

Abortion: cultural, political, medical choices compared

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A contemporary analysis of the (non) right to abortion in Italy, Europe and the world from politics to law and medicine.

In these decades of the 21st century, as back in the 20th century, the female body has been used as a battleground between opposing biopolitical conceptions, *pro choice* or *pro life*. Also regarding the voluntary interruption of pregnancy (VIP) the policies enforced by the states have produced contradictory effects: in some cases they moved to a greater **liberalization, decriminalization or regulation of VIP**, in other ones to an opposite direction, toward denying the right to abortion.

From this last point of view the **US** represent a paradigmatic case: on **24th June 2022**, by a five-to-four votes, the Supreme Court put an end to 50 years of federal constitutional protection of VIP by enabling each state to decide whether to restrict or ban abortion, overturning this way the *Roe v. Wade* judgment that in 1973 had cancelled most of the restrictions on the subject.

In Europe, **Poland** took similar decisions. In **October 2020** the Constitutional Court proclaimed VIP as unconstitutional in the case prenatal tests show a high probability of an incurable disease or an impairment of the fetus. VIP is therefore allowed only in case of rape, incest or if the mother's life is at risk. These decisions have had and have an impact not only on Polish girls and women but also on Ukrainian refugees coming from a country where abortion is legal up to the 12th week of pregnancy.

To face this emergency some organizations such as [Women on Web](#) and [Abortion Without Borders](#) set up online services through which women can ask to have medicines for medical abortion delivered by mail or they are helped to get medical abortion at home or abroad, in clinics and hospitals.

In the last decade, though, there have been also states where political or legal decisions went toward the **decriminalization and/or legalization of voluntary interruption of pregnancy**. In Europe this is the case, for example, of Ireland (18th September 2018) and Northern Ireland (October 2019). Argentina (December 2020) and Mexico (September 2021) in

Latin America whereas in Chile the right to abortion entered the Constitution in March 2022. In Colombia, in 2022 the Constitution cancelled the crime of abortion up to the 24th week of pregnancy. In Ecuador since 2021 VIP has been allowed in case of rape. Countering the trend, in El Salvador and in the Dominican Republic to date there is a full prohibition of abortion.

Throughout **Latin America**, particularly in the cases of Argentina and Brazil, campaigns for **women's self-determination** have been promoted by feminist movements, such as [Not One Less](#), which have shown global and intersectional awareness and have raised the issue of reproductive rights as closely intertwined with battles against racism and social inequality.

The **Covid-19 pandemic** on the one hand made VIP access more difficult because of people's forced isolation and difficulties in accessing health care facilities. On the other hand, however, it accelerated some processes in the direction of recognizing abortion as a right within the sphere of sexual and reproductive rights. Fundamental, from the standpoint of affirming rights, was in March 2022 the document through which the World Health Organization (**WHO**) pronounced itself in favour of [safe abortion](#), to protect the right to individual health. Some international bodies and nongovernmental organizations such as **Amnesty International** have also led [campaigns](#) calling on states to guarantee the right to abortion as a human right.

Amnesty International states: "Rather than viewing access to abortion simply as a health issue, or something that affects only certain people, our position recognizes that safe access to abortion is essential to fulfill the full range of human rights and achieve gender, social, reproductive and economical justice. We call on governments to fully decriminalize abortion and ensure universal access to safe abortion services for all people who need them. This should include eliminating abortion from criminal law and removing penalties for people who obtain, provide or assist in providing abortion."

Also as a result of the push of health emergencies caused by the pandemic, there has been a shift in the approach to abortion practices from medicalization – VIP in hospital and performed by medical staff – to self-administration – the practice of terminating pregnancies at home through the use of abortion medicines such as RU-486 and through telemedicine.

In **Italy**, since **August 2020**, the Ministry of Health has changed the rules regarding medical abortion by allowing its use up to the ninth week of pregnancy at properly equipped public ambulatories, functionally connected to hospitals and authorized by the region, as well as counseling centers, or day hospitals. Thus, self-administered pharmacological abortion was excluded from the new guidelines; similarly, the new policy was silent regarding the use of telemedicine.

In other European countries, on the contrary, the pandemic accelerated the application of **telemedicine** even with regard to medical abortion. In England, for example, on March 30, 2022, the British Parliament legalized in final form telemedical early medical abortion according to which a doctor, after a remote consultation, can prescribe abortion pills. The prescribed medicines are sent to the woman's home or can be picked up at the hospital.

For further details on the topic please refer to: *Maternità negata Maternità rifiutata. L'Aborto tra Otto e Novecento*, in "[Annali dell'Istituto Storico Italo Germanico](#)", by Marina Garbellotti and Cecilia Nubola, n. 2, 2022

Editoriale / Editorial | pp. 5-7

- *Marina Garbellotti e Cecilia Nubola*, Aborto: uno sguardo tra storia e attualità
pp. 9-24
- *Maria Mesner*, Ein Recht auf Abtreibung? Politische Dynamiken in Österreich und den USA seit den 1970er Jahren
pp. 25-45
- *Alessandra Gissi*, Destiny, Duty, Self-Determination. Abortion in Twentieth-Century Italy
pp. 47-66
- *Lucia Pozzi*, The Mother's Sacrifice? Moral Debates over Therapeutic Abortion in Italy in the 1930s
pp. 67-95
- *Paola Stelliferi*, «An Apparent Victory»? The Struggle for Abortion in Italy Prior to the 194/1978 Law
pp. 97-121
- *Azzurra Tafuro*, «Italian Girls in Trouble». Abortion Travels and Transnational Abortion Referral Networks (Rome, London, Paris, 1967-1981)
pp. 123-148
- *Carlotta Cossutta*, Quello che la diossina racconta sui corpi gestanti. Il caso Seveso come paradigma
pp. 149-167
- *Elena Caruso*, Sull'aborto farmacologico in telemedicina: spunti di riflessione per un dibattito in Italia
pp. 169-188

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