

Legislación sobre el Aborto en el Mundo

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- ***Afganistán***. Penal Code

Chapter Four. *Abortion*

Article 402. A person who intentionally causes abortion of a human fetus by beating or any other harmful means shall be sentenced to long imprisonment not exceeding seven years.

Article 403.

(1) A person who causes abortion by means of drugs or otherwise, even though the act has been accomplished with the consent of the pregnant woman, shall be sentenced to medium imprisonment or shall be fined an amount not less than twelve thousand Afghanis and not exceeding sixty thousand Afghanis.

(2) If the drugs have been administered by mistake, the offender shall be sentenced to short imprisonment or shall be fined an amount not exceeding twelve thousand Afghanis.

Article 404.

(1) If the person committing the act of abortion is a medical doctor, surgeon, pharmacist, or a nurse, the offender shall be sentenced to the maximum anticipated punishment for the crime.

(2) If the persons, specified under the above paragraph, commit the act of abortion for the purposes of saving the life of the mother, the offender shall not be punished.

Article 405. A pregnant woman who, cognizant of the repercussions of the act, deliberately uses drugs or other means or allows someone else to apply these means to her, as a result of which abortion takes place, shall be sentenced to short imprisonment or shall be fined an amount not exceeding twelve thousand Afghanis.

Article 406. Initiating an act of abortion shall not be deemed punishable.

- **Angola.** Código Penal

Artigo 139. (*Aborto*)

Quem, por qualquer meio e sem consentimento de mulher grávida, a fizer abortar será punido com prisão de 2 a 8 anos.

Artigo 140. (*Aborto consentido*)

1. Quem, por qualquer meio e com consentimento da mulher grávida, a fizer abortar será punido com prisão até 3 anos.
2. Na mesma pena incorre a mulher grávida que der consentimento ao aborto causado por terceiro ou que, por facto próprio ou de outrem, se fizer abortar.
3. Se o aborto previsto nos números anteriores tiver o objectivo de ocultar a desonra da mulher, será punido com prisão até 2 anos.

Artigo 141. (*Aborto agravado*)

1. Quando do aborto ou dos meios empregados resultar a morte ou uma grave lesão para o corpo ou para a saúde da mulher grávida, o máximo da pena aplicável será aumentado de um terço.
2. A mesma pena será aplicada ao agente que se dedicar habitualmente à prática do aborto ou o realizar com intenção lucrativa.
3. A agravação prevista neste artigo não será aplicável à própria mulher grávida.

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- **Argentina.**

Constitución nacional:

Primera Parte

Capítulo Primero

Declaraciones, derechos y garantías

Art. 1º.- La Nación Argentina adopta para su gobierno la forma representativa republicana federal, según la establece la presente Constitución.

Art. 2º.- El Gobierno federal sostiene el culto católico apostólico romano

Código penal:

Título 1: Delitos contra las personas *(ver ley 24.193 de transplantes)*

Capítulo 1. Delitos contra la vida

(...)

Art. 85. El que causare un aborto será reprimido:

1. Con reclusión o prisión de tres a diez años, si obrare sin consentimiento de la mujer. Esta pena podrá elevarse hasta quince años, si el hecho fuere seguido de la muerte de la mujer;
2. Con reclusión o prisión de uno a cuatro años, si obrare con consentimiento de la mujer. El máximo de la pena se elevará a seis años, si el hecho fuere seguido de la muerte de la mujer.

Art. 86. Incurrirán en las penas establecidas en el artículo anterior y sufrirán, además, inhabilitación especial por doble tiempo que el de la condena, los médicos, cirujanos, parteras o farmacéuticos que abusaren de su ciencia o arte para causar el aborto o cooperaren a causarlo.

El aborto practicado por un médico diplomado con el consentimiento de la mujer encinta, no es punible:

1. Si se ha hecho con el fin de evitar un peligro para la vida o la salud de la madre y si este peligro no puede ser evitado por otros medios;
2. Si el embarazo proviene de una violación o de un atentado al pudor cometido sobre una mujer idiota o demente. En este caso, el consentimiento de su representante legal deberá ser requerido para el aborto.

Art. 87. Será reprimido con prisión de seis meses a dos años, el que con violencia causare un aborto sin haber tenido el propósito de causarlo, si el estado de embarazo de la paciente fuere notorio o le constare.

Art. 88. Será reprimida con prisión de uno a cuatro años, la mujer que causare su propio aborto o consintiere en que otro se lo causare. La tentativa de la mujer no es punible.

- **Austria.** Penal Code

Federal Law of 23 January 1974. (*Bundesgesetzblatt*, No. 60, 1974.)

Sections 96, 97 and 98 of the Penal Code adopted in January 1974 read as follows:

"Abortion

Sec. 96 (1) Anyone who interrupts a pregnancy with the consent of the pregnant woman shall be punished by imprisonment of up to one year; where the act is committed habitually and for gain ("*gewerbsmaessig*") by imprisonment up to three years.

(2) If the direct perpetrator of the act is not a physician the punishment shall be imprisonment of up to three years; where the act of such an offender is committed habitually and for gain, or where it causes death of the pregnant woman, the punishment shall be imprisonment from six months to five years.

1. A woman who performs or allows to be performed an abortion on herself shall be punished by imprisonment of up to one year.

Justification of abortion

Sec. 97 (1) An act is not liable to punishment under Sec. 96:

1. where the abortion is performed by a physician during the first three months from the beginning of the pregnancy after a previous medical consultation; or
2. where the abortion is required ("*erforderlich*") to avert a serious danger, not to be averted by other means, to the life or to the physician or mental health of the pregnant woman, or where a serious danger exists that the child may be afflicted with a serious physician or mental defect, or where the woman became when under 14 years of age; always provided the interruption of pregnancy has been performed by a physician; or
3. where the abortion is performed to save the pregnant woman from an immediate danger to her life, which could not otherwise be averted, under circumstances where medical aid was not available in time.

(2) No physician is obliged to perform an abortion or to take part in it, except where it is necessary ("*notwendig*") without delay to save the life of the pregnant woman from an immediately threatening danger which cannot otherwise be averted. This applies also to persons in para-medical, medico-technical, or auxiliary health employments.

(3) No one may be in any way disadvantaged because he or she has performed a justified abortion, or taken part in it, or because he or she has refused to perform or take part in such an abortion.

Abortion without consent of the pregnant woman

Sec. 98 (1) Anyone who interrupts a pregnancy without the consent of the pregnant woman shall be punished by imprisonment of up to three years; where the act causes the death of the pregnant woman, by imprisonment of from six months to five years.

(2) The perpetrator of the act shall not be punished under para. (1) where the abortion is performed to save the pregnant woman from an immediate danger to her life, not otherwise to be averted, under circumstances where the consent of the woman cannot be obtained in time."

Note: The legislative history of the new code shows that, according to the report of the judicial committee of the *Bundestag* (*Bericht des Justizausschusses*, p. 22), the beginning of pregnancy is the moment of nidation. The three-month period referred to in Sec. 97, para. (1) is calculated from this time.

The Penal Code was adopted by a vote of 92 to 89 in the *Bundestag* (after the upper chamber, the *Bundesrat*, had objected by a 29 to 28 vote). The Government of the *Land* (province) of Salzburg petitioned the Constitutional Court to declare the provisions of Sec. 97, para. (1) 1, which allows abortion in the first trimester, to be unconstitutional. The petition claimed, *inter alia*, that under the Austrian Constitution as well as under the European Convention on Human Rights, an embryo is a "person" from the moment of nidation and must be protected by criminal sanctions like any person who has been born.

In its decision of 11 October 1974 the Court held that the decriminalization of abortion in the first trimester of pregnancy violates neither the Austrian Constitution nor the European Convention (which has the status of constitutional law in Austria). The Court reasoned: a) that the Austrian Constitution's provisions on the protection of human life are concerned only with action on the part of the public authorities and b) that Article 2, para. 1, of the European Convention ("Everyone's right to life shall be protected by law") should not be construed as protecting the embryo.

- **Bélgica.** Code Pénal.

Titre VII. *Des Crimes Et Des Délits Contre L'Ordre Des Familles Et Contre La Moralité Publique*

Chapitre I. *De L'Avortement*

348. Celui qui, médecin ou non, par un moyen quelconque, aura à dessein fait avorter une femme qui n'y a pas consenti, sera puni de la réclusion. Si les moyens employés ont manqué leur effet, l'article 52 sera appliqué.

349. Lorsque l'avortement a été causé par des violences exercées volontairement, mais sans intention de le produire, le coupable sera puni d'un emprisonnement de trois mois à deux ans et d'une amende de vingt-six francs à trois cents francs.

Si les violences ont été commises avec préméditation ou avec connaissance de l'état de la femme, l'emprisonnement sera de six mois à trois ans, et l'amende de cinquante francs à cinq cents francs.

350. Celui qui, par aliments, breuvages, médicaments ou par tout autre moyen aura fait avorter une femme qui y a consenti, sera condamné à un emprisonnement de trois mois à un an et à une amende de cent francs à cinq cents francs.

Toutefois, il n'y aura pas d'infraction lorsque la femme enceinte, que son état place en situation de détresse, a demandé à un médecin d'interrompre sa grossesse et que cette interruption est pratiquée dans les conditions suivantes:

1 . a) l'interruption doit intervenir avant la fin de la douzième semaine de la conception;
b) elle doit être pratiquée, dans de bonnes conditions médicales, par un médecin, dans un établissement de soins où existe un service d'information qui accueillera la femme enceinte et lui donnera des informations circonstanciées, notamment sur les droits, aides et avantages garantis par la loi et les décrets aux familles, aux mères célibataires ou non, et à leurs enfants, ainsi que sur les possibilités offertes par l'adoption de l'enfant à naître et qui, à la demande soit du médecin soit de la femme, accordera à celle-ci une assistance et des conseils sur les moyens auxquels elle pourra avoir recours pour résoudre les problèmes psychologiques et sociaux posés par sa situation.

2 Le médecin sollicité par une femme en vue d'interrompre sa grossesse doit:

a) informer celle-ci des risques médicaux actuels ou futurs qu'elle encourt à raison de l'interruption de grossesse;

b) rappeler les diverses possibilités d'accueil de l'enfant à naître et faire appel, le cas échéant, au personnel du service visé au 1 , b), du présent article pour accorder l'assistance et donner les conseils qui y sont visés;

c) s'assurer de la détermination de la femme à faire pratiquer une interruption de grossesse.

L'appréciation de la détermination et de l'état de détresse de la femme enceinte qui conduit le médecin à accepter d'intervenir, est souveraine lorsque les conditions prévues au présent article sont respectées.

3 Le médecin ne pourra au plus tôt, pratiquer l'interruption de grossesse que six jours après la première consultation prévue et après que l'intéressée a exprimé par écrit, le jour de l'intervention, sa détermination à y faire procéder.

Cette déclaration sera versée au dossier médical.

4 Au-delà du délai de douze semaines, sous les conditions prévues aux 1 , b), 2 et 3 , l'interruption volontaire de grossesse ne pourra être pratiquée que lorsque la poursuite de la

grossesse met en péril grave la santé de la femme ou lorsqu'il est certain que l'enfant à naître sera atteint d'une affection d'une particulière gravité et reconnue comme incurable au moment du diagnostic. Dans ce cas, le médecin sollicité s'assurera le concours d'un deuxième médecin, dont l'avis sera joint au dossier.

5 Le médecin ou toute autre personne qualifiée de l'établissement de soins où l'intervention a été pratiquée, doit assurer l'information de la femme en matière de contraception.

6 Aucun médecin, aucun infirmier ou infirmière, aucun auxiliaire médical n'est tenu de concourir à une interruption de grossesse.

Le médecin sollicité est tenu d'informer l'intéressée, dès la première visite, de son refus d'intervention.

351. La femme qui, volontairement, aura fait pratiquer un avortement en dehors des conditions prévues à l'article 350 sera punie d'un emprisonnement d'un mois à un an et d'une amende de cinquante francs à deux cents francs.

352. Lorsque les moyens employés dans le but de faire avorter la femme auront causé la mort, celui qui les aura administrés ou indiqués dans ce but sera condamné à la réclusion, si la femme a consenti à l'avortement, mais que l'intervention ait été pratiquée en dehors des conditions définies à l'article 350 et aux travaux forcés de dix ans à quinze ans, si elle n'y a point consenti.

353. [...]

- **Brasil:** Código Penal

Parte especial, Título 1 (Crímenes contra la persona), Capítulo 1 (Crímenes contra la vida)

Aborto provocado pela gestante ou com seu consentimento

Art. 124 - Provocar aborto em si mesma ou consentir que outrem lho provoque:
Pena - detenção, de 1 (um) a 3 (três) anos.

Aborto provocado por terceiro

Art. 125 - Provocar aborto, sem o consentimento da gestante:
Pena - reclusão, de 3 (três) a 10 (dez) anos.

Art. 126 - Provocar aborto com o consentimento da gestante:
Pena - reclusão, de 1 (um) a 4 (quatro) anos.

Parágrafo único. Aplica-se a pena do artigo anterior, se a gestante não é maior de 14 (quatorze) anos, ou é alienada ou débil mental, ou se o consentimento é obtido mediante fraude, grave ameaça ou violência.

- **Canadá:** falta de regulación

La ley del aborto fue votada en 1969: correspondía a la sección 287 del código criminal, despenalizando el aborto terapéutico (abortos realizados en un hospital con la aprobación del comité terapéutico del aborto del tres-doctor de ese hospital certificando que el embarazo sería probable poner en peligro la vida o la salud de la madre).

Sin embargo, en 1988, la Suprema Corte de Canadá en su decisión Morgentaler¹, declaró esta ley sin fuerza o efecto en su totalidad por violar la sección 7 de la Carta Canadiense de los Derechos y Libertades. La sección 7 ("Cada uno tiene el derecho a la vida, a la libertad, y a la seguridad de la persona y de el derecho de no ser privado de eso excepto de acuerdo con los principios de la justicia fundamental.") fue interpretada a favor de las mujeres como restricción a la libertad fundamental por la dificultad de acceso al aborto, y no a favor del derecho a la vida del niño.

En consecuencia, Canadá es una de las pocas naciones sin restricciones legales al aborto.

¹ *R. v. Morgentaler* [1988] 1 S.C.R. 30

- *Chile*

Título VII: CRIMENES Y SIMPLES DELITOS CONTRA EL ORDEN DE LAS FAMILIAS Y CONTRA LA MORALIDAD PUBLICA 1

1. Aborto

Art. 342 El que maliciosamente causare un aborto será castigado:

1 Con la pena de presidio mayor en su grado mínimo, si ejerciere violencia en la persona de la mujer embarazada.

2 Con la de presidio menor en su grado máximo, si, aunque no la ejerza, obrare sin consentimiento de la mujer.

3 Con la de presidio menor en su grado medio, si la mujer consintiere.

Art. 343 Será castigado con presidio menor en sus grados mínimo a medio, el que con violencias ocasionare un aborto, aun cuando no haya tenido propósito de causarlo, con tal que el estado de embarazo de la mujer sea notorio o le constare al hechor.

Art. 344 La mujer que causare su aborto o consintiere que otra persona se lo cause, será castigada con presidio menor en su grado máximo.

Si lo hiciere por ocultar su deshonra, incurrirá en la pena de presidio menor en su grado medio.

Art. 345 El facultativo que, abusando de su oficio, causare el aborto o cooperare a él, incurrirá respectivamente en las penas señaladas en el artículo 342, aumentadas en un grado.

- **Finlandia.** Law No. 239 of 24 March 1970 on the interruption of pregnancy, as amended by Law No. 564 of 19 July 1978 and Law No. 572 of 12 July 1985.

1. A pregnancy may be interrupted at the request of the woman and in conformity with the provisions of this Law:

- 1) if continuation of the pregnancy or delivery of a child would endanger her life or health on account of a disease, physician defect or weakness in the woman;
- 2) if delivery and care of a child would place a considerable strain on her in view of the living conditions of the woman and her family and other circumstances;
- 3) if she became pregnant under the circumstances referred to in Sections 4 and 5 of Chapter 25 or Sections 1, 3, 8 and 9 of Chapter 20 of the Penal Code, or under the conditions referred to in Section 6 of Chapter 20 provided the act was committed in gross violation of the woman's freedom of action;
- 4) if she was less than 17 or more than 40 years of age at the time of conception, or has already had four children;
- 5) if there are grounds for presuming that the child will be mentally retarded or will have, or will later develop, a serious disease or a serious physician defect;
- 6) if a disease, mental disturbance or other comparable cause, affecting one or both parents, seriously limits their capacity to care for the child.

2. If the woman is incapable, on account of a mental disease, mental retardation or mental disturbance, of making a valid request for the termination of pregnancy, the operation may be performed, provided there are sound reasons for doing so, with the consent of her guardian or a specially appointed trustee [god man].

3. Where the woman became pregnant under the circumstances referred to in Sections 4 or 5 of Chapter 25 or Sections 6 or 9 of Chapter 20 of the Penal Code, an abortion may not be performed unless legal action in respect of the crime has been taken, a complaint has been lodged in respect thereof, or clear evidence of the crime has been obtained by a police inquiry.

If the abortion is performed, under the provisions of item 5 of Section 1, where there are grounds for presuming that the child will be mentally retarded because of mental retardation in the woman, sterilization shall be carried out in conjunction with abortion, unless there are sound reasons to the contrary.

4. Before a pregnancy is terminated in accordance with this Law, the woman requesting the termination must be informed of the significance and effects of the operation.

A woman who has undergone an abortion must be given advice on contraception, in accordance with the detailed provisions to be laid down by way of ordinance.

5. Abortions must be performed at the earliest possible stage of pregnancy.

An abortion may not be performed after the twelfth week of pregnancy on any grounds other than a disease or physical defect in the woman.

If the woman was not yet 17 years of age at the time of conception or there are other special reasons, the State Medical Board may however authorize abortion at a later stage of pregnancy, although not after the 20th week.

5a. Notwithstanding the provisions of Section 5, the National Board of Health may authorize the termination of a pregnancy if, as a result of amniocentesis or an ultrasonic examination, serological tests, or another reliable examination, it is established that the embryo is affected by a serious disease or physical disability, provided that the 24th week of pregnancy has not expired.

6. An abortion may be performed:

1) in the cases referred to in items 1-3 and 6 of Section 1, on the recommendation of two physicians or, in the cases to be defined in detail by way or ordinance, by authorization of the State Medical Board;

2) in the case referred to in item 4 of Section 1, by decision of the physician who performs the operation;

3) in the cases referred to in item 5 of Section 1 and the third paragraph of Section 5, by authorization of the State Medical Board.

The recommendation by two physicians shall contain the separate written opinions of each physician, with their grounds being stated in detail. Of the two physicians, one shall be a physician who renders opinions on the termination of pregnancy (physician with authority to render an opinion) while the other shall be the physician who performs the operation (operating physician). The physician with authority to render an opinion and the operating physician shall not be entitled, without reason, to refuse to consider a request for termination of pregnancy.

