RIGA GRADUATE SCHOOL OF LAW

BACHELOR THESIS

Navigating Reproductive Rights: An Exploration of Human Dignity and Healthcare Costs in the Abortion Debate

AUTHOR: Katrīna Dzelme
LL.B. 2020/2021 year student
Student Number B021116

SUPERVISOR: Kate Kārkliņa, LL.M.

DECLARATION OF HONOUR:
I declare that this thesis is my own work, and that all references to, or quotations from, the work of others are fully and correctly cited.

……..……..……

RIGA 2024

ABSTRACT

The abortion debate reflects the complex interplay of human dignity, reproductive rights, legal frameworks, and healthcare access. The issue lacks a singularly correct solution due to the diversity of perspectives available. Upholding reproductive rights as fundamental human rights is essential for ensuring healthcare access and preserving human dignity and autonomy. Courts have struggled to recognize the mother's autonomy with the foetus's right to life but recognize women's reproductive rights. Laws restricting abortion are increasingly viewed as unconstitutional due to outdated justifications. Access to safe and affordable abortion care is crucial for upholding reproductive rights and human dignity, however, the financial barriers to safe abortion care disproportionately affect women and potentially violate their dignity and right to private life. Notably, access to safe abortion has significant implications for healthcare expenditures.

KEYWORDS: abortion, private life, human dignity, bodily autonomy, reproductive rights

SUMMARY

The author of this thesis analyses how specific aspects of the European Convention on Human Rights (ECHR) Article 8 governing the right to private life, such as access to safe and legal abortion and the recognition of reproductive rights as fundamental human rights, impact various dimensions of healthcare expenditures.

As debates surrounding abortion rights intensify globally, the research is based on the controversial abortion debate, which concerns the moral, legal, medical, and religious aspects of abortion. Further on, abortion rights intersect with various aspects of human dignity, bodily integrity, and reproductive autonomy. By using doctrinal and comparative research methods, this study establishes the historical evolution of reproductive rights and the concept of human dignity, considering both the perspective of the mother and that of the embryo/foetus through an examination of academic literature, prior research, and case law. The aim and objectives of this paper are explored in four chapters.

This thesis analyses several international instruments that govern reproductive rights, including the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), ICPD, Beijing Declaration and Platform for Action, and the Sustainable Development Goals (SDG). Further on, by exploring different scholarly literature, the author delves into the question of whether a foetus is considered a human being and whether it possesses inherent human rights and dignity. Another aspect addressed is the perspective of the mother, who embodies human dignity and is entitled to the right to privacy as stipulated in Article 8 of the ECHR. This right encompasses the freedom to make decisions regarding contraception, family planning, and pregnancy without external interference, as well as her decision whether to reproduce or not to reproduce. Despite the diversity of perspectives offered, the complexity of the debate suggests that reaching a conclusion on the matter is challenging and requires careful examination of the diverse ethical, legal, and social dimensions.

Consequently, the thesis investigates the healthcare expenses linked with abortion services, revealing unexpected findings. While initial expectations suggested comparable costs across European countries, the research uncovered significant discrepancies. Specifically, in countries where abortion is prohibited, the expenses were nearly three times higher despite the use of identical medical procedures. This underscores the complex healthcare pricing systems and underscores potential gaps in access to reproductive healthcare services across international borders.

Altogether, the research shows that in countries with heavy restrictions on abortion, individuals may face financial burdens to access safe abortion services, leading to disproportionate expenditures compared to their income levels. In comparison to countries where abortion is legal and accessible, healthcare expenditures related to abortion are more proportionate and manageable.

TABLE OF CONTENTS

LISTS OF AUTHORITIES, FIGURES, TABLES, AND ABBREVIATIONS

CEDAW - Convention on the Elimination of All Forms of Discrimination Against Women

D&E - Dilation and Evacuation

ECHR - European Convention on Human Rights

ECtHR - European Court of Human Rights

EUR - Euro (currency)

GAPD - Global Abortion Policies Database

WHO - World Health Organization

ICCPR - International Covenant on Civil and Political Rights

ICESCR - International Covenant on Economic, Social, and Cultural Rights

ICPD - International Conference on Population and Development

MDDG - United Nations Millennium Development Goals

MDG - United Nations Millennium Development Goals

PLN - Polish zloty (currency)

PoA - Programme of Action

SHRH - Sexual and Reproductive Health and Rights

UDHR - Universal Declaration of Human Rights

UHC - Universal Health Coverage

WPPA - World Population Plan of Action

INTRODUCTION

The abortion debate is an ongoing controversy that concerns the moral, legal, medical, and religious aspects of abortion. Abortion is deeply intertwined with the notions of fundamental human rights, accessible healthcare, and individual autonomy. Further on, abortion rights intersect with various aspects of human dignity, bodily integrity, and reproductive autonomy, and thus make this topic significant morally, legally, and socially. Understanding the implications of legal frameworks governing these rights on healthcare expenditures is essential for promoting informed decision-making and protecting individuals' rights as debates surrounding abortion rights intensify globally.

Legislative changes and judicial rulings regarding abortion rights shape the legal landscape and have direct implications for individuals' access to safe and legal abortion. As of recent court cases and debates, the complex interplay between abortion rights, human rights law, and healthcare policy has been emphasized. Furthermore, the changing norms and evolving human rights standards contribute significantly to the legal issue of abortion, and thus, there is a need for ongoing analysis and adaptions of legal frameworks for protecting individuals' rights. The understanding of the relationship between abortion rights and healthcare expenditures is key to ensuring the protection of fundamental rights, promoting gender equality, and advancing public health objectives. Consequently, the research question of this thesis is how specific aspects of the European Convention on Human Rights (ECHR) Article 8 governing the right to private life, such as access to safe and legal abortion and the recognition of reproductive rights as fundamental human rights, impact various dimensions of healthcare expenditures.

By exploring existing legal scholarship and case law, the aim of the research is, firstly, to identify insights to address access to safe and legal abortion and recognition of reproductive rights as fundamental human rights under Article 8 of the ECHR. Secondly, evaluate the impact of legal restrictions on healthcare expenditures and its challenges. The legal problem is the attempt to balance the protection of reproductive rights as fundamental human rights with the realities of healthcare expenditures. Key aspects include ensuring equitable access to safe and legal abortion services, recognizing the autonomy and agency of individuals in making reproductive healthcare decisions and mitigating the financial barriers that hinder access to care.

In this research, the doctrinal and comparative research methods are combined, primarily focusing on the right to private life, especially focusing on access to safe and legal abortion and the recognition of reproductive rights as fundamental human rights. Academic articles and legal frameworks are compared and reviewed, and the complex interplay between legal frameworks governing abortion rights and healthcare expenditures for abortion-related care is analysed.

The conclusions drawn from this study must be considered within the context of certain limitations. First, reliable data and statistics on unsafe abortions are limited due to their secretive nature. Consequently, most studies rely on estimates rather than concrete evidence. Additionally, variations in economic status, reflected in average monthly salaries, and differences in national laws governing abortion make it challenging to make fair and accurate comparisons between countries.

The paper consists of four chapters. In the first chapter, the author investigates the historical evolution of reproductive rights through legal frameworks and initiatives, starting from the World Population Conference in 1954 and until the 2030 Agenda for Sustainable Development. Further, the main documents and initiatives governing reproductive rights today are examined. Starting from chapter two, the author focuses on the concept of human dignity as an aspect of the abortion debate. By analysing case law, the author delves into different judgments by the European Court of Human Rights (ECtHR) to understand the court's perspective on abortions. Further, the concept of human dignity is examined from the reproductive rights and the right to abort side and from the perspective of the right to life of the embryo and foetus. Finally, the medical perspective and arguments both in favour and against abortion are explored. Chapter three explores healthcare expenditures on abortion by analysing the correlation between a country's average monthly salaries and its abortion-related costs. Lastly, chapter four is a critical analysis of the research.

1. THE HISTORICAL EVOLUTION OF REPRODUCTIVE RIGHTS.

In this chapter, the evolution of reproductive rights within the framework of international human rights law and global discourse will be examined, starting from the World Population Conference in 1954[1]to the United Nations Millennium Development Goals (MDG)[2] in 2005 and the "2030 Agenda for Sustainable Development"[3], adopted in 2015. Key conferences, declarations, and legal instruments will be surveyed in order to trace the course of reproductive rights from population control concerns to a broader recognition of individual autonomy, gender equality, and human dignity in matters of sexual and reproductive health.

At first, in the World Population Conference in 1954[4] in Rome and in 1965 in Belgrade[5], reproductive rights were introduced as a concern related to population growth rather than an issue of human rights.[6] At the time, the population in the World was growing excessively, thus, many countries saw it as a threat and started to consider and perceive the need for population control. This included governments supporting family-planning programs to reduce birth rates and slow population growth. In addition to this, the neo-Malthusian concern that population growth is the leading cause of poverty became widely popular in the society. The ideology behind Neo-Malthusians was that if there were more people in a specific area, fewer resources would be available for the support and development of each individual.[7] This ideology led to a series of actions globally, such as women being forced to "undergo abortions and social pressure being applied to monitor and control fertility."[8] This ideology was explicitly stated first in 1968 at the International Conference on Human Rights in Teheran[9], where United Nations member states met.

