to provide medical services can strictly happen under law's condition or if, by the request made, the person concerned requests the doctor to act in such a way as to impair his professional independence, to affect his image or moral values, or the request does not comply with the fundamental principles of the exercising the medical profession, with the purpose and social role of the medical profession. (The Doctors College of Romania, 2016).

The medical refusal and the managerial decisions of some hospitals that forbidden abortions on request, although these are the main reasons for difficult access to this medical service, are not the only causes. Another major obstacle that emerges already during the research conducted in 2019, is the financial one. The charge fee requested varies between 70 and 1.200 lei, according to the official responses of 178 hospitals in the country, contacted over the period February-may 2021, by sending requests based on Law no.544/2001 regarding the free access to information of public interest. During the state of emergency in Bucharest, only one (private) hospital still perform an abortion on request services – the perceived charging fee consisted of 3.000 lei, double the minimum wage (based on the Decision no.4 of 13 January 2021 for establishing the minimum gross basic wage per country guaranteed in payment). The material impediments work against even the vulnerable patients: victims of rape or incest, or underage mothers, women with a precarious financial situation with very limited access to contraception (many of whom are in a situation where they have already given birth to one or more children by the time of a new unwanted pregnancy).

The Coronavirus crisis added an additional reason for which hospitals could no longer perform abortions on request (sometimes even therapeutic abortions). According to the Order Of the Ministry of Justice no. 555/2021, 39 hospitals assured medical assistance to the patients detected with SARS-CoV-2 in phases I and II. More and more hospitals, with the unfolding of the crisis, became COVID-19 support hospitals and did not provide parallel access circuits for patients requesting the medical unit other needs than patients tested positive for COVID-19.

Another impediment concerns the introduction of the abortion on request procedure in the malpractice insurance, but it requirement of a national protocol

that regulates how abortion services are provided (on request, therapeutic, medicated). At this point, the responsibility to the potentials risks which may occur during the abortion-on-request procedure belongs to the doctor (CNMR, 2019); many medics think that, in the absence of insurance in case of malpractice, this procedure is too risky - during this year research, six hospitals invoked the lack on the malpractice insurance as the main reason why they do not perform abortion-on-request.

In June 2021, The European Parliament voted The European Parliament Resolution of 24 June 2021 referring to the sexual health and reproductive situation and the rights related in the EU, in the context of women's health, also known as Matic Report. The resolution is one of the most important papers at a European level that regulates women's access to health reproductive services and their sexual and reproductive rights. It is reaffirmed that fact that abortion must be always a willful decision based on the demand of a person, expressed by their free will, by the medical standards and the availability, accessibility, including financially, and the security based on the guidelines OMS and invites the member states to assure the universal access at the legal abortion services and in safety conditions and the enforcement of the right to freedom, private life and the right of receiving the highest level of healthcare. (European Parliament, 2021)

The Matic Report voted with 378 votes in favor, 255 votes against, and 42 abstentions. Among the Romanian MEPs attending 14 votes against, 7 were in favor and 3 abstained. Even though the resolution is an important step in the awareness of the importance of access at safe and adequated reproductive health services regardless of gender identity and sexual orientation of the person in question, the gender stereotypes and conservative discourse have built a strong resistance to this issue.

Unfortunately, the Matic Report was received skeptically in Romania. All kinds of false worries et aggressive positions have appeared in the public space. This is the message published by Ben-Oni Ardelean, PNL deputy after the resolution received a favorable vote:

Unfortunately, the Matic Report has passed with 378 votes in favor, 255 against, and 42 abstentions. I thank the parliamentarians PNL for the votes against this harmful project! Both us and the rest of the member countries have made the mistake of sending in the European Parliament people without fear of God.

The ideologically neo-Marxism, disguised as progressive and globalism, escalate alarmingly in Europe. With every approach, we witness the restriction on civil rights, on freedom, as well as on principles that started the European construct – all under the pretext that it is for our good.

If this is “the new world”, I prefer to remain “old-fashioned”. As long as I will be active in the public sphere, and not only, I will militate for a society built upon healthy values and principles, Christian-conservative. We remain united!

The Resolution concerning sexual reproductive health is at the moment one of the most important documents that regulate access to sexual rights and reproductive health services. The report encourages the member states to assure universal access to sex education et to legally information about correct sexuality, based on pieces of evidence, adequate to the age, objectives and comprehensive from the scientific point of view to all children in primary and secondary education, as well as to unschooled children, by the OMS standard for sexual education.