If the decision of the two physicians or, in the case referred to in item 4 of Section 1, of the physician, is negative, an application for authorization of abortion may be made to the State Medical Board.

7. Before the decision on termination of pregnancy is taken, the father of the expected child, the woman's guardian and, if the woman is an inmate of a public institution, the physician or director of the latter, shall be given an opportunity of stating their opinion, if this seems justified in the particular case.

Before a decision based on item 2 of Section 1 is taken, a report on the living conditions of the woman and her family and other circumstances shall, if this seems justified in the particular case, be requested from the social welfare authorities or from a midwife, public health nurse or person of corresponding status.

Where the woman has received special treatment for a serious disease, the physician with authority to render an opinion shall, before the decision is taken, seek information, as far as possible, on the woman's state of health from the physician who treated her for the particular disease.

8. Any licensed physician employed by the State, a commune or association of communes and who has not, for a particular reason, been refused the right to render opinions by the State Medical Board, as well as any other licensed physician designated by the State Medical Board, may act as a physician with authority to render opinions.

The termination of pregnancy shall be carried out in a hospital which has been approved for the purpose by the State Medical Board (such hospitals being designated as abortion hospitals). Any licensed physician employed in the hospital may act as an operating physician.

9. If a pregnancy is to be terminated under item 1 of Section 1, and the examination of the indications for the operation in accordance with Section 6 of the performance of the operation in a hospital as referred to in the second paragraph of Section 8 are not possible without seriously endangering the woman's life or health on account of the delay involved or other reasons, the pregnancy may be terminated by a licensed physician without conforming to these particular provisions.

10. Those matters which, in accordance with Section 1, 5 and 6 of this Law, are within the jurisdiction of the State Medical Board shall be dealt with at special sessions in the presence of additional members representing the law, psychiatry, obstetrics, genetics and social science, under the conditions to be prescribed in detail by way or ordinance. The State Medical Board shall deal with matters referred to in the first paragraph above on a priority basis. The State Medical Board's decisions on such matters shall not be subject to appeal.

11. The State Medical Board shall take measures to ensure that there are a sufficient number of physicians with authority to render opinions, and a sufficient number of abortion hospitals, in all parts of the country, and that physicians with authority to render opinions and operating physicians make every effort to adopt an impartial and consistent approach.

12. [Professional secrecy]

13. Any person who, without observing the provisions of this Law, performs or attempts to perform an abortion which would otherwise be lawful, shall be liable to a fine or up to one year's imprisonment.

14. Any person who, although in possession of the facts, makes a false statement or a false notification on a matter concerning the termination of pregnancy, shall be liable, except if more severe penalties are prescribed by other provisions, to a fine or up to one year's imprisonment.

15. Detailed provisions for the implementation of this Law shall be promulgated by way or ordinance.

16. This Law shall enter into force on 1 June 1970 and at the same time the Law of 17 February on the termination of pregnancy shall be repealed.

- **FRANCIA**: *Código de Salud Pública**

Art. L 2211-1.- (...) La ley garantiza la supremacía de la persona, prohíbe cualquier delito que atente contra la dignidad de aquella, y garantiza el respeto al ser humano desde el comienzo de su vida.

Art. L 2211-2.- El principio mencionado en el (previo) artículo es inviolable, excepto en caso de necesidad y según las condiciones definidas en la presente ley (...)

Art. L 2212-1.- La mujer embarazada que por su estado de embarazo se pone en una situación de DESAMPARO puede pedir a un doctor la interrupción de su embarazo. Esta interrupción no puede ser ejecutada después del fin de la 12 semana de embarazo.

Art. L 2212-2.- (...) La interrupción voluntaria del embarazo puede ser ejecutada únicamente por un doctor / médico. Solamente se puede efectuar en un centro medico público o privado (reconocido y autorizado como tal).

Art. L 2212-3.- (...) El médico tiene la obligación desde la primera consulta, de informar a la mujer de las varias técnicas de interrupción de embarazo, así como los riesgos y efectos secundarios potenciales. Le debe además dar un guía con los artículos pertinentes de la ley, la lista de los centros médicos autorizados y las técnicas quirúrgicas.

Art. L 2212-4.- Se propondrá sistemáticamente, antes y después de la interrupción voluntaria de embarazo, una cita con un psicólogo o un consejero matrimonial / social / familiar (...) Esta cita será OBLIGATORIA para las mujeres menores de edad ANTES de la interrupción: un certificada demostrará que fue efectuada (...) Las mujeres menores de edad, si no desean avisar a sus padres (depositarios de la autoridad paterna), deben de ser acompañadas en cada etapa del proceso por un adulto de su elección.

Art. L 2212-5.- Si después de las citas previstas la mujer sigue con la voluntad de interrumpir su embarazo, el médico le debe de requerir una confirmación por escrito. No podrá aceptar tal confirmación antes del plazo de una semana transcurrida desde la primera cita, al menos de que el plazo de las 12 semanas vaya a caducarse.

...

Art. L 2212-7.- Si la mujer es menor de edad no emancipada, la autorización de uno de los titulares de la autoridad paterna o del representante legal será obligatoria (...) Si la menor de edad no quiere avisar a sus padres, o si se niegan a darle la autorización, la demanda puede ser presentada por la menor de edad acompañada de la persona adulta de su elección. Después de la operación, una segunda cita será obligatoriamente ofrecida a la menor de edad con objetivo informarle de las técnicas anticonceptivas.

* El presente listado de artículos es un resumen de la regulación del aborto en Francia de acuerdo al Código de Salud Pública. La traducción no fue realizada por un traductor-perito en el idioma. La versión original en su integralidad sigue esta traducción.

Art. L2212-8.- Un médico nunca será obligado a realizar una interrupción de embarazo, sin embargo tendrá las obligaciones de: informar INMEDITAMENTE a la mujer de su negativa y darle una lista de los centros médicos autorizados.

Art. L2213-1.- La interrupción voluntaria de embarazo puede ser efectuada en cualquier momento (sin límite de tiempo) si 2 médicos, dentro de un equipo pluridisciplinario, certifican que el embarazo crea un riesgo grave para la salud de la mujer, o que existe una probabilidad fuerte de que el niño nacerá con una patología particularmente grave, reconocida como incurable al momento del diagnóstico.

...

Art. L2214-2.- En ningún caso la interrupción voluntaria del embarazo debe de constituir una medida anticonceptiva. En este sentido, el Gobierno toma todas las medidas necesarias para desarrollar la información más amplia posible sobre la regulación de los nacimientos, entre otras cosas con la creación generalizada de centros de planificación o educación familiar, y con la utilización de todos los modos posibles de información.

Art. L2222-1.- (...) La interrupción del embarazo sin el consentimiento de la interesada es castigado por 5 años de encarcelamiento y 75 000 euros de multa.

Art. L2222-2.- La interrupción del embarazo del prójimo es castigado por 2 años de encarcelamiento y 30 000 euros de multa si es efectuada, con conocimiento de causa, en uno de los siguientes casos: 1) después del plazo autorizado por ley (excepto por motivo médico) 2) por una persona que no es médico, 3) en un lugar otro que los centros médicos autorizados. Este delito será castigado por 5 años de encarcelamiento y 75 000 euros de multa si la persona lo práctica de manera habitual. La tentativa será castigada en las mismas condiciones

Art. L2222-3.- El hecho de proceder a una interrupción del embarazo sin respetar las modalidades previstas por ley será castigado por 2 años de encarcelamiento y 30 000 euros de multa.

Art. L2222-4.- El hecho de proveer a una mujer las medidas para efectuar por ella misma una interrupción de su propio embarazo será castigado por 3 años de encarcelamiento y 45 000 euros de multa, y de 5 años de encarcelamiento y 75 000 euros de multa si el delito es cometido de manera usual.

...

Art. L 2223-2.- Será castigado por 2 años de encarcelamiento y 30 000 euros de multa el hecho de impedir la interrupción o los actos cuyos objetivos sean perturbar de cualquier manera que sea: el acceso a los centros médicos, la libre circulación de las personas adentro de estos centros o las condiciones de trabajo del personal de los centros. También, las presiones morales y psicológicas, las amenazas o cualquier tipo de acto de intimidación en contra del personal médico y no médico que trabaja en estos centros, o en contra de las mujeres que desean abortar o en contra de sus familiares.

CODE DE LA SANTE PUBLIQUE (Nouvelle partie Législative)

Chapitre Ier : Principe général

Article L2211-1

Comme il est dit à l'article 16 du code civil ci-après reproduit :

"La loi assure la primauté de la personne, interdit toute atteinte à la dignité de celle-ci et garantit le respect de l'être humain dès le commencement de sa vie".

Article L2211-2

Il ne saurait être porté atteinte au principe mentionné à l'article L. 2211-1 qu'en cas de nécessité et selon les conditions définies par le présent titre.

L'enseignement de ce principe et de ses conséquences, l'information sur les problèmes de la vie et de la démographie nationale et internationale, l'éducation à la responsabilité, l'accueil de l'enfant dans la société et la politique familiale sont des obligations nationales. L'Etat, avec le concours des collectivités territoriales, exécute ces obligations et soutient les initiatives qui y contribuent.

Chapitre II : Interruption pratiquée avant la fin de la douzième semaine de grossesse

Article L2212-1

(Loi n° 2001-588 du 4 juillet 2001 art. 1 art. 2 Journal Officiel du 7 juillet 2001)

La femme enceinte que son état place dans une situation de détresse peut demander à un médecin l'interruption de sa grossesse. Cette interruption ne peut être pratiquée qu'avant la fin de la douzième semaine de grossesse.

Nota : Loi 2001-588 2001-07-04 art. 18 V, art. 19 I : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte, ainsi que dans les territoires d'outre-mer et en Nouvelle-Calédonie.

Article L2212-2

(Loi n° 2001-588 du 4 juillet 2001 art. 1 art. 3 Journal Officiel du 7 juillet 2001)

(Ordonnance n° 2003-850 du 4 septembre 2003 art. 9 I Journal Officiel du 6 septembre 2003)

L'interruption volontaire d'une grossesse ne peut être pratiquée que par un médecin.

Elle ne peut avoir lieu que dans un établissement de santé, public ou privé, ou dans le cadre d'une convention conclue entre le praticien et un tel établissement, dans des conditions fixées par décret en Conseil d'Etat.

Article L2212-3

(Loi n° 2001-588 du 4 juillet 2001 art. 1 art. 4 Journal Officiel du 7 juillet 2001)

Le médecin sollicité par une femme en vue de l'interruption de sa grossesse doit, dès la première visite, informer celle-ci des méthodes médicales et chirurgicales d'interruption de grossesse et des risques et des effets secondaires potentiels.

Il doit lui remettre un dossier-guide, mis à jour au moins une fois par an, comportant notamment le rappel des dispositions des articles L. 2212-1 et L. 2212-2, la liste et les adresses des organismes mentionnés à l'article L. 2212-4 et des établissements où sont effectuées des interruptions volontaires de la grossesse.

Les directions départementales des affaires sanitaires et sociales assurent la réalisation et la diffusion des dossiers-guides destinés aux médecins.

Nota : Loi 2001-588 2001-07-04 art. 18 V : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte.

Article L2212-4

(Loi n° 2001-588 du 4 juillet 2001 art. 1 art. 5 Journal Officiel du 7 juillet 2001)

Il est systématiquement proposé, avant et après l'interruption volontaire de grossesse, à la femme majeure une consultation avec une personne ayant satisfait à une formation qualifiante en conseil conjugal ou toute autre personne qualifiée dans un établissement d'information, de consultation ou de conseil familial, un centre de planification ou d'éducation familiale, un service social ou un autre organisme agréé. Cette consultation préalable comporte un entretien particulier au cours duquel une assistance ou des conseils appropriés à la situation de l'intéressée lui sont apportés.

Pour la femme mineure non émancipée, cette consultation préalable est obligatoire et l'organisme concerné doit lui délivrer une attestation de consultation. Si elle exprime le désir de garder le secret à l'égard des titulaires de l'autorité parentale ou de son représentant légal, elle doit être conseillée sur le choix de la personne majeure mentionnée à l'article L. 2212-7 susceptible de l'accompagner dans sa démarche.

Les personnels des organismes mentionnés au premier alinéa sont soumis aux dispositions des articles 226-13 et 226-14 du code pénal.

Chaque fois que cela est possible, le couple participe à la consultation et à la décision à prendre.

Nota : Loi 2001-588 2001-07-04 art. 18 V : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte.

Article L2212-5

(Loi n° 2001-588 du 4 juillet 2001 art. 1 art. 6 Journal Officiel du 7 juillet 2001)

Si la femme renouvelle, après les consultations prévues aux articles L. 2212-3 et L. 2212-4, sa demande d'interruption de grossesse, le médecin doit lui demander une confirmation écrite ; il ne peut accepter cette confirmation qu'après l'expiration d'un délai d'une semaine suivant la première demande de la femme, sauf dans le cas où le terme des douze semaines risquerait d'être dépassé. Cette confirmation ne peut intervenir qu'après l'expiration d'un délai de deux jours suivant l'entretien prévu à l'article L. 2212-4, ce délai pouvant être inclus dans celui d'une semaine prévu ci-dessus.

Nota : Loi 2001-588 2001-07-04 art. 18 V : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte.

Article L2212-6

(Loi n° 2001-588 du 4 juillet 2001 art. 1 Journal Officiel du 7 juillet 2001)

En cas de confirmation, le médecin peut pratiquer lui-même l'interruption de grossesse dans les conditions fixées au deuxième alinéa de l'article L. 2212-2. S'il ne pratique pas lui-même l'intervention, il restitue à la femme sa demande pour que celle-ci soit remise au médecin choisi par elle et lui délivre un certificat attestant qu'il s'est conformé aux dispositions des articles L. 2212-3 et L. 2212-5.

Le directeur de l'établissement de santé dans lequel une femme demande son admission en vue d'une interruption volontaire de la grossesse doit se faire remettre et conserver pendant au moins un an les attestations justifiant qu'elle a satisfait aux consultations prescrites

aux articles L. 2212-3 à L. 2212-5.

Nota : Loi 2001-588 2001-07-04 art. 18 V : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte.

Article L2212-7

(Loi n° 2001-588 du 4 juillet 2001 art. 1 art. 7 Journal Officiel du 7 juillet 2001)

Si la femme est mineure non émancipée, le consentement de l'un des titulaires de l'autorité parentale ou, le cas échéant, du représentant légal est recueilli. Ce consentement est joint à la demande qu'elle présente au médecin en dehors de la présence de toute autre personne.

Si la femme mineure non émancipée désire garder le secret, le médecin doit s'efforcer, dans l'intérêt de celle-ci, d'obtenir son consentement pour que le ou les titulaires de l'autorité parentale ou, le cas échéant, le représentant légal soient consultés ou doit vérifier que cette démarche a été faite lors de l'entretien mentionné à l'article L. 2212-4.

Si la mineure ne veut pas effectuer cette démarche ou si le consentement n'est pas obtenu, l'interruption volontaire de grossesse ainsi que les actes médicaux et les soins qui lui sont liés peuvent être pratiqués à la demande de l'intéressée, présentée dans les conditions prévues au premier alinéa. Dans ce cas, la mineure se fait accompagner dans sa démarche par la personne majeure de son choix.

Après l'intervention, une deuxième consultation, ayant notamment pour but une nouvelle information sur la contraception, est obligatoirement proposée aux mineures.

Nota : Loi 2001-588 2001-07-04 art. 18 V, art. 19 I : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte, ainsi que dans les territoires d'outre-mer et en Nouvelle-Calédonie.

Article L2212-8

(Loi n° 2001-588 du 4 juillet 2001 art. 1 art. 8 Journal Officiel du 7 juillet 2001)

Un médecin n'est jamais tenu de pratiquer une interruption volontaire de grossesse mais il doit informer, sans délai, l'intéressée de son refus et lui communiquer immédiatement le nom de praticiens susceptibles de réaliser cette intervention selon les modalités prévues à l'article L. 2212-2.

Aucune sage-femme, aucun infirmier ou infirmière, aucun auxiliaire médical, quel qu'il soit, n'est tenu de concourir à une interruption de grossesse.

Un établissement de santé privé peut refuser que des interruptions volontaires de grossesse soient pratiquées dans ses locaux.

Toutefois, dans le cas où l'établissement a demandé à participer à l'exécution du service public hospitalier ou conclu un contrat de concession, en application des dispositions des articles L. 6161-5 à L. 6161-9, ce refus ne peut être opposé que si d'autres établissements sont en mesure de répondre aux besoins locaux.

Les catégories d'établissements publics qui sont tenus de disposer des moyens permettant la pratique des interruptions volontaires de la grossesse sont fixées par décret.

Nota : Loi 2001-588 2001-07-04 art. 18 V : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte.

Article L2212-9

(Loi n° 2001-588 du 4 juillet 2001 art. 1 Journal Officiel du 7 juillet 2001)

Tout établissement dans lequel est pratiquée une interruption de grossesse doit assurer, après l'intervention, l'information de la femme en matière de régulation des naissances.

Nota : Loi 2001-588 2001-07-04 art. 18 V : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte.

Article L2212-10

(Loi n° 2001-588 du 4 juillet 2001 art. 1 Journal Officiel du 7 juillet 2001)

Toute interruption de grossesse doit faire l'objet d'une déclaration établie par le médecin et adressée par l'établissement où elle est pratiquée au médecin inspecteur régional de santé publique ; cette déclaration ne fait aucune mention de l'identité de la femme.

Nota : Loi 2001-588 2001-07-04 art. 18 V : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte.

Article L2212-11

(Loi n° 2001-588 du 4 juillet 2001 art. 1 Journal Officiel du 7 juillet 2001)

Les conditions d'application du présent chapitre sont déterminées par décret en Conseil d'Etat.

Nota : Loi 2001-588 2001-07-04 art. 18 V : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte.

Chapitre III : Interruption de grossesse pratiquée pour motif médical

Article L2213-1

(Loi n° 2001-588 du 4 juillet 2001 art. 10 art. 11 Journal Officiel du 7 juillet 2001)

(Ordonnance n° 2003-850 du 4 septembre 2003 art. 9 II Journal Officiel du 6 septembre 2003)

L'interruption volontaire d'une grossesse peut, à toute époque, être pratiquée si deux médecins membres d'une équipe pluridisciplinaire attestent, après que cette équipe a rendu son avis consultatif, soit que la poursuite de la grossesse met en péril grave la santé de la femme, soit qu'il existe une forte probabilité que l'enfant à naître soit atteint d'une affection d'une particulière gravité reconnue comme incurable au moment du diagnostic.