Later, in 1974, at the Bucharest World Conference on Population,[10] the World Population Plan of Action (WPPA)[11] was adopted, and its main aim was to introduce three significant changes, which included (1) population policies shall be consistent with human rights, (2) individuals are allowed to choose the number of children freely, and (3) the status

---

[1] United Nations Population Division. *World Population Conference.* Available on: https://www.un.org/sites/un2.un.org/files/2020/02/1954_congres_mondial_rome.pdf, Accessed May 9, 2024.
[2] United Nations. *Millennium Development Goals and Beyond 2015,* pp. 1-2. Available on: https://www.un.org/millenniumgoals/pdf/Goal_5_fs.pdf, Accessed May 9, 2024.
[3]United Nations Department of Economic and Social Affairs. *Family Planning and the 2030 Agenda Sustainable Development,* pp. 1-2. Available on: https://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning_DataBooklet_2019.pdf Accessed April 10, 2024.
[4] United Nations Population Division, *supra* note 1, pp.695-696.
[5] United Nations Department of Economic and Social Affairs. *Proceedings of the World Population Conference.* Available on: https://digitallibrary.un.org/record/735531?v=pdf, Accessed May 9, 2024.
[6] Lucia B. Pizzarossa, "Here to Stay: The Evolution of Sexual and Reproductive health and Rights in International Human Rights Law," *Laws* (2018): accessed April 8, 2024, doi: https://doi.org/10.3390/laws7030029.
[7] *Ibid.*
[8] *Ibid.*
[9] United Nations. *Final Act of the International Conference on Human Rights.* Available on: https://www.un.org/en/conferences/human-rights/teheran1968, Accessed May 9, 2024.
[10] United Nations. *Report of the United Nations World Population Conference.* Available on: https://www.un.org/en/conferences/population/bucharest1974, Accessed May 9, 2024.
[11] United Nations Population Information Network. *World Population Plan of Action.* Available on: https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/E_CONF.60_19_Plan.pdf Accessed April 8, 2024.

of women is vital in the interconnection of population policies.[12] The WPPA was crucial for the evolution of reproductive rights, marking a significant departure from previous population conferences. It emphasized the importance of human rights principles being aligned with population policies. It recognized the right of,

> All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education, and means to do so."[13]

Between the Bucharest World Conference on Population and the International Conference on Population in Mexico City in 1984, the International Covenant on Economic, Social, and Cultural Rights (ICESCR)[14] came into force in 1976, and in 1979, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)[15] was adopted and is recognized for protecting women's reproductive rights and ensuring gender equality in health care and family planning matters. Adopting the CEDAW in 1979 and the ICESCR in 1966 provided a robust legal framework for developing the Sexual and Reproductive Health and rights (SHRH).[16] These international bodies have played a pivotal role in monitoring state performance and defining the obligations of states in realizing SRHR, thus shaping the discourse and promoting accountability in this critical area of human rights.

The next significant step in the evolution of reproductive rights was in the 1984 International Conference on Population in Mexico City. This Conference adopted the Recommendations for Further Implementation of the WPPA[17] , and states agreed on the importance of human rights, however, two controversial topics emerged, showing the difference between what states had agreed upon internationally and their actual willingness to enforce these rights. The United States strongly opposed abortion as a method of family planning, whereas China had adopted its one-child policy, which the Conference refused to reject publicly.[18] Overall, the Mexico City conference in 1984 showcased the challenges and complexities surrounding reproductive rights and population control, highlighting the need for ongoing dialogue and advocacy to address these issues effectively.

A significant milestone in the evolution of reproductive rights, as it initiated the invisibility of human rights and pressed on the need for full and equal rights for women, was the 1993 World Conference on Human Rights in Vienna[19]. The Conferences Programme of Action (PoA) recognized the need for physical and mental health access for women throughout their lives and supported their rights to family planning. This acknowledgment

---

[12] *Ibid.*
[13] *Ibid.*
[14] United Nations Human Rights Office of the High Commissioner. *International Covenant on Economic, Social and Cultural Rights.* Available on: https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights Accessed on April 9, 2024.
[15] United Nations Entity for Gender Equality and the Empowerment of Women. *Convention on the Elimination of All Forms of Discrimination against Women.* Available on: https://www.un.org/womenwatch/daw/cedaw/ Accessed on April 8, 2024.
[16] Pizzarosssa, *supra* note 6.
[17] United Nations Department of Technical Co-operation for Development. *Report of the International Conference on Population, 1984.* Available on: https://documents.un.org/doc/undoc/gen/n84/214/34/pdf/n8421434.pdf?token=GBraXveSqBXmM3LDp7&fe=true Accessed April 8, 2024.
[18] Pizzarosssa, *supra* note 6.
[19] The World Conference on Human Rights. *Vienna Declaration and Programme of Action.* Available on: https://www.refworld.org/legal/resolution/unga/1993/en/14730 Accessed April 8, 2024.

was crucial for the further evolvement of reproductive rights within the broader human rights framework.

Reproductive health includes an individual's physical, mental, and social well-being concerning the reproductive system's functions. It is essential that individuals have the freedom to choose between their sexual and reproductive lives, as well as the choice of when to reproduce and if to reproduce. Information on safe methods of family planning and healthcare services are essential components of reproductive health cases and thus help women and new families to navigate pregnancy and childbirth safety. Individuals have the right to maintain their reproductive health at the highest standards and make free decisions regarding this.[20]

Furthermore, the inception of the concept of reproductive health was at the United Nations International Conference on Population and Development (ICPD)[21] in Cairo in 1994 to its subsequent expansion and recognition. Unlike previous conferences, the ICPD shifted the focus from pure population control through family planning to a broader perspective that included safe sex and pregnancy free from constraints, discrimination, and violence. This shift was significant as it delegitimized top-down governmental efforts that ignored and violated women's human rights.[22] Remarkably, the ICPD, emphasized the empowerment of women.[23] Thus, the Conference set out a goal involving each country striving to make an accessible primary healthcare system that provided reproductive health to all individuals of appropriate age.[24]

Moreover, the ICPD introduced the concept of reproductive rights as the fundamental right of all individuals to decide freely and responsibly about the number, spacing, and timing of their children, as well as to have access to the highest standard of sexual and reproductive health,[25] which are recognized in state, national, and international laws, such as the Universal Declaration of Human Rights (UDHR)[26] and the ICESCR[27]. These rights "embrace certain human rights that are already recognized in national laws, international laws, and international human rights documents."[28] However, regarding the topic of abortion, the Conference saw controversy.[29] Although the ICPD understood and acknowledged the health risks associated with unsafe abortions, the availability of safe abortions was permitted by law.

---

[20] M F Fathalla and M M F Fathalla, "Sexual and Reproductive Health: Overview," in *Sexual and Reproductive Health: a Public Health Perspective,* ed. Iaboja P. Van Look. (Egypt: Elservier Inc, 2008), p.34, accessed April 8, 2024, https://books.google.lv/books?id=Y0DUuGYjPiUC&lpg=PA309&ots=dDYwzjqGdt&dq=reproductive%20rights%20definition&lr&hl=lv&pg=PA34#v=onepage&q=definition&f=false.

[21] United Nations Population Fund. *Programme of Action of the International Conference on Population Development,* pp. 58-78. Available on: https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf, Accessed May 9, 2024.

[22] Pizzarossa, *supra* note 6.

[23] United Nations Population Fund, s*upra* note 21.

[24] M F Fathalla and M M F Fathalla, *supra* note 20.

[25] United Nations Population Fund, s*upra* note 21.

[26] United Nations. *Universal Declaration of Human Rights.* Available on: https://www.un.org/en/about-us/universal-declaration-of-human-rights Accessed on April 8, 2024.

[27] United Nations Human Rights Office of the High Commissioner. *International Covenant on Economic, Social and Cultural Rights.* Available on: https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights Accessed on April 9, 2024.

[28] United Nations Population Fund, s*upra* note 21.

[29] Pizzarossa, s*upra* note 6.

However, the ICPD did not push them to be universally accessible and legal worldwide. Despite the controversy, the ICPD represented a significant step forward in recognizing reproductive rights as human rights and incorporating them into international law.

If in 1994, the ICPD did not push for abortion to be universally accessible and legal worldwide, then later in Beijing in 1995, at the Fourth World Conference on Women[30], it was called upon member states to review their laws, particularly those states that were imposing punitive measures on women who have been undergoing illegal abortions, thus shifting towards a more rights-based approach to reproductive health.[31] Additionally, during the Programme of Action for the ICPD and at the Fourth World Conference on Women, the following definition of reproductive rights was adopted:

> Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.[32]

From the above-quoted definition, the following conclusion has been drawn. The recognition of reproductive rights within the human rights framework reflects a broader understanding of individual autonomy and dignity. Reproductive rights are keen on the knowledge of individuals' autonomy and self-determination in making decisions about their reproduction while also ensuring freedom from coercion, discrimination, and violence. Thus, the connection between human dignity and reproductive rights lies in the understanding of individuals' inherent worth and being informed about their reproductive lives, free from discrimination.

The concept of reproductive health emerged from the United Nations ICPD in 1994 and the Fourth World Conference on Women in 1995. These conferences emphasized the importance of empowering women and ensuring access to comprehensive reproductive health care. As endorsed in these conferences,[33] reproductive health encompasses physical, mental, and social well-being related to the reproductive system, with individuals having the freedom to make informed choices about their sexual and reproductive lives. Upholding reproductive rights is essential for promoting the highest standards of reproductive health and ensuring the

---

[30] United Nations. *Report of the Fourth World Conference on Women,* p. 113, available on: https://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf, Accessed May 9, 2024.
[31] Pizzarossa, *supra* note 6.
[32] M F Fathalla and M M F Fathalla, *supra* note 20, p.35.
[33] *Ibid.*

well-being of individuals and families, as enshrined in the Universal Declaration of Human Rights[34].