METHODOLOGY

The data from this study was collected in the period February -May 2021 throughout two data collection mixed methods, qualitative (requested based on Law 544/2001) and quantitative (as a result of the telephone calls):

- 179 state hospitals across the country were contacted by phone, which was asked a series of standard questions: *Are abortions on request possible in the hospital during this period? If not, what are the reasons? Can a medicated abortion be performed at the hospital? Were abortions performed in the hospital before the pandemic? How much does an on-demand abortion cost in the hospital? Of these hospitals, 116 gave us conclusive answers. The hospitals were contacted by phone between April 19-30, before Easter (May 2), to observe the phenomenon of refusal on religious grounds to perform an abortion in Romania.*
- Contacting 171 public Romanian hospitals by submitting at least one request under Law no. 544/2001 throughout which we address several questions: *How many of the obstetrics-gynecology specialists perform abortion-on-request in your sanitary unit? Have you registered cases on patients suffering from an empiric abortion* in 2020? The number of abortions-on-demand performed during the urgency state (15 march 2020-15 May 2020) in your medical unit.*

It is important from a methodology point of view to mention the fact that there are certain limitations to the data collection methods that we applied. A number of the hospitals contacted offered contradictory responses when approached by telephone, compared to the official response. During the collection of data using requests based on Law no. 544/2001 numerous hospitals refused to respond to our questions, invoking abusively The General Regulation concerning The Data-Protection.

STATUS QUO

A. THE RESEARCH BACKGROUND

The moment when the Ordre of the Commander of the Action no. 74527/23.02.2020 was emitted concerning the establishment of some necessary actions to limit the spread of the SARS-Cov-2 virus in public and private health facilities was crucial in limiting access to reproductive health services which were considered non-essential. In 2020, as a result of the many complaints received by the Filia Center, we documented with the help of the volunteers' team the access to abortion-on-request during the state of emergency. Therefore, between 13-17 of April, we called 112 public hospitals (that were included in our database as hospitals where the abortion-on-request was normally performed) and we found out that:

- only 12 hospitals (11%) out of the 112 were doing abortions-on-demand, but the majority of the cases only if the pregnancy did not exceed 12 weeks;
- none of the said hospitals were in Bucharest.

As a result of the very small number of public hospitals that performed abortion-on-request at the time of 22 of April, we also telephoned the 42 private clinics, hospitals (research realized between 22-24 of April 2020). Regarding the private sector: 5 clinics and hospitals were doing pregnancy interruptions in April 2020, 5 of them were closed due to the pandemic, 2 performed medicated abortions, and 3 big sanity networks don't do abortion-on-request typically.

At the end of April 2020, multiple NOGs* submitted to the Health Ministry an address requiring women's unrestricted access to on-demand abortion services, including during emergencies. On April 27, 2020, The Health Ministry returned a directive imposing measures to facilitate women's access to on-demand abortions. Through this, they required the subordinate hospitals' information about the number of on-demand ends therapeutic abortions performed during the state of emergency, the state of alert, and also during 2019.

Between 4-11 of May 2020, alongside SEX vs BARZA Association, we contacted yet again the 60 hospitals that, during the research of April 2020, informed us that they do not perform an abortion based on the MIA Order, due to the coronavirus crisis:

- Of the 60 hospitals, 20 restarted performing abortion-on-request;
- 6 hospitals told us that they do not perform at all abortions-on-demand although they were listed in our database as hospitals where interruptions are normally completed (according to the research from 2019/2020) and did not inform us that they do not normally perform pregnancy interruptions during the first April 2020 research on access to abortions during the pandemic;
- In Bucharest, there was only one private hospital where abortions could be performed on request and only one public hospital: Polizu Maternity Hospital;
- The directive of the Health Ministry did not reach all hospitals therefore, many of them continued to consider only the MIA order of 23 March 2020 to justify their decision not to carry out abortions;
- Some hospitals - where the new directive, dated April 27, arrived - continued not to perform abortions on request and based their decisions on administrative documents from the hospital management;
- Some hospitals continued not to justify their decision of not performing abortions on request and did not communicate whether or not the circular reached the management and doctors at those hospitals;
- There is a major difference between the rapid and committed response of some hospitals and the late response or refusal to ensure the right to abortions on request.