Lorsque l'interruption de grossesse est envisagée au motif que la poursuite de la grossesse met en péril grave la santé de la femme, l'équipe pluridisciplinaire chargée d'examiner la demande de la femme comprend au moins trois personnes qui sont un médecin qualifié en gynécologie-obstétrique, un médecin choisi par la femme et une personne qualifiée tenue au secret professionnel qui peut être un assistant social ou un psychologue. Les deux médecins précités doivent exercer leur activité dans un établissement de santé.

Lorsque l'interruption de grossesse est envisagée au motif qu'il existe une forte probabilité que l'enfant à naître soit atteint d'une affection d'une particulière gravité reconnue comme incurable au moment du diagnostic, l'équipe pluridisciplinaire chargée d'examiner la demande de la femme est celle d'un centre pluridisciplinaire de diagnostic prénatal. Lorsque l'équipe du centre précité se réunit, un médecin choisi par la femme peut, à la demande de celle-ci, être associé à la concertation.

Dans les deux cas, préalablement à la réunion de l'équipe pluridisciplinaire compétente, la femme concernée ou le couple peut, à sa demande, être entendu par tout ou partie des membres de ladite équipe.

Article L2213-2

(Loi n° 2001-588 du 4 juillet 2001 art. 10 art. 12 Journal Officiel du 7 juillet 2001)

Les dispositions des articles L. 2212-2 et L. 2212-8 à L. 2212-10 sont applicables à l'interruption volontaire de la grossesse pratiquée pour motif médical.

Nota : Loi 2001-588 2001-07-04 art. 18 V : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte

Article L2213-3

(Loi n° 2001-588 du 4 juillet 2001 art. 10 Journal Officiel du 7 juillet 2001)

Les conditions d'application du présent chapitre sont déterminées par décret en Conseil d'Etat.

Nota : Loi 2001-588 2001-07-04 art. 18 V : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte.

Chapitre IV : Dispositions communes

Article L2214-1

Les frais occasionnés par le contrôle de l'application des dispositions des chapitres II et III du présent titre sont supportés par l'Etat.

Article L2214-2

En aucun cas l'interruption volontaire de grossesse ne doit constituer un moyen de régulation des naissances. A cet effet, le Gouvernement prend toutes les mesures nécessaires pour développer l'information la plus large possible sur la régulation des naissances, notamment par la création généralisée, dans les centres de planification maternelle et infantile, de centres de planification ou d'éducation familiale et par l'utilisation de tous les moyens d'information.

La formation initiale et la formation permanente des médecins, des sages-femmes, ainsi que des infirmiers et des infirmières, comprennent un enseignement sur la contraception.

Article L2214-3

Chaque année, à l'occasion de la discussion du projet de loi de finances, le ministre chargé de la santé publie un rapport rendant compte de l'évolution démographique du pays, ainsi que de l'application des dispositions du présent titre.

Ce rapport comporte des développements sur les aspects socio-démographiques de l'interruption de grossesse.

L'Institut national d'études démographiques analyse et publie, en liaison avec l'Institut national de la santé et de la recherche médicale, les statistiques établies à partir des déclarations prévues à l'article L. 2212-10.

Article L2214-4

Une délégation parlementaire pour les problèmes démographiques a pour mission d'informer les assemblées :

- 1° Des résultats de la politique menée en faveur de la natalité ;
- 2° De l'application des dispositions législatives relatives à la régulation des naissances et à la contraception ;
- 3° De l'application et des conséquences des dispositions législatives relatives à l'interruption

volontaire de la grossesse.

Le Gouvernement présente chaque année à la délégation un rapport sur les actions mentionnées à l'alinéa précédent ; la délégation formule sur celui-ci des observations et les soumet aux commissions parlementaires compétentes.

Article L2214-5

La délégation parlementaire pour les problèmes démographiques compte vingt-cinq membres (quinze députés et dix sénateurs).

Les membres de la délégation sont désignés en leur sein par chacune des deux assemblées du Parlement de manière à assurer une représentation proportionnelle des groupes politiques.

Les députés membres de la délégation sont désignés au début de la législature pour la durée de celle-ci.

Les sénateurs membres de la délégation sont désignés après chaque renouvellement partiel du Sénat.

Le mandat des délégués prend fin avec le mandat parlementaire.

La délégation définit son règlement intérieur.

Chapitre II : Interruption illégale de grossesse

Article L2222-1

(Ordonnance n° 2000-916 du 19 septembre 2000 art. 3 Journal Officiel du 22 septembre 2003 en vigueur le 1er janvier 2002)

Comme il est dit à l'article 223-10 du code pénal ci-après reproduit :

« L'interruption de la grossesse sans le consentement de l'intéressée est punie de cinq ans d'emprisonnement et de 75000 euros d'amende. »

Article L2222-2

(Loi n° 2001-588 du 4 juillet 2001 art. 14 II Journal Officiel du 7 juillet 2001)

L'interruption de la grossesse d'autrui est punie de deux ans d'emprisonnement et de 30000 euros d'amende lorsqu'elle est pratiquée, en connaissance de cause, dans l'une des circonstances suivantes :

1° Après l'expiration du délai dans lequel elle est autorisée par la loi, sauf si elle est pratiquée pour un motif médical ;

2° Par une personne n'ayant pas la qualité de médecin ;

3° Dans un lieu autre qu'un établissement d'hospitalisation public ou qu'un établissement d'hospitalisation privé satisfaisant aux conditions prévues par la loi, ou en dehors du cadre d'une convention conclue selon les modalités prévues à l'article L. 2212-2.

Cette infraction est punie de cinq ans d'emprisonnement et de 75000 euros d'amende si le coupable la pratique habituellement.

La tentative des délits prévus au présent article est punie des mêmes peines.

Nota : Loi 2001-588 2001-07-04 art. 18 V, art. 19 I : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte, ainsi que dans les territoires d'outre-mer et en Nouvelle-Calédonie.

Nota : Ordonnance 2000-916 2000-09-19 art. 3 : à compter du 1er janvier 2002, dans tous les

textes législatifs prévoyant des amendes ou d'autres sanctions pécuniaires ou y faisant référence, les montants exprimés en francs (200 000 F, 500 000 F) sont remplacés par des montants exprimés en euros (30000 euros, 75000 euros).

Article L2222-3

(Ordonnance n° 2000-916 du 19 septembre 2000 art. 3 Journal Officiel du 22 septembre 2003 en vigueur le 1er janvier 2002)

Le fait de procéder à une interruption de grossesse après diagnostic prénatal sans avoir respecté les modalités prévues par la loi est puni de deux ans d'emprisonnement et de 30000 euros d'amende.

Article L2222-4

(inséré par Loi n° 2001-588 du 4 juillet 2001 art. 15 II Journal Officiel du 7 juillet 2001)

Le fait de fournir à la femme les moyens matériels de pratiquer une interruption de grossesse sur elle-même est puni de trois ans d'emprisonnement et de 45000 euros d'amende. Ces peines sont portées à cinq ans d'emprisonnement et à 75000 euros d'amende si l'infraction est commise de manière habituelle. En aucun cas, la femme ne peut être considérée comme complice de cet acte.

La prescription ou la délivrance de médicaments autorisés ayant pour but de provoquer une interruption volontaire de grossesse ne peut être assimilée au délit susmentionné.

Nota : Loi 2001-588 2001-07-04 art. 18 V, art. 19 I : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte, ainsi que dans les territoires d'outre-mer et en Nouvelle-Calédonie.

Nota : Ordonnance 2000-916 2000-09-19 art. 3 : à compter du 1er janvier 2002, dans tous les textes législatifs prévoyant des amendes ou d'autres sanctions pécuniaires ou y faisant référence, les montants exprimés en francs (300 000 F, 500 000 F) sont remplacés par des montants exprimés en euros (45000 euros, 75000 euros).

Chapitre III : Entrave à l'interruption légale de grossesse

Article L2223-1

Toute association régulièrement déclarée depuis au moins cinq ans à la date des faits, dont l'objet statutaire comporte la défense des droits des femmes à accéder à la contraception et à l'interruption de grossesse, peut exercer les droits reconnus à la partie civile en ce qui concerne les infractions prévues par l'article L. 2223-2 lorsque les faits ont été commis en vue d'empêcher ou de tenter d'empêcher une interruption volontaire de grossesse ou les actes préalables prévus par les articles L. 2212-3 à L. 2212-8.

Article L2223-2

(Loi n° 2001-588 du 4 juillet 2001 art. 17 Journal Officiel du 7 juillet 2001)

Est puni de deux ans d'emprisonnement et de 30000 euros d'amende le fait d'empêcher ou de tenter d'empêcher une interruption de grossesse ou les actes préalables prévus par les articles L. 2212-3 à L. 2212-8 :

- soit en perturbant de quelque manière que ce soit l'accès aux établissements mentionnés à l'article L. 2212-2, la libre circulation des personnes à l'intérieur de ces établissements ou les

conditions de travail des personnels médicaux et non médicaux ;

- soit en exerçant des pressions morales et psychologiques, des menaces ou tout acte d'intimidation à l'encontre des personnels médicaux et non médicaux travaillant dans ces établissements, des femmes venues y subir une interruption volontaire de grossesse ou de l'entourage de ces dernières.

Nota : Loi 2001-588 2001-07-04 art. 18 V, art. 19 I : les présentes dispositions sont applicables à la collectivité territoriale de Mayotte, ainsi que dans les territoires d'outre-mer et en Nouvelle-Calédonie.

Nota : Ordonnance 2000-916 2000-09-19 art. 3 : à compter du 1er janvier 2002, dans tous les textes législatifs prévoyant des amendes ou d'autres sanctions pécuniaires ou y faisant référence, les montants exprimés en francs (200 000 F) sont remplacés par des montants exprimés en euros (30000 euros).

- **Holanda.** Law on the termination of pregnancy of 1 May 1981.

Division I

Section 1. (1) [Definitions].

(2) For the purposes of this Law or provisions made pursuant to it, the words "termination of pregnancy" shall not mean the application of a method to prevent the nidation of a fertilized ovum in the uterus.

Section 2. Treatment intended to terminate pregnancy may be carried out only by a physician in a hospital or clinic licensed by our Minister to provide such treatment.

Section 3. (1) A pregnancy shall be terminated not earlier than the sixth day after the woman has consulted the physician and on that occasion discussed her intention with him.

* * *

(3) The physician shall inform the woman as soon as possible whether he will provide the assistance requested of him. In the case of a physician as referred to in subsection 1, this information must in all cases be provided not later than five days after she has first consulted him, and in other cases not later than three days.

Section 4. [concerns licences referred to in Art. 2].

Section 5. (1) General administrative regulations shall be issued setting forth conditions governing the provision of assistance and the reaching of decisions designed to ensure that any decision to terminate a pregnancy is taken carefully and is reached only if the distress in which the woman finds herself leaves no other choice.

1. In particular, the conditions referred to are designed to ensure:

1. that the woman who intends to terminate her pregnancy and has approached a physician with a request to this effect is given assistance, particularly through the provision of sound information regarding ways of dealing with her distressed situation other than termination of pregnancy;

1. that, if the woman is of the opinion that there is no other way to end her **distressed situation**, the physician is satisfied that the woman has submitted and upheld her request of her own free will, after careful consideration and in full awareness of her responsibilities towards the unborn child and of the consequences to herself and those nearest her;

1. that, without prejudice to the provisions of Section 20, the physician provides the treatment only if it can be considered justifiable on the basis of his findings; and

1. that, following termination of the pregnancy, the woman and those nearest to her have access to adequate aftercare, including information regarding methods of preventing unwanted pregnancies.

Sections 6-10. [conditions for granting or revoking clinic licences].

Section 11. (1) Any physician who provides treatment intended to terminate pregnancy shall communicate the following data to the chief physician of the establishment at least once a month:

1. the number of instances of treatment intended to terminate pregnancy that he has provided over the period concerned, and any unusual occurrences that have arisen in connexion with them;
 1. in respect of each woman treated, the duration of the pregnancy, the number of previous pregnancies and pregnancy terminations, her age, her province or, in the case of women living outside the Netherlands, her country of residence, her marital status, and the number of her children; and
 1. the date on which he discussed the woman's intention with her, and, if the woman has been referred by a physician as referred to in subsection 2 of Section 3, the time referred to in that subsection and the medical capacity in which he offered the woman assistance; the question of whether other experts have been consulted, and if so in which cases, as well as the nature of the expert qualifications of the person consulted; the date of the termination procedure, provided that, in the case referred to in subsection 2 of Section 16, the special reasons are indicated; and the aftercare made available to the woman after the pregnancy termination.
- (2) The chief physician of the establishment shall ensure that all physicians employed in the establishment submit the data referred to in subsection 1 to him in full and in good time, in such a manner that the data cannot be traced back to individual patients. He shall ensure that the data are retained for at least five years.
- (3) Every three months, the chief physician shall submit to the inspector details of the totals derived from the data referred to in the preceding subsections.
- (4) Detailed rules shall be laid down by or under general administrative regulations regarding the times at which and the manner in which the data referred to in the preceding subsections of this Section are to be submitted. The anonymity of the woman treated must be ensured whenever such data are provided.
- (5) The data obtained may be used only:
1. for statistical purposes; and
 2. in connexion with the supervision of compliance with this Law or the provisions made pursuant to it.
- (6) The physician referred to in subsection 1 shall likewise ensure that before the treatment, or as soon as possible after it, the findings which led to the treatment are recorded. He shall be required to retain such records for at least five years and to keep the data contained in them at the disposal of the inspector, provided that they are not traceable to individual patients.

Section 12. The chief physician of the establishment shall ensure that the inspector obtains access upon request to the data referred to in subsection 2 of Section 11 and that such information as he may request and which he reasonably requires in order to fulfil his duties under this Law is made available to him, provided that such information is not traceable to individual patients.

Section 13. (1) General administrative regulations as referred to in subsection 1 of Section 4, subsection 1 of Section 5, items (b) and (c) of subsection 1 of Section 6, and subsection 4 of Section 11 shall be drawn up at the instigation of our Minister.

(2) Such regulations shall enter into force only after three months have elapsed following their promulgation. Our Minister shall inform the States-General of the date of promulgation, due consideration being given to the opinions expressed concerning the draft of the regulations.

Section 14. Any person who, in carrying out the provisions of this Law, obtains access to data whose confidential character is known to him or may reasonably be assumed by him shall be obliged to maintain secrecy concerning them, except insofar as other provisions are applicable on account of the office which he holds.

Section 15. A physician who provides treatment designed to terminate pregnancy in a clinic, other than a clinic which meets the conditions laid down in subsection 2 of Section 6, and who knows or may reasonably assume that the pregnancy is of more than 13 weeks' duration, shall be liable to not more than one year's imprisonment or a fine not exceeding 50,000 *guilders*.

Section 16. (1) A physician who provides treatment intended to terminate a pregnancy at any time earlier than that stipulated in Section 3 shall be liable to a fine not exceeding 50,000 *guilders*.

(2) Such an act shall not be punishable where the physician has provided treatment intended to terminate pregnancy at an earlier time in order to avert an imminent danger to the woman's life or health.

(3) A physician who informs the woman as to whether he is prepared to give her the assistance requested of him at any time later than that stipulated in Section 3 shall be liable to the same penalty.

Section 17. A hospital or clinic in which treatment intended to terminate pregnancy is provided in contravention of Section 2 or the order referred to in subsection 1 of Section 10 shall be liable to a fine not exceeding 100,000 *guilders*.

Section 18. (1) A physician who fails to comply with the provisions of subsections 1 or 6 of Section 11 shall be liable to a fine not exceeding 10,000 *guilders*.

(2) A chief physician who fails to comply with the provisions of subsections 2 and 3 of Section 11 and Section 12 shall be liable to a fine not exceeding 25,000 *guilders*.

Section 19. (1) The acts made punishable under Section 15, subsections 1 and 3 of Section 16, and Sections 17 and 18 are offences.

(2) In addition to the officials referred to in Section 141 of the Code of Criminal Procedure, the chief medical inspector and inspectors of the State Public Health Inspectorate and the officials assisting them shall be responsible for detecting the punishable acts referred to in the preceding subsection.

Section 20. (1) No person shall be obliged to provide a woman with treatment intended to terminate pregnancy or to assist in providing such treatment.

(2) Where a physician has a conscientious objection to providing such treatment or arranging for such treatment to be provided, he shall inform the woman of this immediately after she has first consulted him.

(3) The provisions of subsection 1 do not detract from the physician's duty to provide other physicians with information concerning the woman's condition if requested to do so and provided the woman has given her consent.

Division II

The Penal Code shall be amended as follows.

A. A new Section shall be inserted after Section 82, reading as follows:

"82a. The term 'to take the life of another person or of a child at the time of birth or shortly after birth' includes the killing of a fetus which may reasonably be assumed to be capable of remaining alive outside the mother's body."

A new Title shall be inserted after Section 295, reading as follows:

Termination of Pregnancy

Section 296. Any person who provides a woman with treatment and knows or may reasonably assume that pregnancy may be terminated as a result shall be liable to not more than four years and six months' imprisonment.

Where the act results in the death of the woman, the person shall be liable to not more than six years' imprisonment.

Where the act is committed without the woman's consent, the person shall be liable to not more than 12 years' imprisonment.

Where the act is committed without the woman's consent and also results in her death, the person shall be liable to not more than 15 years' imprisonment.

The act referred to in the first paragraph shall not be punishable if the treatment is provided by a physician in a hospital or clinic in which such treatment may be provided under the Law on the termination of pregnancy.

- ***Israel***

La ley del aborto en Israel data de 1977 (Código Penal, Artículo 312 - 321) y legaliza el aborto en ciertos casos previstos:

- 1) La mujer con menos de diecisiete años (la edad legal de la unión en Israel) o con más de cuarenta años
- 2) El embarazo fue concebido:
 - bajo circunstancias ilegales (violación, violación estatutaria etc.),
 - de una relación incestuosa,
 - o fuera de la unión legal (ilegitimidad)
- 3) Malformación grave del feto
- 4) La vida, salud física o mental de la mujer están en peligro

En la práctica, la mayoría de las demandas de aborto se conceden, y la clemencia se demuestra especialmente bajo cláusula del daño emocional o psicológico a la madre.

Según la oficina central de Israel de la estadística, 19.500 abortos legales fueron realizados en Israel en 2003, mientras que 200 demandas el aborto fueron negadas. La cláusula más común bajo la cual los abortos fueron autorizados era #2, (las mujeres solteras).

- **Italia.** Law No. 194 of 22 May 1978 on the social protection of motherhood and the voluntary termination of pregnancy. (*Gazzetta Ufficiale della Repubblica Italiana*, Part I, 2 May 1978, No. 140, pp. 3642-3646).

1. The State guarantees the right to responsible and planned parenthood, recognizes the social value of motherhood, and shall protect human life from its inception.

The voluntary termination of pregnancy as covered by this Law shall not be a means of birth control.