This is supported by the Universal Declaration of Human Rights, where Article 3[35] stipulates that everyone has the right to life, and Article 25, which states,

> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.[36]

Lastly, the United Nations Millennium Development Goals (MDG)[37] only in 2005 added its goals of "universal access to reproductive health,"[38] and the "2030 Agenda for Sustainable Development"[39], adopted in 2015, contains an explicit reference to the ICPD and the Conference in Beijing. This reflects ongoing progress in recognizing reproductive rights as a fundamental human right.

Nowadays, in the international arena, sexual and reproductive rights are highly recognized, however, there has been a long journey in achieving this. The above-mentioned United Nations ICPD (1994) and the Fourth World Conference on Women (1995) were the turning points, however, reproductive rights were first brought up by the United Nations at the World Population Conference in 1954, in Rome, and 1965 in Belgrade.[40] The history and evolution of reproductive rights has been a long journey, which has been made up of certain United Nations Conferences and international agreements. Initially, reproductive rights were a response to the enormous increase in population to control it. However, with each Conference, discussions between states moved to a more positive side, which overlooked the broader human rights implications of reproductive health and the decisions that were made about it. Overall, the journey toward reproductive rights has been challenging and complex, but also, step-by-step, it has moved in the correct direction in recognizing the importance of sexual and reproductive health within the broader framework of human rights. Today, reproductive rights are governed by various international instruments, such as the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), ICPD, Beijing Declaration and Platform for Action, and the Sustainable Development Goals (SDG).

---

[34] United Nations, *supra* note 26, p.2.
[35] *Ibid.*
[36] United Nations, *supra* note 26, p.7.
[37] United Nations, *supra* note 2.
[38] Alicia Ely Yamin, "From Ideals to Tools: Applying Human Rights to Maternal Health," *PLoS Med* (2013): accessed April 11, 2024, doi.org/10.1371/journal.pmed.1001546.
[39] United Nations Department of Economic and Social Affairs. *Family Planning and the 2030 Agenda Sustainable Development.* Available on: https://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning_DataBooklet_2019.pdf Accessed April 10, 2024.
[40] Pizzarossa,*supra* note 6.

1.1.Primary Documents and Initiatives Governing Reproductive Rights Today

There are various international conventions and agreements protecting reproductive rights, however, the content and scope of these rights remain controversial.[41] The right to life, autonomy, education, equality, non-discrimination, and privacy are all included and associated with the attainment of sexual and reproductive rights.[42] This chapter explores a range of international legal instruments, as well as essential initiatives led by the United Nations, all of which contribute to shaping the discourse and protection of reproductive rights.

Even though the term "reproductive rights" is not explicitly stated in the UDHR[43], several articles of this declaration encompass aspects of reproductive rights. This includes Article 1, "All human beings are born free and equal in dignity and rights,"[44] Article 3, "Everyone has the right to life, liberty and security of person,"[45] Article 12,

> No one shall be subjected to arbitrary interference with his privacy, family, home, or correspondence, nor to attacks upon his honour and reputation,[46]

and Article 16,

> Men and women of full age, without any limitation due to race, nationality, or religion, have the right to marry and to find a family.[47]

While the UDHR doesn't explicitly outline reproductive rights, its principles of equality, autonomy, and the right to health can be applied to issues such as access to contraception, maternal healthcare, abortion services, and freedom from discrimination based on reproductive choices. The connection lies in how these articles affirm fundamental rights and liberties that are essential to reproductive autonomy and well-being.

Similar to the UDHR, the ICESCR[48] doesn't explicitly mention reproductive rights, however, the Covenant recognizes the right to achieve the highest attainable standard of physical and mental health, which includes aspects of reproductive rights. These include Article 10, "widest possible protection and assistance"[49] for the family, which includes support for reproductive health services and maternal care. As well as Article 11,

> the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing, and housing, and to the continuous improvement of living conditions,[50]

---

[41] Julia Gebhard and Diana Trimino, "Reproductive Rights, International Regulation", *Max Planck Encyclopedia of Public International Law,* (2012): p. 1, accessed April 11, 2024. Available on: https://www.corteidh.or.cr/tablas/r16912.pdf.
[42] United Nations Populationf Funds, *Frameworks and Policies on Sexual and Reproductive Health Gender, Human Rights and Culture Branch, Technical Division, United Nations Population Fund (UNFPA),* (2009): p. 1, available on: https://www.unfpa.org/sites/default/files/jahia-events/webdav/site/global/shared/documents/events/2009/policies_frameworks.pdf Accessed April 12, 2024.
[43] United Nations, *supra* note 26.
[44] *Ibid*., p. 2.
[45] *Ibid.*
[46] *Ibid.* p. 4.
[47] *Ibid.,* p. 5.
[48] United Nations Human Rights Office of the High Commissioner, *supra* note 14.
[49] *Ibid.*
[50] *Ibid,*

and Article 12, "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."[51] The ICESCR establishes the right to health, encompassing reproductive health as an integral component. It underscores the importance of ensuring access to healthcare services, including those related to reproductive health, without discrimination.[52]

Even though the International Covenant on Civil and Political Rights (ICCPR)[53] focuses more on civil and political rights, it touches upon reproductive health and autonomy issues. These include Article 17:

> No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home, or correspondence, nor to unlawful attacks on his honour and reputation.[54]

Article 23, "the right of men and women of marriageable age to marry and to found a family shall be recognized,"[55] and Article 24,

> every child shall have, without any discrimination (…) the right to such measures of protection as are required by his status as a minor, on the part of his family, society and the State.[56]

Like all previously stated legal documents, it does not explicitly address reproductive rights, however, it does contain provisions related to privacy, family life, and the rights of children that are connected to aspects of reproductive health and autonomy.

Unlike the previous legal frameworks, the CEDAW[57] directly addresses reproductive rights as a fundamental aspect of women's equality and non-discrimination. These include Article 12;

> to eliminate discrimination against women in the field of health care in order to ensure, on the basis of equality of men and women, access to health care services, including those related to family planning,[58]

Article 14, which stipulated the right for women to have "access to adequate health care facilities, including information, counselling and services in family planning,[59] and Article 16, which includes the elimination of

> elimination of discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on the basis of equality of men and women, (…) and the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.[60]

---

[51] *Ibid.*
[52] *Ibid.*
[53] United Nations Human Rights Ofiice of the High Commissioner. *Internaional Covenant on Civil and Political Rights, 1966,* Date of enty into force: 23 March 1976. Available on: https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights Accessed April 8, 2024.
[54] *Ibid.*
[55] *Ibid.*
[56] *Ibid.*
[57] United Nations Entity for Gender Equality and the Empowerment of Women*, supra* note 15.
[58] *Ibid.*
[59] *Ibid.*
[60] *Ibid.*

CEDAW is connected to reproductive rights through its explicit recognition of women's right to access reproductive healthcare services, including family planning, without discrimination. It underscores the importance of ensuring women's autonomy, equality, and decision-making power in matters related to reproduction. Therefore, CEDAW serves as a crucial international instrument for advancing reproductive rights and promoting gender equality.

The initiative of the ICPD Programme of Action[61] recognizes reproductive rights as human rights and emphasizes the importance of ensuring universal access to sexual and reproductive health and rights, including family planning services.[62] The PoA requests for comprehensive sexuality education, access to safe and legal abortion where not against the law, and the integration of reproductive health services into primary healthcare systems, and emphasizes the importance of women's empowerment and gender equality.[63]

The Beijing Declaration and Platform of Action[64] reaffirms the principles stated in the ICPD. It states in paragraph 97, "The ability of women to control their own fertility forms an important basis for the enjoyment of other rights,"[65] and paragraph 95, which stipulates the woman's "right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents."[66] These excerpts from the Beijing Declaration and Platform for Action highlight the importance of ensuring women's ability to make autonomous decisions regarding their reproductive health and rights. They emphasize the need to eliminate discrimination, coercion, and violence in matters related to women's reproductive choices and to provide women with access to information, education, and resources to exercise their reproductive rights freely and responsibly.

Finally, the SDG[67] developed by the United Nations addresses reproductive rights within its third goal, which by 2023 wishes to,

> ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.[68]

Additionally, in goal five on gender equality, the SDG agrees to the ICPD Programme of Action to "Ensure universal access to sexual and reproductive health and reproductive rights."[69] Additionally, the SDG indirectly supports reproductive rights in its tenth and

---

[61] United Nations Population Fund, s*upra* note 21.
[62] *Ibid*., p. 60.
[63] *Ibid.,* p. 29.
[64] United Nations, *supra* note 30.
[65] *Ibid., p. 36.*
[66] *Ibid.*
[67] United Nations Department of Economic and Social Affairs, *supra* note 3.
[68] United Nations Development Programme. *Sustainable Development Goals, Goal 3, Good Health and Well-being.* Available on: https://www.undp.org/sustainable-development-goals/good-health Accessed April 18, 2024.
[69] United Nations Development Programme. *Sustainable Development Goals, Goal 5, Gender Equality.* Available on: https://www.undp.org/sustainable-development-goals/gender-equality Accessed April 18, 2024.

sixteenth goals of reduced inequality[70] , peace, justice, and strong institutions.[71] By ensuring universal access to sexual and reproductive health services, eliminating discrimination, and promoting gender equality, the SDGs contribute to advancing reproductive rights as essential components of sustainable development.

Furthermore, the right to private life in the European legal context is stated in the European Convention on Human Rights (ECHR), Article 8 (1) and (2), which reads:

> (1) Everyone has the right to respect for his private and family life, his home and his correspondence.[72] (2) There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety, or the economic well-being of the country for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedom of others.[73]

From this section of the law, it can be concluded that individuals are entitled to privacy and autonomy of their personal affairs, however, this right is not absolute and may be subject to limitations in certain circumstances for the greater good of society or the protection of the rights of others.[74] Further on, the court has found that the prohibition of abortion when "sought for the reasons of health and/or wellbeing"[75] falls within the scope of Article 8. Further, this thesis will focus on the ECHR, specifically Article 8, and its impact on the various dimensions of healthcare expenditures.