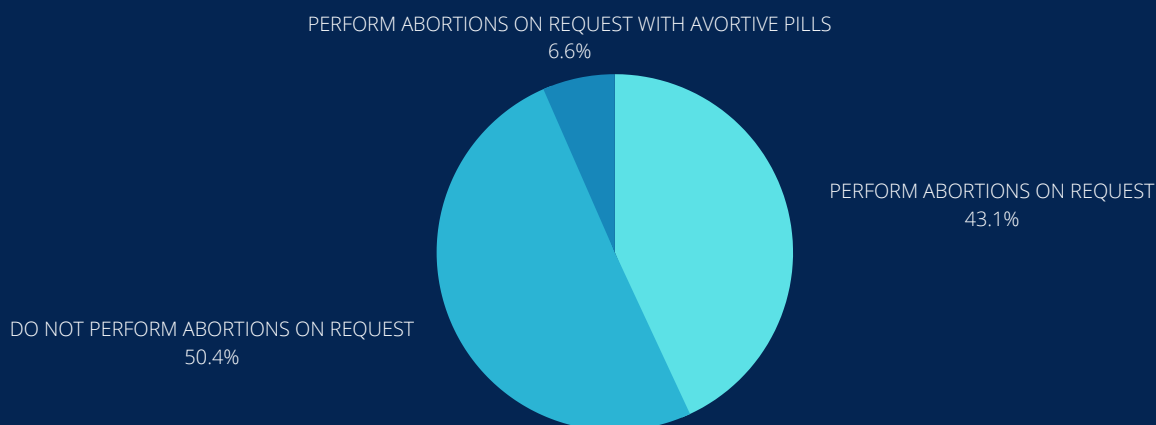
In conclusion, according to our methodology, only 31 state hospitals and 5 private hospitals/clinics in Romania offered abortions-on-demand services in May 2021. The reasons most often invoked by hospitals where abortions were not performed at the time are the following:

- For units operating as COVID support maternity wards, the structures intended for several types of interventions, including abortion, are used to perform other medical operations in the hospital;
- Do not perform abortions on request during this pandemic period because there are no separate access circuits to the hospital;
- The refusal based on violation of the moral beliefs of doctors, based on the Code of Medical Ethics of the Romanian College of Doctors;

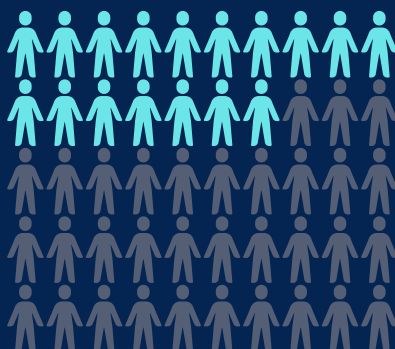
- The Health Reform Law does not require doctors to provide on-demand medical services. Also, the malpractice insurance of both the doctor and the hospital does not cover any civil damages for any medical service on request. In case of malpractice when performing this maneuver, the doctor is exclusively responsible.

B. FEBRUARY-MAY 2021 RESEARCH

In May 2021, the most recent stage of data collection from state hospitals in Romania ended, the results being the following: out of the 171 hospitals with gynecology departments that responded to the request based on Law 544/2001, 59 reported officially that they perform abortions on request, 69 transmitted that they do not do it at all, and in nine hospitals medicated abortion is performed.



Out of the 802 obstetrician-gynecologists working in the 171 hospitals that responded, 275 perform abortions on request (34%), according to the official response from the medical units.



Regarding the number of pregnancy interruptions reported in 2020:

- 6052 abortions-on-request were officially reported by the responding hospitals
- 3120 therapeutic abortions were officially reported by responding hospitals
- 114 medicated abortions were officially reported by responding hospitals
- 248 curettages after incomplete abortion were officially reported by responding hospitals
- five cases of empirical abortions were officially reported by responding hospitals

Unlike previous years, current research has also taken into account empirical abortion situations (abortion performed by non-medical methods, in the absence of specialized medical staff). **In five cities we were told that there were such situations: Bucharest, Constanța, Sibiu, Motru, and Segarcea.**

The constant difficulty to access this medical service has led to a return in time: women in numerous cities and villages in Romania are forced to cause themselves abortion in the absence of material possibilities, information about the procedure, and the refusal of state medical units. Causing abortion in these conditions can lead to high risks on the reproductive and sexual health and even on women's lives.

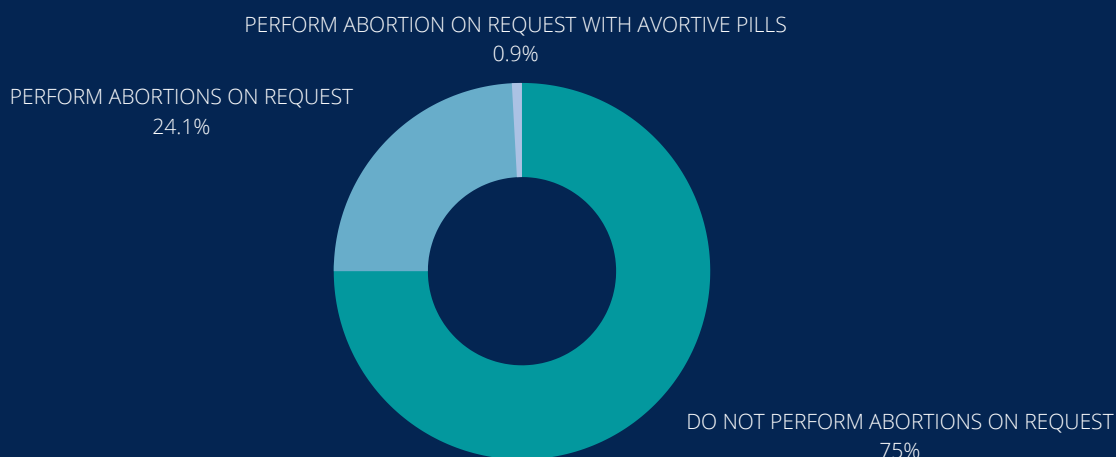
Regarding the price of an abortion (exclusively the procedure, without including the price of the previous ultrasound and the consultation), varies from the minimum of **60 lei** (Bishop N. Popovici Beiuș Municipal Hospital, Petroșani Emergency Hospital, Câmpulung Municipal Hospital), **up to a maximum of 780 lei** (the cost of abortion with general anesthesia at the Dr. Gheorghe Marinescu Târnăveni Municipal Hospital). The average price of abortion on request, according to the data obtained from these hospitals through Law no. 544/2001 is **280 lei**.