The State, the regions, and local authorities, acting within their respective powers and areas of competence, shall promote and develop medicosocial services and shall take other measures necessary to prevent abortion from being used for purposes of birth control.

2. The family counselling centres [consultori familiari] established by Law No. 405 of 29 July 1975 shall assist any pregnant woman, subject to the provisions of that Law:

a) by informing her of her rights under State and regional legislation and of the social, health, and welfare services actually available from agencies in her areas;

b) by informing her of appropriate ways to take advantage of the provisions of labour legislation designed to protect the pregnant woman;

c) by taking special action, or suggesting such action to the competent local authority or social welfare agencies in the area, wherever pregnancy or motherhood create problems which cannot be satisfactorily dealt with by normal action under item (a);

d) by helping to overcome the factors which might lead the woman to have her pregnancy terminated.

For the purposes of this Law, the counselling centres may make use of voluntary assistance, on the basis of pertinent regulations or agreements, from appropriate basic social welfare organizations and voluntary associations, which may also assist mothers in difficulties after the child is born.

The necessary means for achieving freely chosen objectives with regard to responsible parenthood may also be supplied to minors by health agencies and counselling centres, against a medical prescription.

3. [Financial provisions]

4. In order to undergo termination of pregnancy during the first 90 days, women whose situation is such that continuation of the pregnancy, childbirth, or motherhood would seriously endanger their physical or mental health, in view of their state of health, their economic, social, or family circumstances, the circumstances in which conception occurred, or the probability that the child would be born with abnormalities or malformations, shall apply to a public counselling centre established under item (a) of Section 2 of Law No. 405 of 29 Jul 1975 or to a fully authorized medicosocial agency [struttura socio-sanitaria] in the region, or to a physician of her choice.

5. In all cases, in addition to guaranteeing the necessary medical examinations, counselling centres and medicosocial agencies shall be required, especially when the request for termination of pregnancy is motivated by the impact of economic, social, or family

circumstances upon the pregnant women's health, to examine possible solutions to the problems in consultation with the woman and, where the woman consents, with the father of the conceptus, with due respect for the dignity and personal feelings of the woman and the person named as the father of the conceptus, to help her to overcome the factors which would lead her to have her pregnancy terminated, to enable her to take advantage of her rights as a working woman and a mother, and to encourage any suitable measures designed to support the woman, by providing her with all necessary assistance both during her pregnancy and after the delivery.

Where the woman applies to a physician of her choice, he shall: carry out the necessary medical examinations, with due respect for the woman's dignity and freedom; assess, in consultation with the woman and, where the woman consents, with the father of the conceptus, with due respect for the dignity and personal feelings of the woman and of the person named as the father of the conceptus, if so desired taking account of the result of the examinations referred to above, the circumstances leading her to request that her pregnancy be terminated; and inform her of her rights and of the social welfare facilities available to her, as well as regarding the counselling centres and the medicosocial agencies. Where the physician at the counselling centre or the medicosocial agency, or the physician of the woman's choice, finds that in view of the circumstances termination is urgently required, he shall immediately issue the woman a certificate attesting to the urgency of the case. Once she has been issued this certificate, the woman may report to one of the establishments authorized to perform pregnancy terminations.

If termination is not found to be urgently required, the physician at the counselling centre or the medicosocial agency, or the physician of the woman's choice, shall at the end of the consultation, if the woman requests that her pregnancy be terminated on account of circumstances referred to in Section 4, issue her a copy of a document signed by himself and the woman attesting that the woman is pregnant and that the request has been made, and shall request her to reflect for seven days. After seven days have elapsed, the woman may take the document issued to her under the terms of this paragraph and report to one of the authorized establishments in order for her pregnancy to be terminated.

6. Voluntary termination of pregnancy may be performed after the first 90 days:

- a) where the pregnancy or childbirth entails a serious threat to the woman's life;
- b) where the pathological processes constituting a serious threat to the woman's physical or mental health, such as those associated with serious abnormalities or malformations of the fetus, have been diagnosed.

7. The pathological processes referred to in the preceding Section shall be diagnosed and certified by a physician on the staff of the department of obstetrics and gynaecology of the hospital establishment in which the termination is to be performed. The physician may call upon the assistance of specialists. The physician shall be required to forward the documentation on the case as well as his certificate to the medical director of the hospital in order for the termination to be performed immediately.

Where the termination of pregnancy is necessary in view of an imminent threat to the woman's life, it may be performed without observing the procedures referred to in the preceding paragraph and in a place other than those referred to in Section 8. In such cases, the physician shall be required to notify the provincial medical officer.

Where it is possible that the fetus may be viable [sussiste la possibilità di vita autonoma del feto], pregnancy may be terminated only in the case referred to in item (a) of Section 6, and

the physician performing the termination shall take any appropriate action to save the life of the fetus.

8. Pregnancy terminations shall be performed by a physician on the staff of the department of obstetrics and gynaecology of a general hospital as referred to in Section 20 of Law No. 132 of 12 February 1968; this physician must also confirm that there are no medical contraindications.

Pregnancy terminations may likewise be carried out in specialized public hospitals, the institutes and establishments referred to in the penultimate paragraph of Section 1 of Law No. 132 of 12 February 1968, and the institutions referred to in Law No. 817 of 26 November 1973 and Decree No. 754 of 18 June 1958 of the President of the Republic, wherever the competent administrative agencies so request.

During the first 90 days, pregnancy terminations may also be performed in nursing homes that are authorized by the regions and have the requisite medical equipment and adequate obstetric and gynaecological services.

The Minister of Health shall issue a decree restricting the capacity of authorized nursing homes to carry out terminations of pregnancy, by establishing:

1. the percentage of pregnancy terminations that may be performed relative to the total number of surgical operations performed during the preceding year at the particular nursing home;

2. the percentage of patient-days allowed for pregnancy-termination cases in relation to the total number of patient-days in the preceding year under conventions with the regions.

The percentages referred to in items 1 and 2 shall be not less than 20% and shall be the same for all nursing homes.

Nursing homes may select the criterion which they will observe from the two set out above.

During the first 90 days, pregnancy terminations may likewise be performed, following the establishment of local medicosocial units, at adequately equipped public outpatient clinics [poliaambulatori pubblici], operating under the hospitals and licensed by the regions.

The certificate issued under the third paragraph of Section 5 and, after seven days have elapsed, the document delivered to the woman under the fourth paragraph of the same Section shall entitle her to obtain, on an emergency basis, the termination and, where necessary, hospitalization.

9. Health personnel and allied health personnel shall not be required to assist in the procedures referred to in Sections 5 and 7 or in pregnancy terminations if they have a conscientious objection, declared in advance. Such declaration must be forwarded to the provincial medical officer and, in the case of personnel on the staff of the hospital or the nursing home, to the medical director, not later than one month following the entry into force of this Law, or the date of qualification, or the date of commencement of employment at an establishment required to provide services for the termination of pregnancy, or the date of the drawing up of a convention with insurance agencies entailing the provision of such services.

The objection may be withdrawn at any time, or may be submitted after the periods prescribed in the preceding paragraph, in which case the declaration shall take effect one month after it has been submitted to the provincial medical officer.

Conscientious objection shall exempt health personnel and allied health personnel from carrying out procedures and activities specifically and necessarily designed to bring about the termination of pregnancy, and shall not exempt them from providing care prior to and following the termination.

In all cases, hospital establishments and authorized nursing homes shall be required to ensure that the procedures referred to in Section 7 are carried out and pregnancy terminations requested in accordance with the procedures referred to in Sections 5, 7, and 8 are performed. The regions shall supervise and ensure implementation of this requirement, if necessary by the movement [mobilità] of personnel.

Conscientious objection may not be invoked by health personnel or allied health personnel if, under the particular circumstances, their personal intervention is essential in order to save the life of a woman in imminent danger.

Conscientious objection shall be deemed to have been withdrawn with immediate effect if the objector assists in procedures or pregnancy terminations provided for under this Law, in cases other than those referred to in the preceding paragraph.

10. [*Administrative provisions*]

11. The hospital establishment, the nursing home, or the outpatient clinic in which the termination has been performed shall be required to submit to the competent provincial medical officer a declaration by the physician performing the termination stating that the termination has taken place and indicating the documentation on the basis of which it was performed, without disclosing the woman's identity.

Items (b) and (f) of Section 103 of the Public Health Code, approved by Crown Decree No. 1265 of 27 July 1934, shall be repealed.

12. Requests for pregnancy termination under the procedures prescribed by this Law shall be made in person by the woman.

Where the woman is under 18 years of age, the consent of the person exercising parental authority over the woman or her guardian shall be required for the termination of pregnancy. However, during the first 90 days, if there are serious grounds rendering it impossible or inadvisable to consult the persons exercising parental authority or the guardian, or if those persons are consulted but refuse their consent or express conflicting opinions, the counselling centre or medicosocial agency, or the physician of the woman's choice, shall carry out the duties and procedures set out in Section 5 and submit to the magistrate responsible for matters of guardianship [giudice tutelare] in the locality in which it (he) operates, not later than seven days following the request, a report giving its (his) views on the matter. Within five days, after interviewing the woman and taking account of her wishes, the grounds which she puts forward, and the report submitted to him, the magistrate may issue a decision, which shall not be subject to appeal, authorizing the woman to have her pregnancy terminated.

Where the physician finds that termination is urgently required in view of a serious threat to the health of a woman under 18 years of age, he shall make out a certificate indicating the conditions justifying the termination of pregnancy, without requesting the consent of the persons exercising parental authority or the guardian and without applying to the magistrate. The certificate shall entitle the woman to obtain, on an emergency basis, the termination and, where necessary, hospitalization.

In the case of a pregnancy termination after the first 90 days, the procedures referred to in Section 7 shall likewise be applicable to women under 18 years of age, without regard to the consent of the persons exercising parental authority or the guardian.

13. Where the woman is under civil disability on account of a mental illness, the request referred to in Sections 4 and 6 may be submitted, if not by the woman in person, by her curator or, if he is not her curator, by her husband, provided that he is not legally separated. Where the request is submitted by the woman under disability or by her husband, the views of the curator must be heard. A request submitted by the curator or the husband must be confirmed by the woman.

The physician at the counselling centre or the medicosocial agency, or the physician of the woman's choice, shall submit to the magistrate responsible for matters of guardianship, not more than seven days following the submission of the request, a report containing details of the request and its source, any particular attitude displayed by the woman, the degree and nature of the mental disorder, and the curator's views if expressed.

Not later than five days following the date on which the report is received, the magistrate, having interviewed the interested parties if he considers this advisable, shall issue a decision which shall not be subject to appeal.

The decision issued by the magistrate shall have the effects referred to in the last paragraph of Section 8.

14. The physician performing the pregnancy termination shall be required to supply the woman with information and instructions on birth control and to acquaint her with the abortion procedures, which must, however, be carried out with all due respect for the woman's personal dignity.

In the presence of pathological processes, such as those associated with abnormalities or malformations of the fetus, the physician carrying out the pregnancy termination shall supply the woman with the necessary details for the prevention of such processes.

15. Acting in collaboration with the universities and hospital establishments, the regions shall promote the refresher training of health personnel and allied health personnel concerning problems of responsible and planned parenthood, contraceptive methods, the various stages of pregnancy, childbirth, and the use of the more modern techniques of pregnancy termination which are physically and mentally less damaging to the woman and are less hazardous. In addition, the regions shall promote courses and meetings which may be attended both by health personnel and allied health personnel and by persons wishing to be informed on matters concerning sex education, the various stages of pregnancy, childbirth, contraceptive methods, and techniques of pregnancy termination.

In order to guarantee implementation of the provisions of Sections 2 and 5, the regions shall draw up an annual programme of refresher training and information on State and regional legislation, as well as on the social, health, and welfare services available in the region.

16. Not later than February of each year, starting from the year following that in which this Law enters into force, the Minister of Health shall present to Parliament a report on the implementation of the Law and its effects, including reference to the problem of prevention.

The regions shall be required to supply the necessary information by January of each year, using questionnaires provided by the Minister.

A similar report shall be presented by the Minister of Mercy and Justice with regard to matters within the specific competence of his Ministry.

17. Any person who criminally causes a woman to terminate her pregnancy shall be liable to from three months' to two years' imprisonment.

Any person who criminally causes a woman to give birth prematurely shall be liable to the penalty indicated in the preceding paragraph, reduced by one-half.

In the cases referred to in the preceding paragraphs, if the act is committed in contravention of labour protection standards, the penalty shall be increased.

18. Any person inducing a pregnancy termination without the consent of the woman shall be liable to from four to eight years' imprisonment. Consent extracted by violence or threats or under false pretences shall be deemed not to have been granted.

The same penalty shall be applicable to any person who brings about a pregnancy termination by actions designed to injure the woman.

This penalty shall be reduced by one-half if the injuries result in the hastening of childbirth.

If the woman dies as a result of the acts referred to in the first and second paragraphs, the penalty shall be from eight to 16 years' imprisonment; where very grave personal injury is the result, the penalty shall be from six to 12 years' imprisonment; where grave personal injury is the result, the latter penalty shall be reduced.

The penalties laid down under the preceding paragraphs shall be increased if the woman is under 18 years of age.

19. Any person who induces a voluntary termination of pregnancy while failing to observe the conditions laid down in Sections 5 or 8 shall be liable to up to three years' imprisonment.

The woman shall be liable to a fine of up to 100,000 *lire*.

Where voluntary termination of pregnancy occurs without the medical examination provided for under items (a) and (b) of Section 6 or in any event without observing the conditions laid down in Section 7, the person bringing about such termination shall be liable to from one to four years' imprisonment.

The woman shall be liable to up to six months' imprisonment.

Where voluntary termination of pregnancy is performed upon a woman who is under 18 years of age or who is under civil disability, in cases other than those laid down in Section 12 and 13 or while failing to observe the conditions laid down in those Sections, the person bringing about such termination shall be liable to the corresponding penalties laid down in the preceding paragraphs, increased by up to one-half. The woman shall not be liable to any penalty.

Where the woman dies as a result of the acts referred to in the preceding paragraphs, the penalty shall be from three to seven years' imprisonment; where very grave personal injury is the result, the penalty shall be from two to five years' imprisonment; where grave personal injury is the result, the latter penalty shall be reduced.

The penalties laid down under the preceding paragraph shall be increased if the woman dies or is injured as a result of the acts referred to in the fifth paragraph.

20. The penalties laid down under Sections 18 and 19 with regard to persons bringing about a pregnancy termination shall be increased if the offence is committed by a person who has expressed a conscientious objection under the terms of Section 9.

21. Except in the cases indicated under Section 326 of the Penal Code, any person who reveals the identity, or in any way divulges information liable to reveal the identity, of any person who has had recourse to the procedures or operations referred to in this Law, such knowledge having come to him through his professional or official activities, shall be liable to the penalties laid down under Section 622 of the Penal Code.

22. Title X of Book II of the Penal Code shall be repealed.

In addition, item 3 of the first paragraph and item 5 of the second paragraph of Section 583 of the Penal Code shall be repealed.

Except where an irrevocable sentence has already been pronounced, no person shall be punishable for the crime of abortion with the woman's consent prior to the entry into force of this Law, if the magistrate confirms that the conditions stipulated under Sections 4 and 6 have been observed.

This Law, bearing the seal of the State, shall be incorporated in the official collection of laws and decrees of the Italian Republic. All those concerned shall be required to comply and to ensure compliance with it as a law of the State.

L. 22 maggio 1978, n. 194 Norme per la tutela sociale della maternità e sull'interruzione volontaria della gravidanza.

1. Lo Stato garantisce il diritto alla procreazione cosciente e responsabile, riconosce il valore sociale della maternità e tutela la vita umana dal suo inizio. L'interruzione volontaria della gravidanza, di cui alla presente legge, non e' mezzo per il controllo delle nascite.

Lo Stato, le regioni e gli enti locali, nell'ambito delle proprie funzioni e competenze, promuovono e sviluppano i servizi socio-sanitari, nonché altre iniziative necessarie per evitare che lo aborto sia usato ai fini della limitazione delle nascite

2. I consultori familiari istituiti dalla legge 29 luglio 1975, n. 405 (2), fermo restando quanto stabilito dalla stessa legge, assistono la donna in stato di gravidanza:

a) informandola sui diritti a lei spettanti in base alla legislazione statale e regionale, e sui servizi sociali, sanitari e assistenziali concretamente offerti dalle strutture operanti nel territorio;

b) informandola sulle modalità idonee a ottenere il rispetto delle norme della legislazione sul [lavoro](#) a tutela della gestante;

c) attuando direttamente o proponendo allo ente locale competente o alle strutture sociali operanti nel territorio speciali interventi, quando la gravidanza o la maternità creino problemi per risolvere i quali risultino inadeguati i normali interventi di cui alla lettera a);

d) contribuendo a far superare le cause che potrebbero indurre la donna all'interruzione della gravidanza. I consultori sulla base di appositi regolamenti o convenzioni possono avvalersi, per i fini previsti dalla legge, della collaborazione volontaria di idonee formazioni sociali di base e di associazioni del volontariato, che possono anche aiutare la maternità difficile dopo la nascita. La somministrazione su prescrizione medica, nelle strutture sanitarie e nei consultori, dei mezzi necessari per conseguire le finalità liberamente scelte in ordine alla procreazione responsabile e' consentita anche ai minori.

3. Anche per l'adempimento dei compiti ulteriori assegnati dalla presente legge ai consultori familiari, il fondo di cui all'articolo 5 della legge 29 luglio 1975, n. 405 (2), e' aumentato con uno stanziamento di L. 50.000.000.000 annui, da ripartirsi fra le regioni in base agli stessi criteri stabiliti dal suddetto articolo. Alla copertura dell'onere di lire 50 miliardi relativo all'esercizio finanziario 1978 si provvede mediante corrispondente riduzione dello stanziamento iscritto nel capitolo 9001 dello stato di previsione della spesa del Ministero del tesoro per il medesimo esercizio. Il Ministro del tesoro e' autorizzato ad apportare, con propri decreti, le necessarie variazioni di bilancio.

4. Per l'interruzione volontaria della gravidanza entro i primi novanta giorni, la donna che accusi circostanze per le quali la prosecuzione della gravidanza, il parto o la maternità comporterebbero un serio pericolo per la sua salute fisica o psichica, in relazione o al suo stato di salute, o alle sue condizioni economiche, o sociali o familiari, o alle circostanze in cui e' avvenuto il concepimento, o a previsioni di anomalie o malformazioni del concepito, si rivolge ad un consultorio pubblico istituito ai sensi dell'articolo 2, lettera a), della legge 29 luglio 1975 numero 405 (2), o a una struttura socio-sanitaria a ciò abilitata dalla regione, o a un medico di sua fiducia (2/cost).