In conclusion, the legal instruments shaping reproductive rights today are widely complex. All together, they embody the crucial principles that protect reproductive autonomy, equality, and health. Each framework underscores the fundamental importance of ensuring access to sexual and reproductive health services, eliminating discrimination, and promoting gender equality. Moreover, interpretations by bodies such as the European Court of Human Rights further reinforce the significance of individual autonomy and privacy in matters of reproductive choice. These legal foundations lay the groundwork for advancing reproductive rights as integral components of human rights and sustainable development agendas worldwide.

---

[70] United Nations Development Programme. *Sustainable Development Goals, Goal 10, Reduced Inequalities.* Available on: https://www.undp.org/sustainable-development-goals/reduced-inequalities Accessed on April 18, 2024.
[71] United Nations Development Programme. *Sustainable Development Goals, Goal 16, Peace, Justice, and Strong Institutions.* Available on: https://www.undp.org/sustainable-development-goals/peace-justice-and-strong-institutions Accessed April 18, 2024.
[72] Council of Europe. *European Convention on Human Rights,* p. 11, available on: https://www.echr.coe.int/documents/d/echr/Convention_ENG, Accessed May 9, 2024.
[73] *Ibid.*
[74] European Court of Human Rights, *Guide on Article 8 of the European Convention on Human Rights,* p. 12. Available on: https://www.echr.coe.int/documents/d/echr/guide_art_8_eng, accessed May 9, 2024.
[75] *Ibid.*

2. THE CONCEPT OF HUMAN DIGNITY AS AN ASPECT OF THE ABORTION DEBATE

At the end of the nineteenth century, abortion was legally restricted in almost every country, including Britain, France, Portugal, Spain, and Italy, for three main reasons: 1) due to the undeveloped medical procedures, abortion was very dangerous, 2) abortion was seen as a form of transgression of morality, and 3) abortion was illegal in order to protect the life of the foetus.[76] The feminist movements for decriminalization of abortion in the United States and Europe started in the late 1960s and early 1970s. Feminists in their movements promoted the conversation about abortion, which led to courts in many countries reviewing their constitutionality of abortion laws. This led to citizens and judges interpreting and having diverse claims on dignity, which were previously not associated with abortion.[77]

Further on, this chapter looks at the concept of human dignity in between contentious debates surrounding the definition and legal status of the human embryo/foetus, as well as how it supports the right to abort through reproductive rights and the right to life of the embryo/foetus. Furthermore, through case law, the perspective of abortion is analysed using case law from the Strasbourg court. Finally, the medical perspectives of different abortion methods, including the risks associated with unsafe procedures, are integral to evaluating the implications of abortion laws and policies on public health and human rights is explored.

2.1.ECtHR Perspectives on Abortion

Abortion before the nineteenth century was not regulated in most countries, however, due to the growing concern related to surgical and medical infection risks, abortions became a life-threatening surgery, and thus, more significant regulations were needed. Today, abortion is one of the few health procedures that is regulated in most countries.[78] Abortion without the justification of the woman is permitted in 50 countries; 27 of these are in Europe, 14 countries in Asia, six in Africa, three in Latin America and the Caribbean, and one in North America. Abortion on request is typically available in the range of 8 to 24 weeks.[79]

With varying laws and restrictions in place, many legal, cultural, and ethical factors shape abortion policies. Through the analysis of various cases from the European Court of Human Rights—*A, B, and C* v. *Ireland*, *P. and S.* v. *Poland*, and others, the impact of legal frameworks on individuals' access to reproductive healthcare and the protection of human rights will be examined. These cases illuminate the challenges and complexities surrounding abortion rights. This sub-chapter investigates the landscape of abortion laws and reproductive rights across different countries, exploring historical contexts, legal frameworks, and human rights implications. To evaluate how different countries regulate abortion, the ECHR

---

[76] Marge Berer, "Abortion Law and Policy Around the World," *Health Hum Rights,* (2017), accessed April 13, 2024, available on: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473035/.
[77] Reva B. Siegel, "Dignity and sexuality: Claims on dignity in transational debates over abortion and same-sex marriage", *Oxfod University Press and New York University School of Law,* (2012): p. 357, accessed April 16, 2024, doi.org/10.1093/icon/mos013.
[78] Antonella F. Lavelanet, "Global Abortion Policies Databse: a descriptive analysis of the legal categories of lawful abortion," *BMC Int Health Hum Righrs,* (2018), accessed on April 16, 2024, doi: 10.1186/s12914-018-0183-1.
[79] *Ibid.*

jurisprudence on abortion will be surveyed. This will illustrate how the European Court of Human Rights handles issues related to abortion rights. Courts tend to follow domestic laws and medical guidelines, so medical societies must create comprehensive guidelines based on human rights. These guidelines can shape human rights norms in Europe and worldwide.

2.1.1. *A, B, and C* v. *Ireland*

The case of *A, B, and C v. Ireland* in 2010[80] includes three women (A, B, and C), residents of Ireland, where abortion is prohibited, and the state acknowledged the right to life of the unborn. The pregnancy in Ireland could only be terminated in cases when there is a substantial risk to the life of the mother. Additionally, before 1992, Ireland had also banned traveling to other countries for abortion purposes, however, after 1992, this ban was removed, and with this, Ireland allowed the dissemination of legally available abortions abroad. All three women had personal circumstances in which the continuation of the pregnancy would not be suggested – recovering from substance abuse, poverty, cancer (applicant C), and the status of family (single), thus, all had abortions in the United Kingdom. All women had post-abortion complications; however, they did not seek medical advice due to the restrictions.[81] The Court found that the inability to assess applicant C's condition was life-threatening to qualify for abortion thus, the Irish law violated her right to private life.[82] As for applicants A and B, the Court did not agree that their fundamental rights were violated and thus concluded that the interference of the Irish abortion law on women's right to private life was justified. The ECtHR supported its claim that the interference was according to the "legitimate aim of the protection of the profound moral values of a majority of the Irish people."[83] In conclusion, the Court did not find the Irish abortion law to violate the European Convention on Human Rights.[84]

In this case, the Court recognized the right to life of the unborn in Ireland's legal framework. While the Court found that one of the applicants' right to private life was violated due to the inability to assess the life-threatening nature of her condition, it upheld the Irish abortion law for the other two applicants, citing the protection of moral values as a legitimate aim. The case highlights the complexities surrounding abortion laws, particularly in balancing the rights of women with societal values and the protection of life. It sheds light on the tension between individual autonomy and the state's duty to safeguard both maternal health and the sanctity of life. Moreover, it emphasizes the profound implications of legal decisions on reproductive health policies, specifically concentrating on the ongoing discourse surrounding the rights of women to make autonomous decisions about their bodies, which are bounded by the competing demands of society. In addition to the above, the case of *A, B, and C* v. *Ireland* highlights the challenge of reconciling diverse cultural and moral perspectives on abortion, which often differ across national boundaries. This analysis underscores the

---

[80] A, B, and C v. Ireland [GC], no. 25579/05, 16 December 2010, ECHR 2010, available on: https://hudoc.echr.coe.int/fre?i=001-102332.
[81] *Ibid.*
[82] Johanna Westeson "Reproductive health information and abortion services: Standards developed by the European Court of Human Rights", *International Journal of Gynecology & Obstetrics,* (2013), pp. 173-176, accessed on April 26, 2024, doi.org/10.1016/j.ijgo.2013.05.002.
[83] *A, B, and C* case, *supra* note 80.
[84] Johanna Westeson, *supra* note 82.

ongoing need for legal frameworks and ethical deliberations that strive to uphold human rights while navigating the diverse dimensions of reproductive health and justice.

Prior to the case of *A, B, and C* v. *Ireland*[85], in the cases of *McGee* v. *the Attorney General*[86] on privacy in marital affairs, and *Finn* v. *the Attorney General*[87] on the right to life of the unborn being already protected, the court relied solely on the Article 40(3) of the Constitution of Ireland, which states,

> The State shall, in particular, by its laws protect as best it may from unjust attack and, in the case of injustice done, vindicate the life, person, good name, and property rights of every citizen,[88]

and, thus, recognizes the right to life of the unborn.[89]

In the case, *A, B, and C* v. *Ireland*[90] , the Chief Justice cited the McGee case and stated that the

> [I]n vindicating and defending as far as practicable the right of the unborn to life but at the same time giving due regard to the right of the mother to life, the Court must, amongst the matters to be so regarded, concern itself with the position of the mother within a family group, with persons on whom she is dependent, with, in other instances, persons who are dependent upon her and her interaction with other citizens and members of society in the areas in which her activities occur. Having regard to that conclusion, I am satisfied that the test proposed on behalf of the Attorney General that the life of the unborn could only be terminated if it were established that an inevitable or immediate risk to the life of the mother existed, for the avoidance of which a termination of the pregnancy was necessary, insufficiently vindicates the mother's right to life.[91]

With this, he concluded that the termination of a pregnancy is only permissible if article 30(3)(3)[92] on the termination of pregnancy is accurately interpreted.[93] Additionally, McCarthy J. commented on this, agreeing with the Chief Justice that " It is not for the courts to programme society; that is partly, at least, the role of the legislature. The courts are not equipped to regulate these procedures."[94]

In conclusion, the evolution of abortion law in Ireland, illustrated specifically by the case of *A, B, and C* v. *Ireland*, reflects a nuanced approach balancing the right to life of the unborn with the rights of the mother. While previous judgments like *McGee* v. *the Attorney General*[95] established the recognition of the unborn right to life under Article 40(3) of the Constitution, the following rulings emphasize the need for a comprehensive consideration of the mother's circumstances. The judiciary's role in interpreting constitutional provisions is

---

[85] *A, B, and C* case, *supra* note 80.
[86] *McGee* v. *Attorney General* [1971] I.R. 284.
[87] *Finn* v. *Attorney General* [1983 No. 3752P].
[88] Ireland. Constitution of Ireland, 1937, Article 40. Available on: https://www.irishstatutebook.ie/eli/cons/en/html#part13, Accessed May 8, 2024.
[89] *A, B, and C* case, *supra* note 80.
[90] *Ibid.*
[91] *Ibid.*
[92] Constitution of Ireland, *supra* note 88.
[93] *A, B, and C* case, *supra* note 80.
[94] *Ibid.*
[95] *McGee* v. *Attorney General, supra* note 86.

clear, however, the responsibility for legislative action to regulate abortion procedures remains with the legislature[96], as underscored by McCarthy J.