One aspect that drew our attention during the research is related to the fact that some hospitals **offer patients the option of a live abortion, without local or general anesthesia** (Cugir City Hospital, Bârlad Municipal Emergency Hospital, Caritas Roșiori de Vede Municipal Hospital, Horezu City Hospital).

Two hospitals **perform free-of-charge abortions on request if the patient already has four children** (Dr. Karl Diel Jimbolia Hospital, Reșița County Emergency Hospital). At the Borsa Recovery Hospital, **abortion is charged according to the number of weeks** (6-8 weeks: 350 lei, 8-10 weeks: 450 lei, 11-12 weeks: 550 lei).

The results of the telephone survey, during which 179 hospitals were contacted, of which 116 gave us a concrete answer:

- 87 hospitals do not perform abortions-on-demand at all
- 28 hospitals perform abortions-on-demand
- only one hospital perform medicated abortions



The differences between the official answer and the telephone answer were indicated both from the fact that not all officially contacted hospitals were able to provide us with information about abortion procedures by telephone, but also because at the national level there is no protocol to establish how this medical service is provided and the situations in which patients may be refused. Contacted by telephone, hospitals tend to direct women to private medical cabinets in the city or county.

The staff from the Suceava County Emergency Hospital, the Fălticeni Municipal Hospital, and the Ioan Lascăr Comănești City Hospital told us that **no doctor perform pregnancy interruptions in the hospital, but that some of them do abortions in their private offices**. This practice is not new - we also noticed the phenomenon during the 2019 research: the same doctors who invoke conscientious refusal in public hospitals do perform abortions-on-demand, in exchange for a larger amount of money.

The limited number of hospitals where medicated abortion is practiced is worrying. From a medical point of view, medicated pregnancy interruptions is the least invasive method of abortion and the method recommended by the Romanian Society of Obstetrics and Gynecology (SOGR): *Many patients in countries where it [the pregnancy interruption] is available (over 35 countries, including France, Sweden, the United Kingdom, and many other European countries, Israel and the United States, China and others) prefer the medicated method for early pregnancy interruption instead of aspiration or curettage. Medicated abortion has many advantages: it avoids surgery and anesthesia and offers the patients active participation and control over the procedure. Adequate counseling and follow-up care further increase the safety and acceptability of this method (SOGR, 2019).*

The communist period when the Decree no. 770/1966 for the regulation of abortion was in force (1966-1990) was a dark period: abortions continued to be practiced, only that there were no mechanisms to provide women with abortions in safe medical conditions, that provide them with the assistance of a doctor, and some doctors practiced abortions in non-sterile environments, such as at the patient's home. Attempts to induce an abortion on their own, either through excessive medication or other means, have resulted in the deaths of approximately 10,000 women during the 23 years in which abortion was banned. (Badea, Șerbănescu, Stephensen and Wagner, 1992)

Difficult access to abortions on request is not the only problem for women when it comes to their reproductive health. In a study conducted by the Association Sex vs. Barza in 2020, the states that **117 family planning offices are still functional at the national level, of which only two offer contraception methods free of charge** (Vaslui and Bucharest).

In Romania, there is no national protocol or national strategy to regulate access to contraceptive methods: we record over 4,000 cases and over 1,900 deaths caused by cervical cancer, one type of cancer that can be easily avoided by prevention, but also highly values in the incidence of other sexually transmitted infections and diseases (INSP, 2020).

The need for public sex education is still not covered. At the time of writing, the Romanian Senate rejected the reexamination of the law on sex education (referred to in law as health education). In the form discussed in the Parliament in June 2021, the sex education classes would take place only once a semester, with the consent of the parents.