5. Il consultorio e la struttura socio-sanitaria, oltre a dover garantire i necessari accertamenti medici, hanno il compito in ogni caso, e specialmente quando la richiesta di interruzione della gravidanza sia motivata dall'incidenza delle condizioni economiche, o sociali, o familiari sulla salute della gestante, di esaminare con la donna e con il padre del concepito, ove la donna lo consenta, nel rispetto della dignità e della riservatezza della donna e della persona indicata come padre del concepito, le possibili soluzioni dei problemi proposti, di aiutarla a rimuovere le cause che la porterebbero alla interruzione della gravidanza, di metterla in grado di far valere i suoi diritti di lavoratrice e di madre, di promuovere ogni opportuno intervento atto a sostenere la donna, offrendole tutti gli aiuti necessari sia durante la gravidanza sia dopo il parto. Quando la donna si rivolge al medico di sua fiducia questi compie gli accertamenti sanitari necessari, nel rispetto della dignità e della libertà della donna; valuta con la donna stessa e con il padre del concepito, ove la donna lo consenta, nel rispetto della dignità e della riservatezza della donna e della persona indicata come padre del concepito, anche sulla base dell'esito degli accertamenti di cui sopra, le circostanze che la determinano a chiedere l'interruzione della gravidanza; la informa sui diritti a lei spettanti e sugli interventi di carattere sociale cui può fare ricorso, nonché sui consultori e le strutture socio-sanitarie. Quando il medico del consultorio o della struttura socio-sanitaria, o il medico di fiducia, riscontra l'esistenza di condizioni tali da rendere urgente l'intervento, rilascia immediatamente alla donna un certificato attestante l'urgenza. Con tale certificato la donna stessa può presentarsi ad una delle sedi autorizzate a praticare la interruzione della gravidanza. Se non viene riscontrato il caso di urgenza, al termine dell'incontro il medico del consultorio o della struttura socio-sanitaria, o il medico di fiducia, di fronte alla richiesta della donna di interrompere la gravidanza sulla base delle circostanze di cui all'articolo 4, le rilascia copia di un documento, firmato anche dalla donna, attestante lo stato di gravidanza e l'avvenuta richiesta, e la invita a soprassedere per sette giorni. Trascorsi i sette giorni, la donna può presentarsi, per ottenere la interruzione della gravidanza, sulla base del documento rilasciatole ai sensi del presente comma, presso una delle sedi autorizzate (2/cost).

6. L'interruzione volontaria della gravidanza, dopo i primi novanta giorni, può essere praticata:

- a) quando la gravidanza o il parto comportino un grave pericolo per la vita della donna;
- b) quando siano accertati processi patologici, tra cui quelli relativi a rilevanti anomalie o malformazioni del nascituro, che determinino un grave pericolo per la salute fisica o psichica della donna.

7. I processi patologici che configurino i casi previsti dall'articolo precedente vengono accertati da un medico del servizio ostetrico-ginecologico dell'ente ospedaliero in cui deve praticarsi l'intervento, che ne certifica l'esistenza. Il medico può avvalersi della collaborazione

di specialisti. Il medico e' tenuto a fornire la documentazione sul caso e a comunicare la sua certificazione al direttore sanitario dell'ospedale per l'intervento da praticarsi immediatamente. Qualora l'interruzione della gravidanza si renda necessaria per imminente pericolo per la vita della donna, l'intervento può essere praticato anche senza lo svolgimento delle procedure previste dal comma precedente e al di fuori delle sedi di cui all'articolo

8. In questi casi, il medico e' tenuto a darne comunicazione al medico provinciale. Quando sussiste la possibilità di vita autonoma del feto, l'interruzione della gravidanza può essere praticata solo nel caso di cui alla lettera a) dell'articolo 6 e il medico che esegue l'intervento deve adottare ogni misura idonea a salvaguardare la vita del feto.⁸ L'interruzione della gravidanza e' praticata da un medico del servizio ostetrico-ginecologico presso un ospedale generale tra quelli indicati nell'articolo 20 della legge 12 febbraio 1968, numero 132 (3), il quale verifica anche l'inesistenza di controindicazioni sanitarie. Gli interventi possono essere altresì praticati presso gli ospedali pubblici specializzati, gli istituti ed enti di cui all'articolo 1, penultimo comma, della legge 12 febbraio 1968, n. 132 (3), e le istituzioni di cui alla legge 26 novembre 1973, numero 817 (3), ed al decreto del Presidente della Repubblica 18 giugno 1958, n. 754, sempre che i rispettivi organi di gestione ne facciano richiesta. Nei primi novanta giorni l'interruzione della gravidanza può essere praticata anche presso case di cura autorizzate dalla regione, fornite di requisiti igienico-sanitari e di adeguati servizi ostetrico-ginecologici. Il Ministro della sanità con suo decreto limiterà la facoltà delle case di cura autorizzate, a praticare gli interventi di interruzione della gravidanza, stabilendo:

1) la percentuale degli interventi di interruzione della gravidanza che potranno avere luogo, in rapporto al totale degli interventi operatori eseguiti nell'anno precedente presso la stessa casa di cura;

2) la percentuale dei giorni di degenza consentiti per gli interventi di interruzione della gravidanza, rispetto al totale dei giorni di degenza che nell'anno precedente si sono avuti in relazione alle convenzioni con la regione. Le percentuali di cui ai punti 1) e 2) dovranno essere non inferiori al 20 per cento e uguali per tutte le case di cura. (4).Le case di cura potranno scegliere il criterio al quale attenersi, fra i due sopra fissati. Nei primi novanta giorni gli interventi di interruzione della gravidanza dovranno altresì poter essere effettuati, dopo la costituzione delle unità socio-sanitarie locali, presso poliambulatori pubblici adeguatamente attrezzati, funzionalmente collegati agli ospedali ed autorizzati dalla regione. Il certificato rilasciato ai sensi del terzo comma dell'articolo 5 e, alla scadenza dei sette giorni, il documento consegnato alla donna ai sensi del quarto comma dello stesso articolo costituiscono titolo per ottenere in via d'urgenza l'intervento e, se necessario, il ricovero.

9. Il personale sanitario ed esercente le attività ausiliarie non e' tenuto a prendere parte alle procedure di cui agli articoli 5 e 7 ed agli interventi per l'interruzione della gravidanza quando sollevi obiezione di coscienza, con preventiva dichiarazione. La dichiarazione dell'obiettore deve essere comunicata al medico provinciale e, nel caso di personale dipendente dello ospedale o dalla casa di cura, anche al direttore sanitario, entro un mese dall'entrata in vigore della presente legge o dal conseguimento della abilitazione o dall'assunzione presso un ente tenuto a fornire prestazioni dirette alla interruzione della gravidanza o dalla stipulazione di una convenzione con enti previdenziali che comporti l'esecuzione di tali prestazioni. L'obiezione può sempre essere revocata o venire proposta anche al di fuori dei termini di cui al precedente comma, ma in tale caso la dichiarazione produce effetto dopo un mese dalla sua presentazione al medico provinciale. L'obiezione di coscienza esonera il personale sanitario ed esercente le attività ausiliarie dal compimento

delle procedure e delle attività specificamente e necessariamente dirette a determinare l'interruzione della gravidanza, e non dall'assistenza antecedente e conseguente all'intervento. Gli enti ospedalieri e le case di cura autorizzate sono tenuti in ogni caso ad assicurare lo espletamento delle procedure previste dall'articolo 7 e l'effettuazione degli interventi di interruzione della gravidanza richiesti secondo le modalità previste dagli articoli 5, 7 e 8. La regione ne controlla e garantisce l'attuazione anche attraverso la mobilità del personale. L'obiezione di coscienza non può essere invocata dal personale sanitario, ed esercente le attività ausiliarie quando, data la particolarità delle circostanze, il loro personale intervento è indispensabile per salvare la vita della donna in imminente pericolo. L'obiezione di coscienza si intende revocata, con effetto, immediato, se chi l'ha sollevata prende parte a procedure o a interventi per l'interruzione della gravidanza previsti dalla presente legge, al di fuori dei casi di cui al comma precedente.

10. L'accertamento, l'intervento, la cura e la eventuale degenza relativi alla interruzione della gravidanza nelle circostanze previste dagli articoli 4 e 6, ed attuati nelle istituzioni sanitarie di cui all'articolo 8, rientrano fra le prestazioni ospedaliere trasferite alle regioni dalla legge 17 agosto 1974, n. 386 (3/a). Sono a carico della regione tutte le spese per eventuali accertamenti, cure o degenze necessarie per il compimento della gravidanza nonché per il parto, riguardanti le donne che non hanno diritto all'assistenza mutualistica. Le prestazioni sanitarie e farmaceutiche non previste dai precedenti commi e gli accertamenti effettuati secondo quanto previsto dal secondo comma dell'articolo 5 e dal primo comma dell'articolo 7 da medici dipendenti pubblici, o che esercitino la loro attività nell'ambito di strutture pubbliche o convenzionate con la regione, sono a carico degli enti mutualistici, sino a che non sarà istituito il servizio sanitario nazionale.

11. L'ente ospedaliero, la casa di cura o il poliambulatorio nei quali l'intervento è stato effettuato sono tenuti ad inviare al medico provinciale competente per territorio una dichiarazione con la quale il medico che lo ha eseguito dà notizia dell'intervento stesso e della documentazione sulla base della quale è avvenuto, senza fare menzione dell'identità della donna. Le lettere b) e f) dell'articolo 103 del testo unico delle leggi sanitarie, approvato con il regio decreto 27 luglio 1934, n. 1265 (4), sono abrogate.

12. La richiesta di interruzione della gravidanza secondo le procedure della presente legge è fatta personalmente dalla donna. Se la donna è di età inferiore ai diciotto anni, per l'interruzione della gravidanza è richiesto lo assenso di chi esercita sulla donna stessa la potestà o la tutela. Tuttavia, nei primi novanta giorni, quando vi siano seri motivi che impediscano o consiglino la consultazione delle persone esercenti la potestà o la tutela, oppure queste, interpellate, rifiutino il loro assenso o esprimano pareri tra loro difformi, il consultorio o la struttura socio-sanitaria, o il medico di fiducia, espleta i compiti e le procedure di cui all'articolo 5 e rimette entro sette giorni dalla richiesta una relazione, corredata del proprio parere, al giudice tutelare del luogo in cui esso opera. Il giudice tutelare, entro cinque giorni, sentita la donna e tenuto conto della sua volontà, delle ragioni che adduce e della relazione trasmessagli, può autorizzare la donna, con atto non soggetto a reclamo, a decidere la interruzione della gravidanza. Qualora il medico accerti l'urgenza dell'intervento a causa di un grave pericolo per la salute della minore di diciotto anni, indipendentemente dall'assenso di chi esercita la potestà o la tutela e senza adire il giudice tutelare, certifica l'esistenza delle condizioni che giustificano l'interruzione della gravidanza. Tale certificazione costituisce titolo per ottenere in via d'urgenza l'intervento e, se necessario,

il ricovero. Ai fini dell'interruzione della gravidanza dopo i primi novanta giorni, si applicano anche alla minore di diciotto anni le procedure di cui all'articolo 7, indipendentemente dall'assenso di chi esercita la potestà o la tutela (2/cost).

13. Se la donna è interdetta per infermità di mente, la richiesta di cui agli articoli 4 e 6 può essere presentata, oltre che da lei personalmente, anche dal tutore o dal marito non tutore, che non sia legalmente separato. Nel caso di richiesta presentata dall'interdetta o dal marito, deve essere sentito il parere del tutore. La richiesta presentata dal tutore o dal marito deve essere confermata dalla donna. Il medico del consultorio o della struttura socio-sanitaria, o il medico di fiducia, trasmette al giudice tutelare, entro il termine di sette giorni dalla presentazione della richiesta, una relazione contenente ragguagli sulla domanda e sulla sua provenienza, sull'atteggiamento comunque assunto dalla donna e sulla gravidanza e specie dell'infermità mentale di essa nonché il parere del tutore, se espresso. Il giudice tutelare, sentiti se lo ritiene opportuno gli interessati, decide entro cinque giorni dal ricevimento della relazione, con atto non soggetto a reclamo. Il provvedimento del giudice tutelare ha gli effetti di cui all'ultimo comma dell'articolo 8.

14. Il medico che esegue l'interruzione della gravidanza è tenuto a fornire alla donna le informazioni e le indicazioni sulla regolazione delle nascite, nonché a renderla partecipe dei procedimenti abortivi, che devono comunque essere attuati in modo da rispettare la dignità personale della donna. In presenza di processi patologici, fra cui quelli relativi ad anomalie o malformazioni del nascituro, il medico che esegue l'interruzione della gravidanza deve fornire alla donna i ragguagli necessari per la prevenzione di tali processi.

15. Le regioni, d'intesa con le università e con gli enti ospedalieri, promuovono l'aggiornamento del personale sanitario ed esercente le arti ausiliarie sui problemi della procreazione cosciente e responsabile, sui metodi anticoncezionali, sul decorso della gravidanza, **sul parto e sull'uso delle tecniche più moderne, più rispettose dell'integrità fisica e psichica della donna e meno rischiose per l'interruzione della gravidanza.** Le regioni promuovono inoltre corsi ed incontri ai quali possono partecipare sia il personale sanitario ed esercente le arti ausiliarie sia le persone interessate ad approfondire le questioni relative all'educazione sessuale, al decorso della gravidanza, al parto, ai metodi anticoncezionali e alle tecniche per l'interruzione della gravidanza. Al fine di garantire quanto disposto dagli articoli 2 e 5, le regioni redigono un programma annuale d'aggiornamento e di informazione sulla legislazione statale e regionale, e sui servizi sociali, sanitari e assistenziali esistenti nel territorio regionale.

16. Entro il mese di febbraio, a partire dall'anno successivo a quello dell'entrata in vigore della Presente legge, il Ministro della sanità presenta al Parlamento una relazione sull'attuazione della legge stessa e sui suoi effetti, anche in riferimento al problema della prevenzione. Le regioni sono tenute a fornire le informazioni necessarie entro il mese di gennaio di ciascun anno, sulla base di questionari predisposti dal Ministro. Analoga relazione presenta il Ministro di grazia e giustizia per quanto riguarda le questioni di specifica competenza del suo Dicastero.

17. Chiunque cagiona ad una donna per colpa l'interruzione della gravidanza è punito con la reclusione da tre mesi a due anni. Chiunque cagiona ad una donna per colpa un parto prematuro è punito con la pena prevista dal comma precedente, diminuita fino alla metà'.

Nei casi previsti dai commi precedenti, se il fatto e' commesso con la violazione delle norme poste a tutela del lavoro la pena e' aumentata.

18. Chiunque cagiona l'interruzione della gravidanza senza il consenso della donna e' punito con la reclusione da quattro a otto anni. Si considera come non prestato il consenso estorto con violenza o minaccia ovvero carpito con l'inganno. La stessa pena si applica a chiunque provochi l'interruzione della gravidanza con azioni dirette a provocare lesioni alla donna. Detta pena e' diminuita fino alla meta' se da tali lesioni deriva l'acceleramento del parto. Se dai fatti previsti dal primo e dal secondo comma deriva la morte della donna si applica la reclusione da otto a sedici anni; se ne deriva una lesione personale gravissima si applica la reclusione da sei a dodici anni; se la lesione personale e' grave questa ultima pena e' diminuita. Le pene stabilite dai commi precedenti sono aumentate se la donna e' minore degli anni diciotto.

19. Chiunque cagiona l'interruzione volontaria della gravidanza senza l'osservanza delle modalita' indicate negli articoli 5 o 8, e' punito con la reclusione sino a tre anni. La donna e' punita con la multa fino a lire centomila. Se l'interruzione volontaria della gravidanza avviene senza l'accertamento medico dei casi previsti dalle lettere a) e b) dell'articolo 6 o comunque senza l'osservanza delle modalita' previste dall'articolo 7, chi la cagiona e' punito con la reclusione da uno a quattro anni. La donna e' punita con la reclusione sino a sei mesi. Quando l'interruzione volontaria della gravidanza avviene su donna minore degli anni diciotto, o interdetta, fuori dei casi o senza l'osservanza delle modalita' previste dagli articoli 12 e 13, chi la cagiona e' punito con le pene rispettivamente previste dai commi precedenti aumentate fino alla meta'. La donna non e' punibile. Se dai fatti previsti dai commi precedenti deriva la morte della donna, si applica la reclusione da tre a sette anni; se ne deriva una lesione personale gravissima si applica la reclusione da due a cinque anni; se la lesione personale e' grave questa ultima pena e' diminuita. Le pene stabilite dal comma precedente sono aumentate se la morte o la lesione della donna derivano dai fatti previsti dal quinto comma.

20. Le pene previste dagli articoli 18 e 19 per chi procura l'interruzione della gravidanza sono aumentate quando il reato e' commesso da chi ha sollevato obiezione di coscienza ai sensi dell'articolo 9.

21. Chiunque, fuori dei casi previsti dall'articolo 326 del codice penale, essendone venuto a conoscenza per ragioni di professione o di ufficio, rivela l'identita' - o comunque divulga notizie idonee a rivelarla - di chi ha fatto ricorso alle procedure o agli interventi previsti dalla presente legge, e' punito a norma dell'articolo 622 del codice penale. 22. Il titolo X del libro II del codice penale e' abrogato. Sono altresì abrogati il n. 3) del primo comma e il n. 5) del secondo comma dell'articolo 583 del codice penale. Salvo che sia stata pronunciata sentenza irrevocabile di condanna, non e' punibile per il reato di aborto di donna consenziente chiunque abbia commesso il fatto prima dell'entrata in vigore della presente legge, se il giudice accerta che sussistevano le condizioni previste dagli articoli 4 e 6.