2.1.2. *P. and S.* v. *Poland*

Similar to the previous case, in the case of *P. and S. v. Poland*[97] in 2012, the applicant, a fourteen-year-old daughter (and her mother), was pregnant after being raped, and thus she obtained a certificate from the public prosecutor confirming that her pregnancy was a result of unlawful sexual intercourse. In Poland, abortion in case of rape is legal. Later, the applicant contacted hospitals in Lublin to schedule her procedure, where instead, she received contradictory information. The doctors in Lublin took the adolescent to a Catholic priest to try to convince her of the opposite. Additionally, her mother was asked to sign a form stating that her daughter could die during the abortion procedure, which led to an argument in which the Lublin hospital refused an abortion for the young woman, and the hospital issued a press release. Both applicants were harassed by anti-abortion activists and taken to the police station for questioning. Later, the daughter was also taken to a juvenile shelter, where she stayed for a day until she needed to be taken to the hospital. During her stay in the hospital, she was interrogated by multiple journalists.[98]

The ECtHR found multiple violations of the human rights of both applicants, including the respect for private life and the right not to suffer inhuman and degrading treatment.[99] Furthermore, the ECtHR found that the health providers involved failed to abide by existing provisions on conscientious objection in Polish law, establishing a Europe-wide minimum standard on this issue. In this context, the right of healthcare providers to refuse to perform certain medical procedures or services on grounds of their personal beliefs or moral convictions is referred to as a conscientious objection. In the case of *P. and S.* v. *Poland*, some healthcare providers invoked conscientious objection to refuse to provide the woman with access to abortion services, despite the legality of abortion in cases of rape in Poland.

The ECtHR's establishment of a Europe-wide minimum standard on this subject implies that, to ensure that healthcare providers who have conscientious objections do not unduly hinder access to these lawful medical procedures, particularly relating to reproductive rights. Thus, this will serve as a precedent in all member states of the Council of Europe. By establishing this minimum standard, the ECtHR aims to uphold individuals' right to access healthcare services without discrimination or undue interference based on healthcare providers' personal beliefs.[100] Furthermore, the Europe-wide minimum standard can include the requirement for healthcare providers to refer patients to alternative providers when they refuse to provide certain services or the prohibition of harassment and discrimination against patients.

---

[96] *A, B, and C* case, *supra* note 80.
[97] *P. and S.* v. *Poland* (just satisfaction), no. 57375/08, 30 October 2012, ECHR 2012, available on: https://hudoc.echr.coe.int/?i=002-7226.
[98] *Ibid.*
[99] *Ibid.*
[100] European Council, *Strengthening the role of equality bodies across the EU: Council adopts two directives,* (2024): available on: https://www.consilium.europa.eu/lv/press/press-releases/2024/05/07/strengthening-the-role-of-equality-bodies-across-the-eu-council-adopts-two-directives/, Accessed May 8, 2024.

Additionally, the Court clarified adolescents' rights in the reproductive health context, suggesting that in cases of conflict between an underage girl and a parent regarding abortion, the adolescent's wishes should prevail.[101] In this ruling, the Court not only addressed the violations of human rights in the specific case but also provided significant clarification on the rights of adolescents on the grounds of reproductive health. In instances of disagreement between an underage girl and a parent concerning abortion, the adolescent's wishes should take precedence, and thus, the Court established a precedent.[102] This acknowledgment underscores the importance of recognizing adolescents as autonomous individuals with the capacity to make informed decisions about their own bodies and reproductive health care.

The case of *P. and S. v. Poland* exemplifies complex violations of human rights, as the fourteen-year-old applicant and her mother encountered numerous barriers and mistreatment while seeking a lawful abortion following rape. The ECtHR's ruling not only highlighted the failure of health providers to follow the existing provisions on conscientious objection but also underscored the importance of establishing a Europe-wide minimum standard to address such violations. Moreover, the Court recognized the adolescents' rights in the reproductive health context. This marked a significant advancement in human rights jurisprudence. Additionally, the court highlights that the prohibition of abortion for reasons of health and well-being infringes upon an individual's right to privacy and states that "sought for reasons of health and/or well-being falls within the scope of the right to respect for one's private life and accordingly of Article 8."[103] The decision to abortion involves personal and intimate aspects of an individual's life, and by asserting this restriction, the court acknowledges the importance of autonomy in matters concerning reproductive health. Thus, this precedent reinforces the legal basis for abortion access and emphasizes the broader implications for individual bodily autonomy. In this case, the court reiterated that the notion of private life applies to decisions to become and not to become a parent.[104]

The ECtHR has interpreted the notion of "private life" under Article 8 of the European Convention on Human Rights as the right to respect the decision of individuals to become or not to become a parent. The ECtHR has ruled in various cases that individuals have the right to autonomy and privacy in matters concerning their reproductive choices, including decisions related to parenthood. This jurisprudence emphasizes the fundamental importance of individual autonomy and the right to privacy in personal and family matters, as protected by Article 8 of the ECHR.[105] Additionally, the ECtHR has also examined issues related to reproductive rights under Article 3 (the prohibition of torture or inhuman or degrading treatment), Article 6 (the right of access to a court), Article 10 (the freedom of expression) and Article 14 (the prohibition of discrimination).[106]

---

[101] Johanna Westeson, *supra* note 82.
[102] *P. and S.* v. *Poland, supra* note 97.
[103] *Ibid.*
[104] European Court of Human Rights, *supra* note 74.
[105] Department for the Execution of Judgments of the European Court of Human Rights. *Reproductive Rights,* p. 2, available on: https://rm.coe.int/thematic-factsheet-reproductive-rights-eng/1680adebc3 Accessed on April 14, 2024.
[106] *Ibid.*

In conclusion, the case of *P. and S.* v. *Poland* emphasizes the significant balance between individual rights and the protection of life within the context of abortion laws. Additionally, this ruling also highlighted the need for a Europe-wide minimum standard to address such violations, particularly regarding conscientious objection among healthcare providers. Furthermore, the recognition of adolescents' rights in the reproductive health context marks a significant advancement in human rights jurisprudence, reinforcing the importance of individual autonomy and privacy in matters concerning reproductive choices, as protected by Article 8 of the European Convention on Human Rights.

2.1.3. Other Cases.

In the case of *Tysiąc* v. *Poland,*[107] a pregnant woman suffering from severe myopia (short-sightedness) was warned by her doctors about risks due to her eye condition, however, despite seeking medical opinions recommending the termination of the pregnancy, the applicant faced resistance from healthcare professionals, who insisted she shall carry on with delivering the baby. The applicant's eyesight deteriorated significantly after childbirth, leading to her being declared significantly disabled and facing the risk of blindness. After filing complaints against the doctors, the authorities dismissed her complaints as there was "no causal link between the doctor's decision and the deterioration in the applicant's eyesight."[108]

The court found that when the woman was pregnant, her private life became closely connected with the developing foetus.[109] Additionally, the court is deeply concerned about the restrictive abortion laws in Poland, which may 'incite women to seek unsafe, illegal abortions, with attendant risks to their life and health."[110] The court, in its analysis, recognizes the complex ethical and legal considerations surrounding reproductive rights and shows its concerns about the restrictive abortion laws in Poland and how they reflect on the potential consequences of such legislation.

Unlike the previous cases, where abortion was not supported and/or provided by the state, in the case of *G.M. and Others* v. *The Republic of Moldova*,[111] three applicants with intellectual disabilities were raped during their stay in the neuropsychiatric asylum, and all were subjects to forced abortions and contraceptive devices were implanted without their consents to prevent any further pregnancies.[112] By the ECtHR, this was seen as "forms of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment."[113] This case emphasizes that forced abortions and non-consensual implantation of contraceptive devices represent violations of bodily autonomy and show examples of how individuals with intellectual disabilities are disproportionately

---

[107] *Tysiac* v. *Poland*, no. 5410/03, 20 March 2007, ECHR 2007, available on: https://hudoc.echr.coe.int/eng?i=001-79812.
[108] *Ibid.*
[109] *Ibid.*
[110] *Ibid.*
[111] *Ibid.*
[112] *G.M. and Others* v. *the Republic of Moldova,*no. 44394/15, 22 Novemeber 2022, ECHR 2022, available on: https://hudoc.echr.coe.int/eng?i=001-220954.
[113] *Ibid.*

vulnerable to abuse. This case emphasizes the ongoing need for comprehensive measures to protect the rights and dignity of all individuals.