C. THE OFFICIAL RESPONSE OF STATE HEALTH UNITS

- As in the 2019 research, the first response of hospitals, but also their official position, when women ask for information about abortions are often positions that condemn women for the choice they made. The pandemic brought additional obstacles, therefore the lack of a dedicated space or alternative ways to access the hospital led to the suspension of abortions on request for an indefinite period. Some excerpts from the official responses received during the research:
- The official response of the Pașcani Municipal Hospital: *In the maternity within SMU Pașcani, abortions are not performed on request. According to the Code of Medical Ethics issued by the Romanian College of Doctors (chapter VI, section D, art. 125) dated 25.03.2005 and published in the Official Gazette: any doctor is free to refuse without explanation the request for voluntary pregnancy interruptions. **We remind you that the doctors graduated from the Faculty of Medicine to save lives.***
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- The official response of the Medical Directorate from the level of the Ministry of National Defense: *In the medical units subordinated to the Medical Directorate, where there are specialized medical offices and obstetricians-gynecologists are employed, **they do not perform abortions on request for ethical, medical, moral and religious reasons.** For our doctors, the person requesting an abortion is not a patient with a pregnancy pathology. She is advised to give up and **the risks of abortion are explained to her or she is directed to a hospital with an obstetrics-gynecology department or an obstetrics-gynecology clinic that performs abortions.***
- The official response of Turda Municipal Hospital: *The main reason [for which three of the doctors do not have abortions, n.a.] is **to support the increase of the birth rate and to respect the right to life.***
- The official response of the Municipal Hospital Dr. Al. Simionescu Hunedoara: *No obstetrician-gynecologist in our unit performs abortions on request. The reasons invoked are religious and medical, given the risks involved in this maneuver, requested by the patient, not for medical reasons. We have a protocol at the level of our unit and which is per the national guidelines for medical abortion adapted to our department, **explaining to patients the risks***

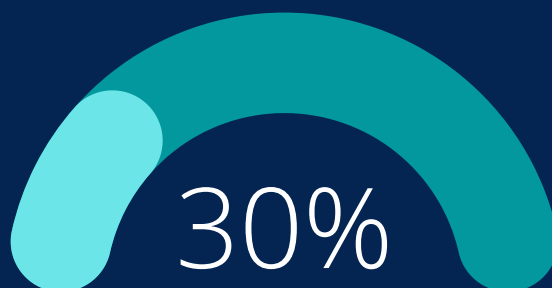
that are greater than the benefits, in case of a healthy pregnancy, exposing the complications that may occur. [...] Abortion on request is not part of the doctor's contract as a provider of medical services, it can be a contradiction to the beliefs of doctors who want to save lives, to deal with infertility issues, especially in the context of declining birth rates.

- The official response of the Carol Davila Central Military Emergency University Hospital: *Abortions are not performed on request in our institution for medical, moral, and religious reasons. This decision belongs to the entire medical staff of the department. The person requesting an abortion is not a patient with a pregnancy pathology. **She is advised to give up abortion and its risks are explained. There were no cases of litigation.***
- The official response of the Deta City Hospital: *The existing specialist in obstetrics-gynecology (respectively the one on unpaid leave during 01.01.2021-31.12.2021) refuses to perform abortions on request for the following reasons:*
 - 1. Religious motives (Do not kill - commandment no. 6)**
 - 2. It is a requested medical maneuver and the doctor has the right to refuse**
 - 3. Hippocrates' oath: the doctor must do everything he can to sustain life, not kill.**

[...] Usually, patients are directed to hospitals in Timișoara (Odobescu Maternity, Bega Maternity), but from March 2020 until now, abortions are not performed on request there either.

- The official response of the Anghel Saligny Fetești Municipal Hospital: *The two doctors do not perform requested abortions for religious reasons, plus the lack of conditions for performing the intervention safely, as there is no ATI doctor.*

Out of the 171 hospitals that responded to the request under Law 544/2001, 51 invoked religious reasons as the main reason for doctors' refusal, 20 invoked ethical or moral reasons, and 9 invoked reasons related to the SARS-CoV-2 crisis. Three hospitals informed us that the decision not to perform abortions belongs to the management, with the consent of the doctors: Piatra-Neamț County Emergency Hospital, Onești Municipal Hospital, Rădăuți Municipal Hospital.



OF THE STATE HEALTH UNITS INVOKED RELIGION AS THE MAIN REASON THEIR DOCTORS DO NOT PERFORM ABORTIONS

The Matić Report states that it is regrettable that the usual practice in the Member States sometimes allows doctors and in some cases medical institutions as a whole, to refuse to provide health services on the so-called conscience clause, which leads to the refusal to provide care for abortion on grounds of religion or conscience and endangering the lives and rights of women; notes that this clause is often used in situations where any delay could endanger the patient's life or health.

Despite the article in the Code of Medical Ethics stipulating the right of doctors to refuse on grounds of conscience, one solution would be for hospital managers to be required to provide this service throughout the year if they have an obstetrics-gynecology department.