- *México D.F.*

Tabla de CORRESPONDENCIA

Código Penal DF Antigua versión	→	Código Penal DF Nueva versión
Artículo 144	→	Artículo 144 con definición del aborto diferente Y definición del embarazo (NUEVA)
Artículo 145 - 1	→	Artículo 145 - 2
Artículo 145 - 2	→	Artículo 146 – 2 Con definición del aborto forzado (NUEVA) al art. 146 - 1
Artículo 146	→	Artículo 147
Artículo 147	→	Artículo 145 - 1
Artículo 148	→	Artículo 148 <u>Idénticos</u>

Código Penal DF: COMPARACIÓN

Viejo Código Penal DF	Nuevo Código Penal DF
<p>ARTÍCULO 144.</p> <p>Aborto es la muerte del producto de la concepción en cualquier momento del embarazo.</p>	<p>ARTÍCULO 144.</p> <p>Aborto es la interrupción del embarazo después de la décima segunda semana de gestación.</p> <p>Para los efectos de este Código, el embarazo es la parte del proceso de la reproducción humana que comienza con la implantación del embrión en el endometrio.</p>

<p>ARTÍCULO 145.</p> <p>Al que hiciere abortar a una mujer, se le impondrá de uno a tres años de prisión, sea cual fuere el medio que empleare, siempre que lo haga con consentimiento de ella.</p> <p>Cuando falte el consentimiento, la prisión será de cinco a ocho años. Si mediare violencia física o moral se impondrá de ocho a diez años de prisión.</p>	<p>ARTÍCULO 145.</p> <p>Se impondrá de tres a seis meses de prisión o de 100 a 300 días de trabajo a favor de la comunidad, a la mujer que voluntariamente practique su aborto o consienta en que otro la haga abortar, después de las doce semanas de embarazo. En este caso, el delito de aborto sólo se sancionará cuando se haya consumado.</p> <p>Al que hiciere abortar a una mujer, con el consentimiento de ésta, se le impondrá de uno a tres años de prisión.</p>
<p>ARTÍCULO 146.</p> <p>Si el aborto lo causare un médico cirujano, comadrón o partera, enfermero o practicante, además de las sanciones que le correspondan conforme al artículo anterior, se le suspenderá por un tiempo igual al de la pena de prisión impuesta en el ejercicio de su profesión u oficio.</p>	<p>ARTÍCULO 146.</p> <p>Aborto forzado es la interrupción del embarazo, en cualquier momento, sin el consentimiento de la mujer embarazada.</p> <p>Pare efectos de este artículo, al que hiciere abortar a una mujer por cualquier medio sin su consentimiento, se le impondrá de cinco a ocho años de prisión. Si mediare violencia física o moral, se impondrá de ocho a diez años de prisión</p>
<p>ARTÍCULO 147.</p> <p>Se impondrá de uno a tres años de prisión a la mujer que voluntariamente practique su aborto o consienta en que otro la haga abortar. En este caso, el delito de aborto sólo se sancionará cuando se haya consumado.</p>	<p>ARTÍCULO 147.</p> <p>Si el aborto o aborto forzado lo causare un médico cirujano, comadrón o partera, enfermero o practicante, además de las sanciones que le correspondan conforme a este capítulo, se le suspenderá en el ejercicio de su profesión u oficio por un tiempo igual al de la pena de prisión impuesta</p>
<p>ARTÍCULO 148.</p> <p>Se consideran como excluyentes de responsabilidad penal en el delito de aborto:</p> <p>I. Cuando el embarazo sea resultado de una violación o de una inseminación artificial a que se refiere el artículo 150 de este Código;</p>	<p>Artículo 148</p> <p>Se consideran como excluyentes de responsabilidad penal en el delito de aborto:</p> <p>I. Cuando el embarazo sea resultado de una violación o de una inseminación artificial a que se refiere el artículo 150 de este Código;</p>

<p>II. Cuando de no provocarse el aborto, la mujer embarazada corra peligro de afectación grave a su salud a juicio del médico que la asista, oyendo éste el dictamen de otro médico, siempre que esto fuere posible y no sea peligrosa la demora;</p> <p>III. Cuando a juicio de dos médicos especialistas exista razón suficiente para diagnosticar que el producto presenta alteraciones genéticas o congénitas que puedan dar como resultado daños físicos o mentales, al límite que puedan poner en riesgo la sobrevivencia del mismo, siempre que se tenga el consentimiento de la mujer embarazada; o</p> <p>IV. Que sea resultado de una conducta culposa de la mujer embarazada.</p> <p>En los casos contemplados en las fracciones I, II y III, los médicos tendrán la obligación de proporcionar a la mujer embarazada, información objetiva, veraz, suficiente y oportuna sobre los procedimientos, riesgos, consecuencias y efectos; así como de los apoyos y alternativas existentes, para que la mujer embarazada pueda tomar la decisión de manera libre, informada y responsable.</p>	<p>II. Cuando de no provocarse el aborto, la mujer embarazada corra peligro de afectación grave a su salud a juicio del médico que la asista, oyendo éste el dictamen de otro médico, siempre que esto fuere posible y no sea peligrosa la demora;</p> <p>III. Cuando a juicio de dos médicos especialistas exista razón suficiente para diagnosticar que el producto presenta alteraciones genéticas o congénitas que puedan dar como resultado daños físicos o mentales, al límite que puedan poner en riesgo la sobrevivencia del mismo, siempre que se tenga el consentimiento de la mujer embarazada; o</p> <p>IV. Que sea resultado de una conducta culposa de la mujer embarazada.</p> <p>En los casos contemplados en las fracciones I, II y III, los médicos tendrán la obligación de proporcionar a la mujer embarazada, información objetiva, veraz, suficiente y oportuna sobre los procedimientos, riesgos, consecuencias y efectos; así como de los apoyos y alternativas existentes, para que la mujer embarazada pueda tomar la decisión de manera libre, informada y responsable</p>
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Código Penal DF ANTES

CAPÍTULO V ABORTO

ARTÍCULO 144. Aborto es la muerte del producto de la concepción en cualquier momento del embarazo.

ARTÍCULO 145. Al que hiciere abortar a una mujer, se le impondrá de uno a tres años de prisión, sea cual fuere el medio que empleare, siempre que lo haga con consentimiento de ella.

Cuando falte el consentimiento, la prisión será de cinco a ocho años. Si mediare violencia física o moral se impondrá de ocho a diez años de prisión.

ARTÍCULO 146. Si el aborto lo causare un médico cirujano, comadrón o partera, enfermero o practicante, además de las sanciones que le correspondan conforme al artículo anterior, se le suspenderá por un tiempo igual al de la pena de prisión impuesta en el ejercicio de su profesión u oficio.

ARTÍCULO 147. Se impondrá de uno a tres años de prisión a la mujer que voluntariamente practique su aborto o consienta en que otro la haga abortar. En este caso, el delito de aborto sólo se sancionará cuando se haya consumado.

ARTÍCULO 148. Se consideran como excluyentes de responsabilidad penal en el delito de aborto:

I. Cuando el embarazo sea resultado de una violación o de una inseminación artificial a que se refiere el artículo 150 de este Código;

II. Cuando de no provocarse el aborto, la mujer embarazada corra peligro de afectación grave a su salud a juicio del médico que la asista, oyendo éste el dictamen de otro médico, siempre que esto fuere posible y no sea peligrosa la demora;

III. Cuando a juicio de dos médicos especialistas exista razón suficiente para diagnosticar que el producto presenta alteraciones genéticas o congénitas que puedan dar como resultado daños físicos o mentales, al límite que puedan poner en riesgo la sobrevivencia del mismo, siempre que se tenga el consentimiento de la mujer embarazada; o

IV. Que sea resultado de una conducta culposa de la mujer embarazada.

En los casos contemplados en las fracciones I, II y III, los médicos tendrán la obligación de proporcionar a la mujer embarazada, información objetiva, veraz, suficiente y oportuna sobre los procedimientos, riesgos, consecuencias y efectos; así como de los apoyos y alternativas existentes, para que la mujer embarazada pueda tomar la decisión de manera libre, informada y responsable.

Código Penal DF [NUEVO](#)

CAPÍTULO V

CAPÍTULO V

ABORTO

ARTÍCULO 144

(REFORMADO, G.O. 26 DE ABRIL DE 2007)

ARTÍCULO 144. Aborto es la interrupción del embarazo después de la décima segunda semana de gestación.

Para los efectos de este Código, el embarazo es la parte del proceso de la reproducción humana que comienza con la implantación del embrión en el endometrio.

ARTÍCULO 145

(REFORMADO, G.O. 26 DE ABRIL DE 2007)

ARTÍCULO 145. Se impondrá de tres a seis meses de prisión o de 100 a 300 días de trabajo a favor de la comunidad, a la mujer que voluntariamente practique su aborto o consienta en que otro la haga abortar, después de las doce semanas de embarazo. En este caso, el delito de aborto sólo se sancionará cuando se haya consumado.

Al que hiciere abortar a una mujer, con el consentimiento de ésta, se le impondrá de uno a tres años de prisión.

ARTÍCULO 146

(REFORMADO, G.O. 26 DE ABRIL DE 2007)

ARTÍCULO 146. Aborto forzado es la interrupción del embarazo, en cualquier momento, sin el consentimiento de la mujer embarazada.

Para efectos de este artículo, al que hiciere abortar a una mujer por cualquier medio sin su consentimiento, se le impondrá de cinco a ocho años de prisión. Si mediare violencia física o moral, se impondrá de ocho a diez años de prisión.

ARTÍCULO 147

(REFORMADO, G.O. 26 DE ABRIL DE 2007)

ARTÍCULO 147. Si el aborto o aborto forzado lo causare un médico cirujano, comadrón o partera, enfermero o practicante, además de las sanciones que le correspondan conforme a este capítulo, se le suspenderá en el ejercicio de su profesión u oficio por un tiempo igual al de la pena de prisión impuesta.

ARTÍCULO 148

(REFORMADO PRIMER PARRAFO, G.O. 27 ENERO DE 2004)

ARTÍCULO 148. Se consideran como excluyentes de responsabilidad penal en el delito de aborto:

I. Cuando el embarazo sea resultado de una violación o de una inseminación artificial a que se refiere el artículo 150 de este Código;

II. Cuando de no provocarse el aborto, la mujer embarazada corra peligro de afectación grave a su salud a juicio del médico que la asista, oyendo éste el dictamen de otro médico, siempre que esto fuere posible y no sea peligrosa la demora;

III. Cuando a juicio de dos médicos especialistas exista razón suficiente para diagnosticar que el producto presenta alteraciones genéticas o congénitas que puedan dar como resultado daños físicos o mentales, al límite que puedan poner en riesgo la sobrevivencia del mismo, siempre que se tenga el consentimiento de la mujer embarazada; o

IV. Que sea resultado de una conducta culposa de la mujer embarazada.

En los casos contemplados en las fracciones I, II y III, los médicos tendrán la obligación de proporcionar a la mujer embarazada, información objetiva, veraz, suficiente y oportuna sobre los procedimientos, riesgos, consecuencias y efectos; así como de los apoyos y alternativas existentes, para que la mujer embarazada pueda tomar la decisión de manera libre, informada y responsable

LEY DE SALUD PARA EL DISTRITO FEDERAL

ARTICULO 16 Bis 6.-

Las instituciones públicas de salud del Gobierno del Distrito Federal, gratuitamente y en condiciones de calidad, deberán proceder a la interrupción del embarazo en los supuestos permitidos en el Nuevo Código Penal para el Distrito Federal, cuando la mujer interesada así lo solicite. Para lo cual las referidas instituciones públicas de salud deberán proporcionar información oportuna y veraz de otras opciones con que cuentan las mujeres además de la interrupción del embarazo, así como las consecuencias en su salud.

La interrupción del embarazo deberá realizarse en un término de cinco días, contados a partir de que sea presentada la solicitud y satisfechos los requisitos establecidos en la legislación aplicable.

(ADICIONADO, G.O. 26 DE ABRIL DE 2007)

Las instituciones públicas de salud del gobierno del Distrito Federal atenderán las solicitudes de interrupción del embarazo a las mujeres solicitantes aún cuando cuenten con algún otro servicio de salud público o privado.

ARTICULO 16 Bis 7.-

Los prestadores de los servicios de salud a quienes corresponda practicar la interrupción del embarazo en los casos permitidos por el Nuevo Código Penal para el Distrito Federal, y cuyas creencias religiosas o convicciones personales sean contrarias a tal interrupción, podrán ser objetores de conciencia y por tal razón excusarse de intervenir en la interrupción del embarazo, debiendo referir a la mujer con un médico no objetor. Cuando sea urgente la interrupción del embarazo para salvaguardar la salud o la vida de la mujer, no podrá invocarse la objeción de conciencia. Será obligación de las instituciones públicas de salud garantizar la oportuna prestación de los servicios y la permanente disponibilidad de personal no objetor de conciencia en la materia.

ARTICULO 16 Bis 8.- La atención de la salud sexual y reproductiva tiene carácter prioritario. Los servicios que se presten en la materia constituyen un medio para el ejercicio del derecho de toda persona a decidir de manera libre, responsable e informada sobre el número y espaciamiento de los hijos.

El gobierno promoverá y aplicará permanentemente y de manera intensiva, políticas integrales, tendientes a la educación y capacitación sobre la salud sexual, los derechos reproductivos, así como la maternidad y la paternidad responsables. Sus servicios de planificación familiar y anticoncepción tienen como propósito principal reducir el índice de abortos, a través de la prevención de embarazos no planeados y no deseados, disminuir el riesgo reproductivo, evitar la propagación de las enfermedades de transmisión sexual y coadyuvar al pleno ejercicio de los derechos reproductivos de las personas con una visión

de género, de respeto a la diversidad sexual y de conformidad a las características particulares de los diversos grupos poblacionales, especialmente para las niñas y niños, adolescentes y jóvenes.

El gobierno del Distrito Federal otorgará servicios de consejería médica y social en materia de la atención a la salud sexual y reproductiva, funcionando de manera permanente con servicios gratuitos que ofrecerán la información, difusión y orientación en la materia, así como el suministro de todos aquellos métodos anticonceptivos cuya eficacia y seguridad estén acreditadas científicamente. Asimismo, proporcionarán a la mujer que solicite la interrupción de su embarazo la información a que se refiere el último párrafo del artículo 148 del Código Penal para el Distrito Federal. Los servicios de consejería también ofrecerán apoyo médico a la mujer que decida practicarse la interrupción del embarazo después del procedimiento de aborto, particularmente en materia de planificación familiar y anticoncepción.

- **Nicaragua.** Código Penal.

Capítulo V. *Del Aborto*

Arto. 162. El que causare la muerte de un feto en el seno materno o mediante aborto, será reprimido con prisión de 3 a 6 años, si obrare sin consentimiento de la mujer o si ésta fuere menor de 16 años; y con prisión de 1 a 4 años si obrare con consentimiento de la mujer.

La mujer que hubiere prestado consentimiento para el aborto, sufrirá la pena de 1 a 4 años de prisión.

Si se hubiere empleado violencia, intimidación, amenaza o engaño para realizar el aborto en primer caso, o para obtener el consentimiento en el segundo, se impondrá la pena en su máxima duración, respectivamente.

Cuando a consecuencia de aborto, o de prácticas abortivas realizadas en mujer no encinta, creyéndola embarazada, o por emplear medios inadecuados para producir el aborto resultare la muerte de la mujer, se impondrá la pena de 6 a 10 años de presidio; si resultare alguna lesión la pena será de 4 a 10 años de prisión.

Se el agente se dedicare habitualmente a la práctica de abortos, se aplicará en cada caso la pena en su máxima duración.

Los Médicos, Cirujanos, Boticarios o Comadronas que hagan abortar a cualquier mujer, con o sin su consentimiento, sufrirán la pena de cinco (5) a diez (10) años de presidio, más las accesorias de inhabilitación especial.

Arto. 163. Si el aborto hubiere sido cometido para ocultar la deshonra de la mujer, sea por ella misma, sea por terceros con el consentimiento de aquella, la pena será de prisión de uno a dos años. Si ocurriere la muerte de la mujer, la pena será de tres a seis años de prisión.

Arto. 164. Si el aborto fuere resultado de golpes o violencias a la mujer embarazada por parte de un tercero que conociendo el estado de embarazo no hubiere tenido propósito de causar el aborto, la pena será de 6 meses a 2 años de prisión.

El artículo 165² autorizando el aborto terapéutico fue anulado por la Ley de Derogación al Artículo 165 del Código Penal Vigente aprobada el 26 de Octubre del 2006.

El ocho de enero del presente año, diversas organizaciones de la sociedad civil acompañadas por el CENIDH presentaron ante la Corte Suprema de Justicia **Recurso por Inconstitucionalidad** en contra de dicha ley.

Arto 165. El aborto terapéutico será determinado científicamente, con la intervención de tres facultativos por lo menos, y el consentimiento del cónyuge o pariente más cercano a la mujer, para los fines legales.

- **Reino Unido.** The Abortion Act 1967 (as amended).

Medical termination of pregnancy

1. (1) Subject to the provisions of this section, a person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioner or two registered medical practitioners are of the opinion, formed in good faith:

- a) that the pregnancy has not exceeded its twenty-fourth week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family; or
- b) that the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman; or
- c) that the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated; or
- d) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

(2) In determining whether the continuance of a pregnancy would involve such risk of injury to health as is mentioned in paragraph (a) or (b) of subsection (1) of this section, account may be taken of the pregnant woman's actual or reasonably foreseeable environment.

(3) Except as provided by subsection (4) of this section, any treatment for the termination of pregnancy must be carried out in a hospital vested in the Minister of Health or the Secretary of State under the National Health Service Acts, or in a place for the time being approved for the purposes of this section by the said Minister or the Secretary of State.

(3A) The power under subsection (3) of this section to approve a place includes power, in relation to treatment consisting primarily in the use of such medicines as may be specified in the approval and carried out in such manner as may be so specified, to approve a class of places.

(4) Subsection (3) of this section, and so much of subsection (1) as relates to the opinion of two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.

Notification

2. (1) The Minister of Health in respect of England and Wales, and the Secretary of State in respect of Scotland, shall by statutory instrument make regulations to provide:

- a) for requiring any such opinion as is referred to in section 1 of this Act to be certified by the practitioners or practitioner concerned in such form and at such time as may be prescribed by the regulations, and for requiring the preservation and disposal of certificates made for the purposes of the regulations;
- b) for requiring any registered medical practitioner who terminates a pregnancy to give notice of the termination and such other information relating to the termination as may be so prescribed;
- c) for prohibiting the disclosure, except to such persons or for such purposes as may be so prescribed, of notices given or information furnished pursuant to the regulations.

(2) The information furnished in pursuance of regulations made by virtue of paragraph (b) of subsection (1) of this section shall be notified solely to the Chief Medical Officers of the Ministry of Health and the Scottish Home and Health Department respectively.

(3) Any person who wilfully contravenes or wilfully fails to comply with the requirements of regulations under subsection (1) of this section shall be liable on summary conviction to a fine not exceeding one hundred pounds.

(4) Any statutory instrument made by virtue of this section shall be subject to annulment in pursuance of a resolution of either House of Parliament.

Application of Act to visiting forces etc.

3. (1) In relation to the termination of a pregnancy in a case where the following conditions are satisfied, that is to say:

a) the treatment for termination of the pregnancy was carried out in a hospital controlled by the proper authorities of a body to which this section applies; and

b) the pregnant woman had at the time of the treatment a relevant association with that body; and

c) the treatment was carried out by a registered medical practitioner or a person who at the time of the treatment was a member of that body appointed as a medical practitioner for that body by the proper authorities of that body, this Act shall have effect as if any reference in section 1 to a registered medical practitioner and to a hospital vested in a Minister under the National Health Service Acts included respectively a reference to such a person as is mentioned in paragraph (c) of this subsection and to a hospital controlled as aforesaid, and as if section 2 were omitted.