In the case of *M.L. v. Poland*[114], Judge P. Pszczółkowski commented on the Constitutional courts' decisions and its failure to acknowledge the other side of the conflict and accepted only the;

> prospect of preserving life in the prenatal phase. At the same time, it [had] ignored the perspective of women whose dignity, life and health [were] undoubtedly values under constitutional protection. In the name of protecting life in the prenatal phase ..., the Constitutional Court [had] imposed on them an obligation [to adopt] a heroic attitude, that is, an obligation to assume responsibility in all circumstances for ... sacrifices and hardships far exceeding the usual measure of limitations related to pregnancy, childbirth and raising a child.[115]

This reflects a critical perspective on the decisions of the Constitutional Court, particularly regarding their approach to balancing the rights and interests involved in the abortion debate. Judge Pszczółkowski highlights the need for legal and judicial systems to recognize the complex nature of reproductive rights and to ensure that decisions are made with sensitivity to the diverse circumstances and experiences of those affected.

Overall, the differences in national legislation have significant implications on the foetuses right to life, which are influenced by the national cultural and public moral factors. In Poland, where abortion laws have historically been highly restrictive, and the foetus's right to life has been vigorously protected, cultural and religious values play a significant role in shaping public policy. Thus, performing abortion in this country without meeting the strong legal criteria would likely be met with legal consequences due to the limited margin of appreciation afforded to such issues. On the other hand, in Ireland, similar cultural and religious influences shaped abortion laws that strongly protected the foetus's right to life. The Eighth Amendment to the Constitution recognized the equal right to life of the mother and the unborn child, reflecting deeply ingrained societal values.116 Consequently, abortion was largely prohibited except in limited circumstances, reflecting a narrow margin of appreciation for abortion rights. In contrast to Ireland and Poland, France has a more liberal approach to abortion, with laws that prioritize women's reproductive rights and autonomy over the foetus's right to life. French laws reflect a broader margin of appreciation for abortion rights, acknowledging women's rights to access safe and legal abortion services. The above-explored cases are closely related to the concept of human dignity as they address the right to private life, the right not to suffer inhuman and degrading treatment, and the right to access healthcare services without discrimination. These cases extensively highlight how restrictive abortion laws and barriers to accessing abortion services can infringe upon individuals' autonomy and dignity. The denial of access to safe and legal abortion services can subject individuals to unnecessary suffering, humiliation, and discrimination, undermining their inherent dignity as human beings.

---

[114] *M.L.* v. *Poland,* no. 40119/21, 14 December 2024, ECHR 2023, available on: https://hudoc.echr.coe.int/?i=001-229424.

[115] *Ibid., M.L.* v. *Poland.* Abortion was denied for a foetus with abnormalities.

[116] *A, B, and C* v. *Ireland*, *supra* note 80.

2.2. The Concept of Human Dignity in the Protections of Reproductive Rights at Large

This sub-chapter will investigate the concept of human dignity within the context of reproductive rights. The broad and inclusive meaning of human dignity is a fundamental principle used in documents such as the UDHR[117], CEDAW[118], and ICESCR[119]. Furthermore, through the lens of legal scholars, the universal validity of human dignity and its implications for individuals' reproductive autonomy will be examined.

The concept of human dignity has long been established in the language of human rights and discourse on reproductive rights. Despite its widespread use and recognition, there is an absence of consensus on its precise definition under International Human Rights Law (IHRL). This raises significant implications for understanding and safeguarding reproductive rights, and the vagueness of human dignity allows diverse interpretations and makes it both inclusive and powerful in protecting human rights across different cultures and demographics. The following paragraph explores the evolution of human dignity as a central concept post-World War II and its implications for reproductive rights discourse.

Following World War II and the inclusion of human dignity in the preambles of the United Nations Charter[120] (1945) and the UDHR[121] (1948), human dignity became a central concept. Before 1945, only five countries used this term in their constitutions, however, by 2012, "human dignity" was in 162 countries' constitutions.[122] As there was a lack of definition of this term, its understanding was open for interpretation and could be applied universally. The term human dignity in the UN charter and the UDHR was left open for interpretation "precisely for its open-ended nature and indeterminacy, and because it could appeal to people of various ideological backgrounds, without forcing them to compromise basic principles."[123] The fact that the term 'human dignity' is so broad makes it inclusive and powerful for protecting human rights across various cultures and demographics. Not only the UDHR but also the CEDAW[124] and the ICESCR[125] explicitly recognize and guarantee the protection of human dignity.[126] The broad and inclusive interpretation of human dignity

[117] United Nations, *supra* note 26.
[118] United Nations Entity for Gender Equality and the Empowerment of Women, *supra* note 15.
[119] United Nations Human Rights Office of the High Commissioner, *supra* note 14.
[120] United Nations. *United Nations Charter,* 1945, available on: https://www.un.org/en/about-us/un-charter/full-text, accessed May 8, 2024.
[121] United Nations, *supra* note 26.
[122] Doron Shulztnier and Guy E. Carmi, "Human Dignity in National Constitutions: Functions, Promises and Dangers.", *The American Journal of Comparative Law, vol. 62, no. 2* (2014): p.461, accessed April 8, 2024, https://www.jstor.org/stable/43668212.
[123] Doron Shulztnier and Guy E. Carmi, *supra* note 6, p. 471.
[124] United Nations Entity for Gender Equality and the Empowerment of Women, *supra* note 15.
[125] United Nations Human Rights Office of the High Commissioner, *supra* note 14.
[126] Samantha Halliday, "Protecting Human Dignity: Reframing the Abortion Debate to Respect the Dignity of Choice and Life, *Contemporary Issues in Law* (2016): p. 3, accessed April 15, 2024. Available on: https://durham-repository.worktribe.com/output/1319846.

across international documents lays the groundwork for understanding its inherent universality, as emphasized by Adeno Addis and David Luban.[127]

Human dignity encompasses the fundamental right of the pregnant woman to make decisions regarding her own reproductive health and body. Thus, she also has the right to make the choice regarding contraception, family planning, and pregnancy without any interference.[128] As per Adeno Addis in his article,

> Human dignity is the dignity that humans have by virtue of the fact that they are humans, irrespective of who they are and where they come from. In this sense, human dignity aspires to universal validity. This is what David Luban, in another context, has referred to as 'humanness.'[129]

A. Addis and D. Luban emphasize the inherent nature of human dignity as its characteristics apply to all individuals by simply being human. Further, Joseph Raz underscores the importance of individuals' fundamental right to autonomy and decision-making in the context of reproductive rights, where women assert their dignity by making reproductive health-related choices.

Joseph Raz stated, "Respecting human dignity entails treating humans as persons capable of planning and plotting their future. Thus, respecting people's dignity includes respecting their autonomy and their right to control their future."[130] With this, it is the woman's decision to claim her dignity and assert her worth as a human being, and thus, her decision and right to reproduce or not to reproduce.[131] During pregnancy, the mother is fully liable for the foetus, thus, her actions and choices to, for example, drink alcohol can negatively impact the unborn. Later, when the pregnancy comes to term, it will inevitably change the life of the mother physically and emotionally.[132]

Reproductive decision-making is profoundly personal and acknowledges the fundamental rights individuals must have to make choices about their own bodies and reproductive health. However, this autonomy may be restricted during pregnancies to protect the foetus. Samantha Halliday suggests that while preserving the well-being of the foetus is a legitimate concern, it may not fully explain why courts intervene in the decision-making of pregnant individuals, particularly those with mental disorders or learning difficulties. It implies that other factors, such as societal attitudes towards disability or perceptions of parental fitness, may influence these decisions.[133] Judicial authorities may be called upon to make decisions about a pregnant individual's medical treatment, including whether to perform a caesarean section. S. Halliday suggests that courts have shown a remarkable willingness to prioritize the safety of the child over the autonomy of the pregnant person, even when their decision-making capacity may be impaired.[134] Pregnant women often face

---

[127] Adeno Addis, "The Role of Human Dignity in a World of Plural Values and Ethical Commitments," *Netherlands Quarterly Of Human Rights,* (2013): p. 405, accessed April 15, 2024, available on: https://heinonline.org/HOL/P?h=hein.journals/nethqur46&i=408.
[128] Samantha Halliday, *supra* note 126, p. 6.
[129] Adeno Addis, *supra* note 127.
[130] *Ibid, p. 13.*
[131] *Ibid., p. 7.*
[132] *Ibid.,* p. 1.
[133] *Ibid.*
[134] *Ibid.*

multiple challenges, including access to affordable and quality healthcare services, financial barriers, legal restrictions, etc. Joan Mahooney suggests that 'being pregnant in itself seems to lead to a reduction in one's dignity."[135] He explains that when a woman is pregnant, she needs to undergo specific medical examinations quite frequently.

Overall, the concept of human dignity in the discourse of reproductive rights is key as it encompasses individuals' inherent worth and autonomy in making decisions about their own bodies and reproductive health. The broad and inclusive interpretation of human dignity across international human rights documents underscores its universal validity and significance in protecting human rights across diverse cultures and demographics. Despite the recognition of reproductive autonomy as a fundamental aspect of human dignity, pregnant individuals often face restrictions that undermine their autonomy and dignity. This highlights the ongoing need for advocacy and legal protection of reproductive rights.

2.3. Arguments For and Against Abortion and How They Invoke the Concept of Human Dignity and the Right to Life.

This sub-chapter discusses the arguments surrounding abortion, exploring how they intersect with the fundamental principles of human dignity and the right to life. Through examining various perspectives, from legal rulings to philosophical inquiries, the complex balance between individual autonomy, reproductive rights, and the protection of potential life will be analysed.