According to the Guide on Medicated Abortion developed by the Romanian Society of Obstetrics-Gynecology, ***if a patient requests a pregnancy interruption in a medical unit, but the unit cannot ensure that this procedure is performed, the doctor must correctly inform the existing alternatives.***

Also, according to the standard, after the abortion, *before leaving the medical unit, the doctor or nurse must discuss with the patient the existing contraceptive options and indicate the contraceptive method chosen according to her health. It is recommended that the specialized medical staff, in addition, **provide information, provide written, correct and impartial materials that the patient can understand and take with her to read.***

Not only this does not happen on a practical level, but patients are forced in some hospitals to go through some form of pre-abortion counseling during which they are encouraged to give up abortion, excluding medically correct information connected to the national standard on medical abortion on request.

The accurate information of these women is an essential aspect of providing an on-demand abortion service. In many of these instances, priests who work in medical units with an obstetrics-gynecology department either advise women themselves (Piatra-Neamț Municipal Hospital) or engage in a process of convincing doctors to give up abortion-on-request: *Dan Damaschin serves at the church in the courtyard of the "Cuza-Voda" Maternity Hospital in Iasi and is proud of the fact that he would have convinced the doctors there not to have abortions. "Out of a hundred gynecologists, no one has an abortion," Priest Damaschin told us on the phone.* (Pelehatăi, Lăutaru, Radu and Olariu, 2021).

There are other methods by which priests, religious organizations, or anti-choice organizations * try to persuade women to keep the pregnancy, sometimes at all costs. In addition to the quantitative approach, in January-June 2021, we came in contact with several women and girls who either wanted to have a pregnancy interruption or have already gone through this experience. Their experiences revealed several patterns: the first response of hospitals and clinics was often aggressive, or women went through so-called counseling during which they were given factually erroneous information about the procedure:

"Women can no longer have sex after the appearance of varicose veins [which would be caused by abortion, n.a.], and then they turn into cancerous tumors. **Another version is the actual rupture of the uterus.** When blood vessels break, death can occur. Just this morning there was a case, a girl in her first pregnancy, who was told what I told you now, only that she was told the same day she had the abortion and did not have much time to understand think it through, and signed on her responsibility and unfortunately her uterus broke. Three hours after the abortion, she died. And related to abortion pills, in general, the pills burn the uterus, pieces that come out of the uterine lining, remain. Many patients have been left with malformed children." (Pelehatăi, Lăutaru, Radu și Olariu, 2021)

The previous quote belongs to an employee of the FemClinic in Iași, a clinic where women could be scheduled for an abortion. Following this, a clinic employee called them and explicitly told them about the case of another patient (demographically similar) who died due to an abortion a few days ago. This clinical story was intended to discourage these women from having an abortion on request. In addition to this discussion, women were sent clips with explicit images of abortions or images of aborted fetuses from the YouTube accounts of anti-abortion organizations in the United States.

D. EXPERIENCES FROM THE WORK FIELD

An experience off the field was the one of a beneficiary of the FILIA Center, a victim of rape, refused by six private clinics and public hospitals. Finally, she managed to gain access to abortion through the National Institute for Medical-Military Research-Development "Cantacuzino". Later, during the talks, she said that you should not send anyone there. *I felt everything [...] I told him I was in pain and he told me to relax, he told me I wasn't relaxed enough.*

A University of Pennsylvania study shows that women wait an average of 16 minutes longer than men to receive pain medication. Women are more likely to be told that the pain they perceive is psychosomatic. In another study where more than 2.400 women who are diagnosed with chronic pain participated, 83% said they were discriminated against based on gender when accessing health services. (Pagan, 2018)

Another beneficiary, Nina (her name was changed to protect her identity), told us during an interview how she called the phone number she found on the avort.ro platform (a domain purchased by anti-choice organizations that do counseling anti-abortion). On the phone, she was told *that they would give me to hold his throat, that I would never be able to have children again.* The same person on the phone directed her to a gynecologist at a hospital in Bucharest. The beneficiary tells how *during the transvaginal ultrasound she was in a lot of pain, but the doctor did not listen to her.* At that moment, she found out that she was 12 weeks pregnant and was told that she had two options: abortion or to keep the pregnancy. After the traumatic experience, she came back home and the two weeks passed *without realizing it.* During the interview, she told us that when she was a teenager, she already thought she would have an abortion in case of unwanted pregnancy, *but I never thought it was so difficult [to have an abortion on request, n.a.].* After the pregnancy she dropped out of school, *I was ashamed to go with the belly showing.* Two and a half years later, Nina got out of the abusive relationship she was involved in, enrolled in post-secondary school, and her mother helped her take care of the child. *For me, the pregnancy was a curse, not a blessing,* Nina told us at the end of the conversation.