(2) The bodies to which this section applies are any force which is a visiting force within the meaning of any of the provisions of Part I of the visiting Forces Act 1952 and any headquarters within the meaning of the Schedule to the International Headquarters and Defence Organisations Act 1964; and for the purposes of this section:

a) a woman shall be treated as having a relevant association at any time with a body to which this section applies if at that time:

i) in the case of such a force as aforesaid, she had a relevant association within the meaning of the said Part I with the force; and

ii) in the case of such a headquarters as aforesaid, she was a member of the headquarters or a dependant within the meaning of the Schedule aforesaid of such a member; and

b) any reference to a member of a body to which this section applies shall be construed:

i) in the case of such a force as aforesaid, as a reference to a member of or of a civilian component of that force within the meaning of the said Part I; and

ii) in the case of such a headquarters as aforesaid, as a reference to a member of that headquarters within the meaning of the Schedule aforesaid.

Conscientious objection to participation in treatment

4. (1) Subject to subsection (2) of this section, no person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment authorised by this Act to which he has a conscientious objection:

Provided that in any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.

(2) Nothing in subsection (1) of this section shall affect any duty to participate in treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman.

(3) In any proceedings before a court in Scotland, a statement on oath by any person to the effect that he has a conscientious objection to participating in any treatment authorised by

this Act shall be sufficient evidence for the purpose of discharging the burden of proof imposed upon him by subsection (1) of this section.

5. (1) No offence under the Infant Life (Preservation) Act 1929 shall be committed by a registered medical practitioner who terminates a pregnancy in accordance with the provisions of this Act.

(2) For the purposes of the law relating to abortion, anything done with intent to procure a woman's miscarriage (or, in the case of a woman carrying more than one foetus, her miscarriage of any foetus) is unlawfully done unless authorised by section 1 of this Act and, in the case of a woman carrying more than one foetus, anything done with intent to procure her miscarriage of any foetus is authorised by that section if:

a) the ground for termination of the pregnancy specified in subsection (1)(d) of that section applies in relation to any foetus and the thing is done for the purpose of procuring the miscarriage of the foetus, or

b) any of the other grounds for termination of the pregnancy specified in that section applies.

Interpretation

6. In this Act, the following expressions have meanings hereby assigned to them:

"the law relating to abortion" means sections 58 and 59 of the Offences against the Person Act 1861, and any rule of law relating to the procurement of abortion;

"the National Health Service Acts" means the National Health Service Act 1946 to 1966 or the National Health Service (Scotland) Acts 1947 to 1966.

Short title, commencement and extent

7. (1) This Act may be cited as the Abortion Act 1967.

(2) This Act shall come into force on the expiration of the period of six months beginning with the date on which it is passed.

(3) This Act does not extend to Northern Ireland.

- **República Checa.** Law on abortion

20 october 1986

Purpose of the Law

1. This Law shall regulate the artificial termination of pregnancy and shall establish conditions for the performance thereof with due regard to protection of the life and health of the woman and in the interests of planned and responsible childbirth.

Prevention of unwanted pregnancies

2. Unwanted pregnancies shall be prevented principally by education in planned and responsible childbirth in the family, in schools, and in health establishments, by educational measures in the social and cultural environment, and by the use of contraceptives.

3. Contraceptives on medical prescription, medical examinations, and follow-up examinations associated therewith shall be provided to women free of charge.

Conditions for artificial termination of pregnancy

4. A pregnancy shall be artificially terminated if the woman makes a written request to this effect, the pregnancy has not passed the twelfth week, and there are no contraindications on health grounds.

5. A pregnancy may be artificially terminated on health grounds with the woman's consent, or at her instigation, if her life or health or the healthy development of the fetus are endangered, or if fetal development manifests genetic anomalies.

6. (1) In the case of a woman who has not yet reached the age of 16, artificial termination of pregnancy in accordance with Section 4 may be performed with the consent of her legal representative or of the person who has been assigned responsibility for bringing her up.

(2) If artificial termination of pregnancy in accordance with Section 4 has been performed on a woman between 16 and 18 years of age, the health establishment shall notify her legal representative.

Procedure for dealing with artificial termination of pregnancy

7. The woman shall make a written request for artificial termination of pregnancy to the gynaecologist of the health establishment serving her place of permanent residence, place of work, or school. The gynaecologist shall inform the woman of the possible health consequences of artificial termination of pregnancy and instruct her in the use of methods and means of contraception. If the woman insists on artificial termination of pregnancy and the gynaecologist finds that the conditions therefor are satisfied, he shall specify the health establishment where the operation is to be performed.

8. (1) If the gynaecologist does not find that the conditions for artificial termination of pregnancy (Sections 4 and 5) are satisfied, the woman may within three days make a written request for his decision to be reviewed by the district specialist in gynaecology and obstetrics, who shall review the request within two days of its being submitted. In reviewing the request the specialist shall call on the assistance of two further specialists in that field, and if necessary specialists in other relevant fields. If he finds that the conditions for artificial termination of pregnancy are satisfied, he shall inform the woman and specify the health establishment where the operation is to be performed.

(2) If the district specialist in gynaecology and obstetrics does not find that the conditions for artificial termination of pregnancy are satisfied, but the woman still insists on the operation, he shall immediately forward her written request for review to the regional specialist in gynaecology and immediately forward her written request for review to the regional specialist in gynaecology and obstetrics, who shall call on the assistance of two further specialists in that field, and if necessary specialists in other relevant fields, and shall review the request within three days of its being submitted. If he does not find that the conditions for artificial termination of pregnancy are satisfied, he shall give the woman written notification of the result of the review, which shall be final, but if the conditions for artificial termination of pregnancy are satisfied, he shall follow the same procedure as specified in subsection 1 for the district specialist in gynaecology and obstetrics.

9. The procedures laid down by this Law shall not be subject to the general provisions on administrative procedures.

Artificial termination of pregnancy for aliens

10. Artificial termination of pregnancy in accordance with Section 4 shall not be performed in the case of aliens who are resident only temporarily in the Czech socialist Republic.

Payment of a supplementary charge or fee for artificial termination of pregnancy

11. (1) In such cases as are laid down by legal provisions of general scope, the woman shall pay a supplementary fee to the health establishment for artificial termination of pregnancy performed in accordance with Section 4.

(2) Payment for artificial termination of pregnancy in the case of aliens shall be regulated by special provisions.

Delegation of powers

12. The Ministry of Health of the Czech Socialist Republic shall issue universally binding legal provisions that lay down in detail the conditions for artificial termination of pregnancy, the procedures for dealing with artificial termination of pregnancy, the amount of supplementary fees, and the conditions under which they are to be paid. These provisions shall also determine those categories of aliens on which artificial termination of pregnancy may be performed for a fee.

Ruanda. Code Pénal.

Art. 325. Celui qui, par aliments, breuvages, médicaments, manoeuvres, violences ou tout autre moyen, aura, à dessein, fait avorter une femme enceinte ou supposée enceinte qui n'y aura point consenti, sera puni d'un emprisonnement de cinq à dix ans.

Si la femme y a consenti, le coupable sera puni d'un emprisonnement de deux à cinq ans.

La femme qui, volontairement, se sera fait ou aura tenté de se faire avorter ou aura consenti à l'usage des moyens administrés à cet effet sera puni d'un emprisonnement de deux à cinq ans.

Art. 326. Lorsque les moyens employés en vue de faire avorter la femme auront causé sa mort, celui qui les aura administrés ou fait administrer ou procurés dans ce but sera puni d'un emprisonnement de cinq à dix ans si la femme avait consenti à l'avortement, et à un emprisonnement de dix à vingt ans si la femme n'y avait point consenti.

Art. 327. Toutefois, par dérogation aux articles 325 et 326, il n'y a pas de responsabilité pénale pour le médecin qui a pratiqué l'avortement, ni pour la femme qui y a consenti, si les conditions suivantes sont réunies:

1° qu'il soit constaté par deux médecins, après examen et discussion, que la poursuite de la grossesse met en péril grave la santé de la femme;

2° que cette constatation soit faite par écrit, en quatre exemplaires signés par chacun des médecins consultants;

3° que l'un des examplaires de la consultation soit remis à l'intéressé, et qu'un deuxième exemplaire soit adressé au médecin responsable du secteur médical dans le ressort duquel doit être pratiqué l'avortement, les autres exemplaires étant conservés par les médecins consultants;

4° que l'avortement soit pratiqué par un médecin de l'Etat ou agréé par l'Etat, et qu'il ait lieu dans un établissement d'hospitalisation public ou dans un établissement d'hospitalisation privé agréé par l'Etat.

Art. 328. Dans les cas prévus par les articles 325 et 326, si le coupable est médecin, accoucheur, dentiste, pharmacien, vétérinaire, étudiant en médecine ou en pharmacie, herboriste, employé en pharmacie, ou d'une manière générale s'il fait profession de tous actes quelconques relevant de l'ordre médical, vétérinaire, pharmaceutique ou sanitaire, il sera en outre condamné à l'interdiction d'exercer sa profession pendant une durée d'un an à cinq ans.

En cas de récidive, cette interdiction sera définitive.

S'il contrevient à l'interdiction prononcée en vertu de l'un des alinéas précédents, il sera puni d'un emprisonnement de six mois à deux ans et d'une amende qui ne pourra excéder cinquante mille francs ou de l'une de ces peines seulement.

- ***El Salvador***

El aborto en El Salvador es **totalmente ilegal**.

- La ley permitía antes que un aborto fuera realizado bajo circunstancias limitadas, pero, en 1998, todas las excepciones fueron quitadas cuando una nueva ley del aborto entró en efecto.

Código Penal

Capítulo II. *De los Delitos Relativos a la Vida del Ser Humano en Formación*

Aborto Consentido y Propio

Art. 133. El que provocare un aborto con el consentimiento de la mujer o la mujer que provocare su propio aborto o consintiere que otra persona se lo practicare, serán sancionados con prisión de dos a ocho años.

Aborto sin Consentimiento

Art. 134. El que provocare un aborto, sin consentimiento de la mujer, será sancionado con prisión de cuatro a diez años.

En la misma pena incurrirá el que practicare el aborto de la mujer, habiendo logrado su consentimiento mediante violencia o engaño.

Aborto Agravado

Art. 135. Si el aborto fuere cometido por médico, farmacéutico o por personas que realicen actividades auxiliares de las referidas profesiones, cuando se dedicaren a dicha práctica, será sancionado con prisión de seis a doce años. Se impondrá además la pena de inhabilitación especial para el ejercicio de la profesión o actividad por el mismo período.

Inducción o Ayuda al Aborto

Art. 136. Quien induzca a una mujer o le facilite los medios económicos o de otro tipo para que se practique un aborto, será sancionado con prisión de dos a cinco años.

Si la persona que ayuda o induce al aborto es el progenitor del aborto, la sanción se aumentará en una tercera parte de la pena máxima señalada en el inciso anterior.

Aborto Culposos

Art. 137. El que culposamente provocare un aborto, será sancionado con prisión de seis meses a dos años.

El aborto culposos ocasionado por la propia mujer embarazada, ni la tentativa de ésta para causar su aborto no es punible.

Singapur : Termination of Pregnancy Act

Short title.

1. This Act may be cited as the Termination of Pregnancy Act.

Interpretation.

2. In this Act, unless the context otherwise requires —

"approved institution" means any institution, hospital, maternity home, clinic or other place for the time being approved by the Minister for the purposes of this Act;

"authorised medical practitioner" means any medical practitioner who is authorised under any regulations made under this Act to carry out treatment to terminate pregnancy;

"law relating to abortion" means sections 312, 313, 314, and 315 of the Penal Code;

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"medical practitioner" means any person registered under the Medical Registration Act.

Cap. 174.

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Medical termination of pregnancy.

3. —(1) Subject to the provisions of this Act, no person shall be guilty of an offence under the law relating to abortion when a pregnancy is terminated by an authorised medical practitioner acting on the request of a pregnant woman and with her written consent.

(2) Except as provided by section 10, every treatment to terminate pregnancy shall be carried out by an authorised medical practitioner in an approved institution.

(3) No treatment to terminate pregnancy shall be carried out by an authorised medical practitioner unless the pregnant woman —

(a) is a citizen of Singapore or is the wife of a citizen of Singapore;

(b) is the holder, or is the wife of a holder, of an employment pass or a work permit pass issued under the Immigration Act; or

Cap. 133.

(c) has been resident in Singapore for a period of at least 4 months immediately preceding the date on which such treatment is to be carried out,

but this subsection shall not apply to any treatment to terminate pregnancy which is immediately necessary to save the life of the pregnant woman.

(4) Any person who contravenes or fails to comply with this section shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$3,000 or to imprisonment for a term not exceeding 3 years or to both.

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Treatment to terminate pregnancy not to be carried out if pregnancy is of more than a certain duration unless in special circumstances.

4. —(1) No treatment for the termination of pregnancy shall be carried out —

(a) if the pregnancy is of more than 24 weeks duration unless the treatment is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman; or

(b) if the pregnancy is of more than 16 weeks duration but less than 24 weeks duration unless the treatment is carried out by an authorised medical practitioner who —

(i) is in possession of such surgical or obstetric qualifications as may be prescribed; or

(ii) has acquired special skill in such treatment either in practice or by virtue of holding an appointment in an approved institution over such period as may be prescribed.

(2) For the purposes of subsection (1), the duration of the pregnancy shall be calculated from the first day of the last normal menstruation of the pregnant woman to the end of the 24th week or to the end of any week between the 16th and the 24th week, as the case may be, or the duration of the pregnancy may be ascertained by clinical examination.

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Coercion or intimidation.

5. Any person who, by means of coercion or intimidation, compels or induces a pregnant woman against her will to undergo treatment to terminate pregnancy shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$3,000 or to imprisonment for a term not exceeding 3 years or to both.

Conscientious objection to participate in treatment to terminate pregnancy.

6. —(1) Subject to subsection (3), no person shall be under any duty whether by contract or by any statutory or legal requirement to participate in any treatment to terminate pregnancy authorised by this Act to which he has a conscientious objection.

(2) In any legal proceedings the burden of proof of conscientious objection referred to in subsection (1) shall rest on the person claiming to rely on it and that burden may be discharged by such person testifying on oath or affirmation that he has a conscientious objection to participating in any treatment to terminate pregnancy.

(3) Nothing in subsection (1) shall affect any duty to participate in such treatment which is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman.

Privilege against disclosure of matters relating to treatment for termination of pregnancy.

7. —(1) No person who —

(a) is concerned with the keeping of medical records in connection with treatment to terminate a pregnancy; or

(b) participates in any treatment to terminate a pregnancy, shall, unless the pregnant woman expressly gives her consent thereto, disclose any facts or information relating to the treatment except to such persons and for such purposes as may be prescribed.

(2) Any person who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 12 months or to both.

Power to inspect approved institutions and examine records, etc.

8. Any public officer, appointed by the Minister for the purpose, shall have power to enter any approved institution for the purpose of ensuring that the provisions of this Act, and any regulations made thereunder, are being complied with and may examine and make copies of or take extracts from any records or documents connected with any treatment to terminate pregnancy.

9. *Deleted by Act 26/2001 wef 01/09/2001.*

Relief from certain restrictions where treatment consists solely of drugs.

10. Notwithstanding anything in this Act, where the treatment to terminate pregnancy

consists solely of the use of drugs prescribed by an authorised medical practitioner and does not, therefore, include any surgical operation or procedure it shall not be necessary —

- (a) for the authorised medical practitioner to hold the prescribed qualifications or to have acquired skill in the treatment over such period as may be prescribed; and
- (b) for the treatment to be carried out in an approved institution.

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32/80.

Regulations.

11. —(1) The Minister may make regulations for, or in respect of, every purpose which is considered by him necessary for carrying out the provisions of this Act and for prescribing any matter which is authorised or required under this Act to be so prescribed.

(2) Without prejudice to the generality of subsection (1) the Minister may make regulations —

- (a) requiring authorised medical practitioners to keep records of termination of pregnancy and to forward the records to the Director of Medical Services together with such information relating to the termination as the Director may require;
- (b) providing for the preservation and disposal of records in respect of the treatment to terminate pregnancy and for the use of the records for statistical or research purposes so long as such use does not disclose the identities of the persons who have received the treatment under this Act;
- (c) providing for the general or limited authorisation of medical practitioners to carry out treatment to terminate pregnancy;
- (d) prescribing the qualifications and experience of medical practitioners for the purpose of being authorised to carry out treatment to terminate pregnancy; and
- (e) prescribing the form of consent to be given by a pregnant woman undergoing treatment for termination of pregnancy.

- **Suiza:** Code Penal

Régime du délai

Modification du Code pénal du 23.3.2001

(adoptée en votation populaire le 2 juin 2002, entrée en vigueur le 1er octobre 2002)

Comparaison nouvelle / ancienne législation

Art. 118: Interruption de grossesse punissable

1 Celui qui interrompt la grossesse d'une femme avec son consentement, ou encore l'instigue ou l'aide à interrompre sa grossesse sans que les conditions fixées à l'article 119 soient remplies, sera puni de la réclusion pour cinq ans au plus ou de l'emprisonnement.

2 Celui qui interrompt la grossesse d'une femme sans son consentement sera puni de la réclusion pour dix ans au plus.

3 La femme qui interrompt sa grossesse, la fait interrompre ou participe à l'interruption d'une quelconque façon après la douzième semaine suivant le début des dernières règles, sans que les conditions fixées à l'art. 119, al. 1, soient remplies, sera punie de l'emprisonnement ou de l'amende.

4 Les actions pénales visées aux al. 1 et 3 se prescrivent par trois ans.

Art. 119: Interruption de grossesse non punissable

1 L'interruption de grossesse n'est pas punissable si un avis médical démontre qu'elle est nécessaire pour écarter le danger d'une atteinte grave à l'intégrité physique ou d'un état de détresse profonde de la femme enceinte. Le danger devra être d'autant plus grave que la grossesse est avancée.

2 L'interruption de grossesse n'est pas non plus punissable si, sur demande écrite de la femme qui invoque qu'elle se trouve en situation de détresse, elle est pratiquée au cours des douze semaines suivant le début des dernières règles par un médecin habilité à exercer sa profession. Le médecin doit au préalable s'entretenir lui-même de manière approfondie avec la femme et la conseiller.

3 Le consentement du représentant légal de la femme enceinte est requis si elle est incapable de discernement.

4 Le canton désigne les cabinets et les établissements hospitaliers qui remplissent les conditions nécessaires à la pratique de l'interruption de grossesse dans les règles de l'art et au conseil approfondi de la femme enceinte.

5 A des fins statistiques, toute interruption de grossesse doit être annoncée à l'autorité de santé publique compétente; l'anonymat de la femme concernée est garanti et le secret médical doit être respecté.