2.3.1. The Arguments For Abortion and How They Invoke the Concept of Human Dignity and the Right to Life.

Abortion is a common health intervention, which, according to the WHO, if carried out during the appropriate pregnancy duration and by a specialist with the necessary skills, is safe.[136] If access to quality abortion care is not provided, there is a risk of violating numerous human rights of women, including the "right to life, the right to the highest attainable standard of physical and mental health; the right to benefit from scientific progress and its realization; the right to decide freely and responsibly on the number, spacing, and timing of children; and the right to be free from torture, cruel, inhuman and degrading treatment, and punishment."[137] Human dignity may have to be taken into consideration to protect the woman's rights to bodily integrity and the protection of foetal life, however, dignity also incorporates an element of equal treatment.[138] For example, courts in England until now have recognised the foetus to have the right to life, and thus, the woman has the right to autonomy to choose whether she wants an abortion, however, the Hungarian Constitutional Court stated,

---

[135] Joan Mahoney, "Death with Dignity: Is there and Exception for Pregnant Women?" *UMKC Law Review,* (1989): p. 222, accessed April 15, 2024, available on: https://heinonline.org/HOL/P?h=hein.journals/umkc57&i=223.

[136] World Health Organizations. *Abortion.* Available on: https://www.who.int/news-room/fact-sheets/detail/abortion Accessed April 17, 2024.

[137] *Ibid.*

[138] Samantha Halliday, *supra* note 126, p. 6.

> Among the rights to be weighed against the state's duty to give increased protection to foetal life, the mother's right to self-determination – as part of the right to human dignity – is the most important one.[139]

This highlights the complex balance between rights and interests involved in the regulation of abortion, as they have to ensure both that the pregnant women's rights are protected and also consider the possible life of the foetus. Many courts in recent years have failed to recognise the mother's right to autonomy and/or the foetuses right to life, however, they do recognize women's reproductive rights and the right for her to know complete information about delivery methods and the risks they pose.[140]

There is evidence proofing that the rate of abortion is equal in both countries where abortion is legal and illegal.[141] If abortion is illegalized, it will not decrease the number of abortions; it will instead make abortion much more unsafe, as women will still seek for these options illegally. Each year, almost 42 million women choose to undergo abortion, and from these 42 million, about 21 million are unsafe. The outcome of this leads to around 47,000 deaths and makes it one of the top leading causes of maternal mortality.[142] This corresponds to Anand Grovers' notes, where he assesses that 'laws criminalizing abortion led to higher numbers of maternal deaths.'[143]

Professor Joseph W. Dellapenna argues that laws prohibiting abortion are now unconstitutional since a woman's freedom to control her own bodily integrity is limited, where the reason underlying the limitation is no longer valid.[144] With this meaning that laws prohibiting abortion were initially implemented based on specific reasons and beliefs. However, over time, these reasons have changed and become invalid due to shifts in societal values and scientific understanding. Therefore, the original reasoning behind the limitation is no longer valid, and thus, laws restricting abortion are considered unconstitutional. The evolving discourse on abortion rights reflects a fundamental shift in societal values and is challenging the constitutionality of laws restricting abortion as they increasingly hinder women's autonomy and bodily integrity and thus underscore the need for legal frameworks to align with contemporary principles of human dignity and reproductive rights.

In conclusion, human dignity serves as a guiding principle in protecting women's rights to reproductive autonomy and bodily integrity, and it encompasses the equal treatment of individuals. Courts and policymakers, who must navigate competing rights and interests to ensure the protection of both, find it challenging to see the balance between the rights of pregnant women and the interests of the foetus. Furthermore, evidence from studies suggests that criminalizing abortion does not reduce its incidence but instead leads to unsafe practices and increased maternal mortality rates and healthcare expenditures. Ultimately, to uphold the

---

[139] *Ibid.*
[140] *Ibid.,* p. 1.
[141] David Robert Grimes, "A scientist weighs up the five main anti-abortion arguments," *The Guardian,* (2015), available on: https://www.theguardian.com/science/blog/2015/aug/12/five-main-anti-abortion-arguments-examined Accessed April 13, 2024.
[142] *Ibid.*
[143] Johanna B. Fine, Katherine Mayall and Lilian Sepaluveda, " The Role of International Human Rights Norms in the Liberalization of Abortion Laws Globally," *Health and Human Rights,* (2017): pp. 69-79, available on: http://www.jstor.org/stable/90007916. Accessed on April 14, 2024.
[144] Joseph w. Dellapenna, "The History of Abortion: Technology, Morality, and Law," *University of Pittsburgh Law Review 40,* (1979): p. 364, available on: https://heinonline.org/HOL/P?h=hein.journals/upitt40&i=369 Accessed April 15, 2024.

rights and well-being of all individuals involved, decisions regarding abortion regulation should be informed by scientific understanding and respect for human dignity.

2.3.2. The Arguments Against Abortion

Arguments against abortion often invoke the concept of human dignity, asserting that the unborn foetus possesses inherent value and the possibility of life that should be protected from harm.[145] Philosopher and professor Bertha Alvarez Manninen argues that if abortion is seen as homicide, then the use of contraception must be seen as equal since the process of spermicide commits mass murder.[146] On the other hand, Arguments for abortion also frequently appeal to the concept of human dignity, contending that women have the inherent right to make autonomous decisions about their own bodies and futures, thus safeguarding their dignity and autonomy.

Ultimately, whether the foetus is a human being and whether it maintains human rights, including the right to life, shall be decided regarding the scientific issues around the behaviour of the new organism. "The Church can teach that it is wrong to kill an innocent human being, but the scientific claim about when a human being's life begins is essential for applying that teaching at life's earliest stages."[147]

In conclusion, the discourse surrounding abortion intersects with the fundamental principles of human dignity, the right to life, and individual autonomy. While debates continue over the moral and legal status of the foetus, it is evident that ensuring access to safe and quality abortion care is essential for upholding women's human rights, including the right to life, health, and bodily integrity. The complex balance between rights and interests, as demonstrated in various legal rulings and philosophical inquiries, underscores the need for unified approaches to reproductive rights regulation that prioritize both women's autonomy and the protection of potential life. Moreover, the evidence suggests that criminalizing abortion increases unsafe practices, leading to significant risks to women's health and well-being. The evolving societal values and scientific understanding are in need of laws and policies surrounding abortion to ensure they align with contemporary principles of human rights and dignity. Ensuring access to safe and legal abortion is not only a matter of upholding reproductive rights but also crucial for mitigating healthcare costs associated with unsafe practices. Thus, the analysis of abortion laws and their alignment with human rights principles underscores the interconnectedness between legal frameworks, healthcare expenditures, and the realization of reproductive rights.

2.4.Medical Perspective on the Safety of Abortions in Depth

As explored in the previous chapters, ensuring access to safe and affordable abortion care is essential for upholding reproductive rights. In recognizing reproductive rights as fundamental human rights, it is deeply linked with the issue of safe abortions. The concept of reproductive

---

[145] Bertha Alvarez Manninen, "Revisiting the argument from fetal potential," *Philosophy, Ethics and Humanities in Medicine,* (2007), accessed April 14, 2024, doi.org/10.1186/1747-5341-2-7
[146] *Ibid.*
[147] Christopher McCrudden, "In Pursuit of Human Dignity: An Introduction to Current Debates," *Understanding Human Dignity, Proceedings of the British Academy/Oxford University Press, Forthcoming, U of Michigan Public Law Research Paper No. 309,* (2013), available on: https://ssrn.com/abstract=2218788 Accessed on April 14, 2024.

rights encompasses individuals' autonomy and decision-making power regarding their own bodies and reproductive health. Safe abortion services play a crucial role in empowering women to make informed choices about their reproductive health without facing coercion, discrimination, or violence. In this sub-chapter, the nuances of the safety of medical and surgical abortions will be examined, along with the possible health implications. Understanding the medical perspectives of different abortion methods, including the risks associated with unsafe procedures, is integral to evaluating the implications of abortion laws and policies on public health and human rights.

Ensuring access to safe and affordable abortion care is essential for upholding human rights. With half of all pregnancies unintended[148], understanding the safety and implications of medical and surgical abortion is crucial. Medical options like mifepristone and misoprostol offer early-stage alternatives, while surgical procedures like vacuum aspiration and dilation and evacuation provide clinical solutions. Dispelling misconceptions about the long-term health effects, this chapter underscores the consensus among experts on abortion's safety. It emphasizes that limited access poses the primary challenge to ensuring safe abortion practices.

Moving towards a progressive realization of human rights, access to quality health care and a complete abortion care service is key. The lack of affordable and safe abortion options risks the well-being of pregnant women. According to the World Health Organization (WHO)[149], every year, half of all pregnancies are unintended, six out of ten unintended pregnancies, and three out of ten of all pregnancies end in induced abortions. [150] Asia has the most significant number of abortions every year (about 27 million), whereas Europe has approximately 8 million, Africa - 5 million, Latin America - 4 million, North America - 1.5 million, and Oceania - 0,1 million.[151]

To evaluate the safety, procedures, and health implications of abortion, the types of manipulations must be counted. Typically, there is a medical and a surgical abortion.[152] Medical abortion is a prescription pill, also known as mifepristone or RU-486, and misoprostol, that can be taken at home in the early stages of pregnancy.[153] This medication stops the development of the pregnancy, and with this, the uterus empties itself. Medical abortion is an option in the first ten to thirteen weeks of the pregnancy, depending on the country. Additionally, medical abortion is not recommended for those who have blood clotting disorders or anaemia, chronic adrenal failure (the body doesn't make enough of certain hormones[154]), have previously used or are using steroids, have rare blood disorders, or have allergies to mifepristone and misoprostol.[155] Side effects of medical abortion include

---

[148] World Health Organizations, "Abortion", available on: https://www.who.int/health-topics/abortion#tab=tab_1. Accessed May 7, 2024.
[149] *Ibid.*
[150] *Ibid.*
[151] *Ibid.*
[152] Rose Thorne, "What are the Different types of Abortion?" *Healthline,* (2022), available on: https://www.healthline.com/health/types-of-abortion#surgical Accessed April 16, 2024.
[153] Traci C. Johnson, "What are the Types of Abortion Procedures?" *WebMD Editorial Contributors,* (2022), available on: https://www.webmd.com/women/abortion-procedures. Accessed May 7, 2024.
[154] Johns Hopkins Medicine. *Adrenal Insufficiency (Addison's Disease).* Available on: https://www.hopkinsmedicine.org/health/conditions-and-diseases/underactive-adrenal-glands--addisons-disease Accessed April 16, 2024.
[155] Rose Thorne, *supra* note 152.

heavy bleeding from a few days to several weeks and cramping as the pills cause your uterus to contract and expel the pregnancy tissue.[156] Some may also experience nausea, diarrhoea, and vomiting.