At the moment, the avort.ro website is still functional and belongs to anti-choice organizations that would tell anything to the women who use their phone line, just to convince them to keep the pregnancy.

E. OPPOSITION OF ANTI-ABORTION ORGANIZATIONS

In addition to the situations invoked by the Code of Medical Ethics by doctors, many hospital refusals come as a result of attempts by some cults or non-governmental anti-choice organizations to persuade doctors not to perform abortions on request. Many anti-choice organizations have built their pregnancy crisis centers, where they convince women with incorrect and biased information. According to the European Forum on Sexual and Reproductive Rights, most of the funds that support the conservative movement against sexual rights at the European level come from the EU itself. In the period 2009-2018 the following sums of money were invested in the anti-choice movement in Europe, including Romania:

- 437.7 million dollars from individuals and organizations in the EU
- 188.2 million dollars from individuals and organizations in Russia
- 81.3 million dollars from US individuals and organizations

Another part we focus on is that of pre-abortion counseling. Such an attempt to legislate compulsory counseling existed in Parliament in 2012. According to the draft law proposed in 2012, the psychologist should have advised women on the medical and psychological risks they are exposed to when resorting to this procedure. The counseling activity was based on the following:

- the investigation of the causes that determine the pregnant woman to request the voluntary pregnancy interruption;
- information on the existence of instant or tardy risks and complications, physical and mental risks and complications of abortion on request (sterility, psychological distress, post-abortion syndrome);
- presentation of the ultrasound examination of the pregnancy explaining the alternatives to abortion: the possibility of entrusting the child to adoption, giving the child maternal assistance, nurseries with a weekly schedule, etc.
- handing out a list of institutions and organizations that provide support and assistance, such as non-governmental organizations, cults, maternal centers.
- explanation and illustration with photo/video images of the medical abortion procedure;

This kind of approach is dangerous precisely because it facilitates the access of anti-choice organizations and religious cults to these patients who are at a vulnerable time in their lives. At this time there are already dozens of private pregnancy crisis centers, which provide women with scientifically unvalidated information and resort to all sorts of extreme stereotypes and discourses. The alternative we propose is an online platform, made on the domain of avort.ro (purchased at this time by anti-choice associations), containing information approved by the Ministry of Health, scientifically valid, correct, and impartial. In addition, especially in support of patients who have problems writing, reading, and understanding texts, we consider it necessary to make a telephone line that anyone can call for more information about the procedure, places where they can do abortions, risks, price, etc.

CONCLUSIONS AND RECOMMENDATIONS

After the UN CEDAW Committee stated three years ago that any form of restricting access to abortion is a form of violence against women, the Matić Report states the same thing again, this time in an official EU act.

The steps that Romania has taken in recent years in the field of women's reproductive health are small. This is due to a significant dissatisfaction of the population with the state health system and is in turn affected by the underfunding of this sector. The COVID-19 crisis has put even more pressure on the health system, and reforms on reproductive health have been ignored even more strongly than in previous years. The large number of hospitals involved in the treatment of people suffering from SARS-CoV-2 has made it difficult to access certain types of medical services. Countries such as the Republic of Moldova have managed to develop an online telemedicine system to ensure access to abortions on request and family planning services even during the restrictions imposed by the pandemic. Romania has failed to outline an information system that mediates between doctors and patients when mobility restrictions were a major impediment for the latter.

Following the constant effort of the last year to collect data on the situation of access to reproductive health services, we have developed a series of recommendations for several relevant actors:

To the Ministry of Health:

- Establish a protocol for hospital managers that includes the necessary steps to ensure unrestricted access to on-demand abortion throughout the year, in all counties of the country.
- Introduce the providence of on-demand abortion services in the accreditation procedure of hospitals with obstetrics and gynecology departments
- Adopt, implement and monitor *the Reproductive Health Strategy 2021-2026*;
- Establish at the national level a protocol on abortions (on request, medicated, and therapeutic) containing clear specifications on the situations in which a patient can be refused, on the procedure itself, the rights and obligations of the parties, etc.
- To impose the free pregnancy interruption if the pregnancy is the result of rape or incest.
- Introduce the abortion-on-request between the procedures covered by the medical liability insurance (malpractice insurance)
- To not impose the introduction of mandatory pre-abortion counseling, which can lead to the transmission of erroneous information in public medical units, which discourages women from turning to an abortion on request without being properly and impartially informed.

- To provide on the avort.ro platform correct, scientifically validated, and impartial information about on-demand, medicated, and therapeutic abortions, but also an informational telephone line for women who want to find out more about this medical service.

To the authorities of the Central or Local Public Administration which have subordinate public hospitals:

- Monitoring the conditions under which access to abortions is ensured throughout the year and also monitoring whether the necessary medical staff is provided according to the number of population for each region, taking into account existing statistics (number of abortions per year, number of abortions in the case of minors, number of abortions on request, etc.)
- To finance from the local budget the need for settled contraceptives of the population from the respective administrative-territorial unit, through the existing family planning offices at the county level.
- To cap the price of abortion on request at 10% of the guaranteed minimum wage.