Art. 120 Contraventions commises par le médecin

1 Sera puni des arrêts ou de l'amende le médecin qui interrompt une grossesse en application de l'art. 119, al. 2, et omet avant l'intervention:

- a. d'exiger de la femme enceinte une requête écrite;
- b. de s'entretenir lui-même de manière approfondie avec la femme enceinte, de la conseiller et de l'informer sur les risques médicaux de l'intervention ainsi que de lui remettre contre signature un dossier comportant:
 1. la liste des centres de consultation qui offrent gratuitement leurs services;
 2. une liste d'associations et organismes susceptibles de lui apporter une aide morale ou matérielle;
 3. des informations sur les possibilités de faire adopter l'enfant;
- c. de s'assurer lui-même, si la femme enceinte a moins de 16 ans, qu'elle s'est adressée à un centre de consultation spécialisé pour mineurs.

2 Sera puni de la même peine le médecin qui omet d'aviser l'autorité de santé publique compétente, conformément à l'art. 119, al. 5, de l'interruption de grossesse pratiquée.

Art. 121 abrogé

Modification du droit en vigueur

La **loi fédérale du 18 mars 1994 sur l'assurance-maladie** est modifiée comme suit :

Art. 30 Interruption non punissable de la grossesse

En cas d'interruption non punissable de la grossesse au sens de l'article 119 du code pénal, l'assurance obligatoire des soins prend en charge les coûts des mêmes prestations que pour la maladie

- **Turquía.** The Population Planning Law. Law No. 2827 of 24 May 1983. (*T.C. Resmî Gazete*, 27 May 1983, No. 18059, pp. 3-6).

This Law repeals Law No. 557 of 1 January 1965 on population planning (see *IDHL*, 1966, 17, 985) and the second paragraph of Sec. 472 of the Turkish Criminal Code.

Secs. 1-6 read as follows:

Purpose

1. The purpose of this Law shall be to regulate the principles of population planning, pregnancy termination and sterilization procedures, cases where emergency interventions are permitted, and the acquisition, production, and procedures for approval of contraceptive drugs and devices.

Population planning

2. "Population planning" means the freedom of individuals to decide on the number and the timing of their children.

The State shall take the necessary measures for the provision of education on and services for population planning. Population planning shall be achieved by implementing measures for preventing pregnancy.

Pregnancy terminations and sterilizations shall be performed under State supervision and control.

Other than for the indications laid down in this Law, pregnancies shall not be terminated and sterilization and castration procedures shall not be employed.

Services for training and education in and implementation of population planning

3. In order to inform the public of the need for population planning, and to carry out services regarding training and education in, and implementation of, population planning, regulations shall be prepared by the Ministries of National Defence, National Education, and Social Security, under the coordination of the Ministry of Health and Social Welfare. These regulations shall be issued by the Council of Ministers.

The primary institution responsible for conducting the above-mentioned activities in regard to population planning shall be the Ministry of Health and Social Welfare, which in this regard shall cooperate with the universities, the Turkish radio and Television Organization, social security organizations, all State organizations and institutions, professional organizations that qualify as State institutions, and voluntary organizations.

For this purpose, the Ministry of Health and Social Welfare shall be authorized to establish a special organization to obtain, produce, or arrange for the production of contraceptive drugs and devices, and to take measures for the free distribution of these drugs and devices either through its own organization, or by other agencies, as well as for their sale at less than cost price to those persons in need thereof.

The production of contraceptive devices in Turkey, and their importation into the country, shall be subject to the authorization of the Ministry of Health and Social Welfare.

Approval of the specifications of contraceptive drugs and devices shall be granted by the Ministry of Health and Social Welfare upon receipt of written comments by a Commission which, in addition to other members, shall include members of medical school faculties. Any drug or device not approved by the Ministry of Health and Social Welfare by the above-

mentioned procedures may not be tested on human subjects by any organization, institution, or unit, including university medical schools.

[Ministry of Health and Social Welfare required to prepare and issue regulations on: the establishment and operation of the Commission referred to; pregnancy prevention methods; and the training of, and responsibility for the provision of services by, physicians, nurses, and midwives]

Physicians, nurses, and midwives shall administer contraceptives in accordance with the conditions laid down in the above-mentioned regulations, irrespective of any conditions laid down in special laws.

4. "Sterilization" means the operation undertaken to remove a man or woman's ability to have children without interfering with the satisfaction of their sexual needs.

Sterilization operations may be performed on adults on their request, on condition that there are no medical contraindications.

During surgery, and if a medical need for castration arises on therapeutic grounds, a castration operation may be performed without obtaining the patient's consent.

Termination of pregnancy

5. Provided there are no medical contraindications, the uterus may be evacuated until the end of the 10th week of pregnancy.

If the gestation period is longer than 10 weeks, the uterus may be evacuated only if the pregnancy represents, or will constitute, a danger to the mother's life, or if the child to be born or its offspring will be damaged, this being confirmed in writing, on the basis of objective findings, by a specialist in obstetrics and gynaecology and a specialist in a related field.

In a situation where failure to intervene immediately will result in danger either to life or to one of the vital organs, a physician making an assessment to this effect shall evacuate the uterus. However, in such cases, the physician who has terminated the pregnancy must inform the Directorate of Health and Welfare in provincial centres, and Government physicians in local towns, of the name and address of the woman, the intervention procedure, and the justification for the intervention; such information must be provided either prior to the intervention, or, if this is not possible, within 24 hours following the intervention.

Regulations to be prepared shall indicate the conditions that constitute emergency situations; the format and content of the notification form; the format for the consent forms to be used by persons requesting evacuation of the uterus or sterilization, and instructions on how to fill in these forms; the places where such operations can be performed; the conditions to be fulfilled by such places as regards health and other aspects; and matters regarding the inspection and supervision of such places.

Permission for pregnancy termination

6. The intervention referred to in Section 5 shall be contingent upon the permission of the pregnant woman; in the case of minors, it shall be contingent on permission by a parent; in the case of persons under legal guardianship, either because they are minors or because they are mentally incompetent, it shall be contingent on the consent of the minor and the legal guardian, as well as the permission of a justice of the peace. Permission to evacuate the uterus shall however not be required in the case of a pregnant woman unable to make a conscious decision on account of mental incompetence. Where a person whose consent is required under the provisions of the second paragraph of Section 4 or the first paragraph of Section 5, is married, the consent of the spouse shall be required in order to evacuate the uterus or for sterilization.

The requirement of obtaining permission from a parent or from a justice of the peace may be waived if there could be danger to life or to a vital organ unless urgent action is taken.

Sec. 7 (Activities contravening the Section regarding the production and advertising of, and publicity for, drugs and devices) indicates the penalties to which persons contravening Sec. 3 are liable. It is also prescribed that lawful advertising and publicity for contraceptive drugs and devices must be carried out in accordance with Sec. 13 of Law No. 1262 of 21 May 1928. The penalties to which persons contravening certain other provisions of Sec. 3, or Secs. 5 and 6 are liable, are laid down in Sec. 8 (Use of unauthorized [contraceptive] drugs and devices). The heading of Secs. 9-12 reads "Amended legal provisions." Under Sec. 9, the title of Sec. 468 and the heading of Chapter 4 of Part 9 of Book II of the Turkish Criminal Code (Law NO. 765 of 1 March 1926) are amended to read "Crimes involving wilful and forced abortion." A revised version of Sec. 468 is likewise introduced. Sec. 10 amends the first paragraph of Sec. 469 of the Criminal Code, while Secs. 11 and 12 introduce revised versions of Secs. 470 (dealing with unlawful abortion) and 471 (dealing with unlawful sterilization).

Sec. 13 (Repealed laws and provisions) repeals, *inter alia*, the second paragraph of Sec. 472 of the Criminal code. This section also includes a "provisional Section," requiring the adoption of new regulations, etc., to enter into force within three months following the publication of this Law. Until then, those provisions of the regulations made in pursuance of Law No. 557 of 1 January 1965 and not in conflict with the present Law, are to remain in force. The instruments to be adopted are to comprise: regulations on the termination of pregnancy where this is required on medical grounds; regulations on sterilization; provisions on population planning; and provisions on the in-service training activities of the General Directorate of Population Planning.

Sec. 15 (Enforcement) prescribes that the Council of Ministers is to be responsible for the implementation of this Law.

- **Uganda.** The Penal Code Act.

136. Attempts to procure abortion

Any person who, with intent to procure miscarriage of a woman, whether she is or is not with a child, unlawfully administers to her or causes her to take any poison or other noxious things, or uses any force of any kind, or uses any other means whatever, is guilty of a felony and is liable to imprisonment for fourteen years.

137. Procuring miscarriage

Any woman who, being with a child, with intent to procure her own miscarriage, unlawfully administers to herself any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, or permits any such things or means to be administered or used to her, is guilty of a felony and is liable to imprisonment for seven years.

138. Supplying drugs *etc.*, to procure abortion

Any person who unlawfully supplies to or procures it for any person any thing whatever, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman, whether she is or is not with child, is guilty of a felony and is liable to imprisonment for three years.

205. Killing unborn child

Any person who, when a woman is about to be delivered of a child, prevents the child from being born alive by any act or omission or such a nature that, if the child had been born alive and had then died, he would be deemed to have unlawfully killed the child, is guilty of a felony and is liable to imprisonment for life.

217. Surgical operation

A person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his benefit, or upon an unborn child for the preservation of his mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time, and to all the circumstances of the case.

• *Portugal*

Diário da República, 1.a série—N.º 75—17 de Abril de 2007 **2417**

ASSEMBLEIA DA REPÚBLICA

Lei n.º 16/2007

de 17 de Abril

Exclusão da ilicitude nos casos de interrupção voluntária da gravidez

A Assembleia da República decreta, nos termos da alínea c) do artigo 161.º da Constituição, o seguinte:

Artigo 1.º

Alteração do Código Penal

O artigo 142.º do Código Penal, com a redacção que lhe foi introduzida pelo Decreto-Lei n.º 48/95, de 15 de Março, e pela Lei n.º 90/97, de 30 de Julho, passa a ter a seguinte redacção:

«Artigo 142.º

[. . .]

1—Não é punível a interrupção da gravidez efectuada por médico, ou sob a sua direcção, em estabelecimento de saúde oficial ou oficialmente reconhecido e com o consentimento da mulher grávida, quando:

a)

b)

c) Houver seguros motivos para prever que o nascituro virá a sofrer, de forma incurável, de grave doença ou malformação congénita, e for realizada nas primeiras 24 semanas de gravidez, exceptuando-se as situações de fetos inviáveis, caso em que a interrupção poderá ser praticada a todo o tempo;

d)

e) For realizada, por opção da mulher, nas primeiras 10 semanas de gravidez.

2—A verificação das circunstâncias que tornam não punível a interrupção da gravidez é certificada em atestado médico, escrito e assinado antes da intervenção por médico diferente daquele por quem, ou sob cuja direcção, a interrupção é realizada, sem prejuízo do disposto no número seguinte.

3—Na situação prevista na alínea e) do n.º 1, a certificação referida no número anterior circunscreve-se à comprovação de que a gravidez não excede as 10 semanas.

4—O consentimento é prestado:

a) Nos casos referidos nas alíneas a) a d) do n.º 1, em documento assinado pela mulher grávida ou a seu rogo e, sempre que possível, com a antecedência

mínima de três dias relativamente à data da intervenção;
b) No caso referido na alínea *e)* do n.º 1, em documento assinado pela mulher grávida ou a seu rogo, o qual deve ser entregue no estabelecimento de saúde até ao momento da intervenção e sempre após um período de reflexão não inferior a três dias a contar da data da realização da primeira consulta destinada a facultar à mulher grávida o acesso à informação relevante para a formação da sua decisão livre, consciente e responsável.

5—No caso de a mulher grávida ser menor de 16 anos ou psiquicamente incapaz, respectiva e sucessivamente, conforme os casos, o consentimento é prestado pelo representante legal, por ascendente ou descendente ou, na sua falta, por quaisquer parentes da linha colateral.

6—Se não for possível obter o consentimento nos termos dos números anteriores e a efectivação da interrupção da gravidez se revestir de urgência, o médico decide em consciência face à situação, socorrendo-se, sempre que possível, do parecer de outro ou outros médicos.

7—Para efeitos do disposto no presente artigo, o número de semanas de gravidez é comprovado ecograficamente ou por outro meio adequado de acordo com as *leges artis*.»

Artigo 2.º

Consulta, informação e acompanhamento

1—Compete ao estabelecimento de saúde oficial ou oficialmente reconhecido onde se pratique a interrupção voluntária da gravidez garantir, em tempo útil, a realização da consulta obrigatória prevista na alínea *b)* do n.º 4 do artigo 142.º do Código Penal e dela guardar registo no processo próprio.

2—A informação a que se refere a alínea *b)* do n.º 4 do artigo 142.º do Código Penal é definida por portaria, em termos a definir pelo Governo, devendo proporcionar o conhecimento sobre:

a) As condições de efectivação, no caso concreto, da eventual interrupção voluntária da gravidez e suas consequências para a saúde da mulher;

b) As condições de apoio que o Estado pode dar à prossecução da gravidez e à maternidade;

c) A disponibilidade de acompanhamento psicológico durante o período de reflexão;

d) A disponibilidade de acompanhamento por técnico de serviço social, durante o período de reflexão.

3—Para efeitos de garantir, em tempo útil, o acesso

efectivo à informação e, se for essa a vontade da mulher, ao acompanhamento facultativo referido nas alíneas c) e d) do número anterior, os estabelecimentos de saúde, oficiais ou oficialmente reconhecidos, para além de consultas de ginecologia e obstetrícia, devem dispor de serviços de apoio psicológico e de assistência social dirigidos às mulheres grávidas.

4—Os estabelecimentos de saúde oficiais ou oficialmente reconhecidos onde se pratique a interrupção voluntária da gravidez garantem obrigatoriamente às mulheres grávidas que solicitem aquela interrupção o encaminhamento para uma consulta de planeamento familiar.

Artigo 3.º

Organização dos serviços

1—O Serviço Nacional de Saúde deve organizar-se de modo a garantir a possibilidade de realização da interrupção voluntária da gravidez nas condições e nos prazos legalmente previstos.

2—Os estabelecimentos de saúde oficiais ou oficialmente reconhecidos em que seja praticada a interrupção voluntária da gravidez organizar-se-ão de forma adequada para que a mesma se verifique nas condições e nos prazos legalmente previstos.

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Artigo 4.º

Providências organizativas e regulamentares

1—O Governo adoptará as providências organizativas e regulamentares necessárias à boa execução da legislação atinente à interrupção voluntária da gravidez, designadamente por forma a assegurar que do exercício do direito de objecção de consciência dos médicos e demais profissionais de saúde não resulte inviabilidade de cumprimento dos prazos legais.

2—Os procedimentos administrativos e as condições técnicas e logísticas de realização da interrupção voluntária da gravidez em estabelecimento de saúde oficial ou oficialmente reconhecido são objecto de regulamentação por portaria do Ministro da Saúde.

Artigo 5.º

Dever de sigilo

Os médicos e demais profissionais de saúde, bem como o restante pessoal dos estabelecimentos de saúde, oficiais ou oficialmente reconhecidos, em que se pratique a interrupção voluntária da gravidez, ficam vinculados ao dever de sigilo profissional relativamente a todos os actos, factos ou informações de que tenham conhecimento no exercício das suas funções, ou por

causa delas, relacionados com aquela prática, nos termos e para os efeitos dos artigos 195.o e 196.o do Código Penal, sem prejuízo das consequências estatutárias e disciplinares que no caso couberem.

Artigo 6.o

Objecção de consciência

1—É assegurado aos médicos e demais profissionais de saúde o direito à objecção de consciência relativamente a quaisquer actos respeitantes à interrupção voluntária da gravidez.

2—Os médicos ou demais profissionais de saúde que invoquem a objecção de consciência relativamente a qualquer dos actos respeitantes à interrupção voluntária da gravidez não podem participar na consulta prevista na alínea *b*) do n.o 4 do artigo 142.o do Código Penal ou no acompanhamento das mulheres grávidas a que haja lugar durante o período de reflexão.

3—Uma vez invocada a objecção de consciência, a mesma produz necessariamente efeitos independentemente da natureza dos estabelecimentos de saúde em que o objector preste serviço.

4—A objecção de consciência é manifestada em documento assinado pelo objector, o qual deve ser apresentado, conforme os casos, ao director clínico ou ao director de enfermagem de todos os estabelecimentos de saúde onde o objector preste serviço e em que se pratique interrupção voluntária da gravidez.

Artigo 7.o

Revogação

São revogadas as Leis n.os 6/84, de 11 de Maio, e 90/97, de 30 de Julho.

Artigo 8.o

Regulamentação

O Governo procede à regulamentação da presente lei no prazo máximo de 60 dias.

Aprovada em 8 de Março de 2007.

O Presidente da Assembleia da República, *Jaime Gama*.

Promulgada em 10 de Abril de 2007.

Publique-se.

O Presidente da República, ANÍBAL CAVACO SILVA.

Referendada em 10 de Abril de 2007.

O Primeiro-Ministro, *José Sócrates Carvalho Pinto de Sousa*.

MINISTÉRIO DOS NEGÓCIOS ESTRANGEIROS

Aviso n.o 263/2007

Por ordem superior se torna público ter a Geórgia depositado junto do Secretário-Geral do Conselho da

Europa, em 13 de Maio de 2004, o seu instrumento de ratificação da Convenção Relativa ao Branqueamento, Detecção, Apreensão e Perda dos Produtos do Crime, concluída em Estrasburgo em 8 de Novembro de 1990, tendo, em conformidade com o artigo 23.o da Convenção, declarado as seguintes autoridades encarregadas da aplicação da Convenção:

Sr. Nikoloz Gegutchadze, head of the Financial Monitoring Service of Georgia, National Bank of Georgia, 3/5 Leonidze str., Tbilisi 0105; telf.: (99532)923678/923348; fax: (99532)936941; e-mail: Nikag@fms.gov.ge;

Sr. Kakhaber Gurasashvili, head of the Division of the Management of Civil, Financial and Industrial Law, Legal Expertise of the Ministry of Justice of Georgia; telf.: (99532)758262;

Sr. Valeri Tsertscadze, head of the Legal Expertise Service of the Prosecutor General of Georgia; telf.: (99599)193489.

Portugal é Parte desta Convenção, aprovada, para ratificação, pela Resolução da Assembleia da República n.o 70/97, publicada no *Diário da República*, 1.a série-A, n.o 287, de 13 de Dezembro de 1997, e ratificada pelo Decreto do Presidente da República n.o 73/97, publicado no *Diário da República*, 1.a série-A, n.o 287, de 13 de Dezembro de 1997, tendo depositado o seu instrumento de ratificação em 19 de Outubro de 1998, conforme o Aviso n.o 17/99, publicado no *Diário da República*, 1.a série-A, n.o 26, de 1 de Fevereiro de 1999.

A Convenção entrou em vigor para a Geórgia em 1 de Setembro de 2004.

Direcção-Geral de Política Externa, 21 de Fevereiro de 2007.—A Directora de Serviços das Organizações Políticas Internacionais, *Helena Alexandra Furtado de Paiva*.