To the Romanian College of Doctors:

- To harmonize the deontological norms, with emphasis on the doctor-patient relationship, the component of interrupting the relationship with the patient, and the components of consent and confidentiality;
- Ensure that the initial training of doctors includes the practical elements for providing safe abortion services, following the latest standards approved by the WHO in this field.

To the hospitals' managers:

- Monitoring the rate of refusal to perform or assist through abortions on request and implementing a concrete action plan to ensure the continuity of the medical service inaccessible and acceptable conditions for all women.
- Informing patients about the conditions and terms for accessing abortion services, including by publishing information on the institution's website.
- Temporarily, if there are no medical staff performing or assisting with abortions on request, hire medical staff willing to perform this intervention without any restraint of any kind.

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ANNEXES

ANNEX 1: Questions addressed to hospitals under Law 544/2001

1. How many obstetricians-gynecologists perform abortions on request in your health unit?
2. How many obstetricians-gynecologists are there in total per ward?
3. Are there doctors who refuse to perform abortions on demand? If so, what are the reasons given?
4. Does the decision not to have abortions in your hospital (if any) belong to the medical staff or the hospital management? If it belongs to the hospital management, what is the justification for not carrying out abortions on request?
5. Do you have a procedure that the doctor or the health unit must follow when the doctor refuses a patient to perform the abortion on request? If so, please let us know what this procedure is.
6. Did you register in 2020 cases of patients who suffered an empirical abortion?
7. Number of abortions on request made between 01.01.2020-31.12.2020, broken down by month
8. Number of therapeutic abortions performed between 01.01.2020-31.12.2020, broken down by month
9. Number of medical abortions performed between 01.01.2020-31.12.2020, broken down by month
10. Does your medical unit perform abortions on the date this application is registered?
11. Number of on-demand abortions performed during an emergency (March 15, 2020 - May 15, 2020) in your Medical Unit.
12. What is the price for an abortion on request in your Medical Unit?

ANNEX 2: THE OFFICIAL RESPONSES OF THE STATE UNIT HOSPITALS

- **The official answer of the Municipal Hospital Dr. Aurel Tulbure Făgăraș:** Within the OG department, six doctors with the specialty of obstetrics-gynecology work. None of the doctors perform abortions on request. On-demand abortion is refused for several reasons, including: malpractice insurance does not cover any on-demand medical services, lack of space for abortions, the Code of Ethics, which stipulates that they cannot be required to provide a medical service against their will or beliefs. [...] Regarding medical abortions, **we inform you that they were performed only for cases with pregnancy stopped in evolution, in no case at the request of patients.**
- **The official answer of the Ploiești Obstetrics-Gynecology Hospital:** Starting with 15.03.2020 (during the SARS-CoV-2 pandemic) the Ploiești Obstetrics-Gynecology Hospital **suspended the curettage services for abortions on request.**
- **The official answer of the Gura Humorului City Hospital:** As our hospital does not have an employed anesthetist, the employed obstetricians-gynecologists cannot perform this type of medical act.
- **The official answer of the Nehoiu City Hospital:** *Currently, the gynecologist no longer performs abortions on request, except for therapeutic abortions. **The motivation is one of Christian morality. The procedure is not considered to be a medical emergency, it can have consequences on a woman's reproductive health - sometimes irreversible, but also psycho-emotional consequences that can manifest much later, especially in young women who make such a decision that later he regrets it. We must also keep in mind that there are currently many ways to have contraception and therefore not be able to have an abortion. The decision belongs to the medical staff. There is no special procedure. The consultation from the obstetrics-gynecology office always includes, where necessary, family planning counseling and if the patient maintains her desire to interrupt the pregnancy, she is referred to the County Maternity Hospital, but there are many cases in which the pregnant woman returns to the initial decision. and she is always satisfied afterwards that she has not given in to the first urge to interrupt her pregnancy. There are cases in which the pregnant woman requests an abortion not because she wants it but because her partner asks for it and even more important is the counseling to change the first option.***
- **The official answer of the Moinești Municipal Emergency Hospital:** Our doctors refuse to perform abortions on request for religious reasons, **to support the policy of increasing the birth rate** or to avoid malpractice.

- **The official answer of the Cluj-Napoca County Emergency Clinical Hospital:** A number of five specialists do not perform abortions on request for moral, ethical or religious reasons. **There were periods of restriction of these activities, during some religious holidays (before the holiday of Christmas or the holiday of Holy Easter).** Due to the fact that on-demand abortion is not a medical emergency, some patients were rescheduled outside the aforementioned periods.