According to the study produced in the US with the aim to report on the safety and efficiency of medical abortion with the use of mifepristone and misoprostol, the efficiency of the procedure was 97.7% from 13,373 women.[157] Respectively, the rates of infection requiring hospitalization and rates of transfusion were 0.01 and 0.03%.[158] Infection and incomplete abortion are when the pregnancy tissue remains in the uterus after the medication has been used, and these are the main complications.[159]

The other option is surgical abortion, which is produced by medical professionals in a clinical setting.[160] The two main types of surgical abortion are vacuum aspiration (up to the first 14 -16 weeks) and dilation and evacuation (D&E) (pregnancy is 16 weeks or longer). The most commonly used is the vacuum aspiration, during which gentle suction is used to empty the patient's uterus. The side effects of a vacuum aspiration can include bleeding and spotting, cramps, nausea, sweating, and dizziness.[161] Side effects and the chance of infection are higher than in the scenario of a medical abortion.

The D&E method is a suggested surgical procedure in the second trimester and is the only surgical method supported by the WHO after 12-14 pregnancy weeks.[162] If the foetus is located outside the uterus and thus considered to be viable, surgical abortion is limited. According to a study produced comparing the two surgical and medical methods, minor complications were lower with D&E, as well as the experience of adverse events. Additionally, women undergoing medical abortion reported significantly more pain than those undergoing D&E. Furthermore, efficiency was the same in both groups.[163]

There have been made many claims that women who have abortions will experience psychological distress, or a "postabortion syndrome," months or years after the event, which leads to long-term mental health issues.[164] However, abortion and mental illness both tend to be stigmatized and in a case when a woman reveals information about her abortion or mental health history, it results in bias. This is seen as a problem since abortion is commonly underreported.[165] Thus, there is no research providing evidence from a trusted source that

---

[156] *Ibid.*
[157] Mary Gatter, Kelly Cleland, and Deborah L. Nucatola, "Efficacy and safety of medical abortion using mifepristone and buccal misoprostol through 63 days," *Contraception,* (2015), accessed on April 16, 2024, doi:10.1016/j.contraception.2015.01.005.
[158] *Ibid.*
[159] Rose Thorne, *supra* note 152.
[160] *Ibid.*
[161] *Ibid.*
[162] Bianca M. Stifani, Susane Mei Hwang, Renara Rodrigues Catani, Helena Borges Martins da Silva Paro, and Nerys Benfield, "Introducing the Dilation and Evacuation Technique in Brazil: Lessons Learned From an International Partnership to Expand Options for Brazilian Women and Girls," *Front Glo Womens Health,* (2022), accessed on April 16, 2024, doi:10.3389/fgwh.2022.811412.
[163] Patricia A. Lohr, Jennifer L. Hayes, and Kristina Gemzell-Danielsson, "Surgical versus medical methods for second trimester induced abortion," *Cochrance Database Syst Rev,* (2008), accessed on April 16, 2024, doi:10.1002/14651858.CD006714.pub2.
[164] Vignetta E. Charles, Chelsea B. Polis, Srinivas K. Sridhara, and Rober W. Blum, "Abortion and long-term mental health outcomes: a systematic review of the evidence," *Elsevier Inc*, (2008), accessed on April 16, 2024, doi:10.1016/j.contraception.2008.07.005.
[165] *Ibid.*

abortion affects mental health in the long term. Similarly, abortion affects fertility, breast cancer, or miscarriages.[166] However, since the 1970s, when the abortion method of dilation and curettage was replaced with a much more effective and safer method, the risk to future fertility is negligible.[167]

Today, most medical experts agree that abortion is safe, both medical and surgical, and the only factors decreasing safety are those decreasing access.[168] Overall, accessible and safe abortion care is both a matter of healthcare and of human rights. It's essential to prioritize comprehensive reproductive healthcare policies and initiatives, ensuring that every individual has the right and means to make informed decisions about their bodies and futures.

Unlike safe and legal abortions, which are strongly promoted by the WHO, unsafe abortions are those that are carried out by untrained professionals or in an environment that does not conform to minimal medical standards.[169] Accurate statistics on this issue are often estimated in research, as unsafe abortions are mostly done in secret or by the pregnant women themselves, thus, many cases are undocumented. The highest numbers of unsafe abortions are in developing countries, such as Latin America, Africa, and South East Asia.[170] The additional risk of unsafe abortions depends on the method used and the readiness of the women to seek postabortion care. A few of the unsafe abortion methods include the drinking of toxic fluids (turpentine, bleach, livestock manure), inflicting a direct injury in the genitalia, improperly performing the dilation and curettage in an unhygienic setting, and thus ceasing infections. To traumatize the abdomen by inflicting blunt trauma, methods of external injury are used, such as jumping from the top of the stairs.[171] The consequences of unsafe abortions are enormous. Worldwide, five million women every year are hospitalized for treatment of abortion-related complications, and an estimated 220,000 children are motherless due to abortion-related deaths.[172]

Overall, data suggest that even though the overall abortion rate has declined, the proportion of unsafe abortions is rising. Ensuring access to safe and affordable abortion care is not only a matter of healthcare but also a fundamental aspect of upholding reproductive rights and human dignity. Medical and surgical abortions are generally safe procedures when conducted under appropriate conditions, but the limited access poses a significant challenge. Unsafe abortions, often due to legal and financial barriers, lead to severe complications and even death. It is noticeable that safe abortion services are crucial in empowering women to make informed decisions about their reproductive health without facing discrimination or violence. By exploring the complexities of various abortion methods, including the harsh realities of unsafe practices, this sub-chapter underscores the urgent need for comprehensive reproductive healthcare policies that prioritize access to safe and legal abortion care, thereby safeguarding the health and rights of individuals worldwide. The analysis of abortion methods and their safety underscores the importance of ensuring access to safe and affordable

---

[166] Rose Thorne, *supra* note 152.
[167] David Robert Grimes, *supra* note 141.
[168] Maleeha Ajmal, Meera Sunder, and Rotimi Akinbinu, "Abortion," *StatPearls Publishing LLC*, (2023), available on: https://www.ncbi.nlm.nih.gov/books/NBK518961/ Accessed on April 16, 2024.
[169] Lisa B. Haddad, "Unsafe Abortion: Unnecessary Maternal Morality," *Rev Obstet Gynecol,* (2009), available on: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/ Accessed April 16, 2024.
[170] *Ibid.*
[171] *Ibid.*
[172] David Robert Grimes, *supra* note 141.

abortion care as a fundamental aspect of reproductive rights and human dignity. This connection is particularly significant in the context of examining specific aspects of ECHR legal frameworks governing abortion since it highlights the intricate relationship between legal frameworks, healthcare expenditures, and the realization of reproductive rights.

2.5. The Concept of Human Dignity from the Perspective of the Right to Life of the Embryo and Foetus

The concept of human dignity is in between ongoing debates surrounding the definition and legal status of the human embryo/foetus. As scientific advancements challenge traditional understandings of the embryo, legal frameworks struggle to define the ethical and moral implications. This sub-chapter analysis the evolving discourse on the human embryo status and examines diverse perspectives from religious, philosophical, and legal standpoints.

In the early 1990s, the definition of a human embryo was based solely on biological facts, which were "the mixture of the male and female gametes,"[173] also known as fertilization. However, the legal definition changed in many countries after 1997, when the first cloned mammal in history was given birth.[174] Since now there is a possibility of creating human beings without the process of fertilization, the previous definition was absurd. Many countries by the time had ratified the Convention for the Protection of Human Rights and Dignity of the Human Being regarding the Application of Biology and Medicine, "whose article 18.2 prohibited the creation of human embryos for research purposes."[175] Furthermore, the legal definition of the human embryo continues to be undefined internationally and thus remains a major issue in the existing legal frameworks. The discussion about whether an embryo has human dignity has mainly many perspectives and positions, including the strong for, strong against, and, lastly, somewhere in between.

Similarly, to the definition of embryo, there is also no clear international definition of a person. Some say that a person is one who has "the result of the union between body and soul."[176] John Locke, on the other hand, suggests that a person is;

> a thinking intelligent Being that has reason and reflection and can consider itself as itself, the same thinking thing in different times and places.[177]

---

[173] Inigo de Miguel Beriain, "What is a human embryo? A new piece in the bioethics puzzle," *Croat Med J.,* (2014), accessed on April 17, 2024, doi: 10.3325/cmj.2014.55.669.

[174] I. Wilmut, A.E. Schnieke, J. McWhit, A.J. Kind, and K.H.S. Campbell, "Viable offspring derived from fetal and adult mammalian cells," *Nature,*(1997), accessed on April 17, 2024, doi: https://doi.org/10.1038/385810a0

[175] Inigo de Miguel Beriain, *supra* note 173.

[176] Vera Raposo, "Human Rights in Today's Ethics: Human Rights of the Unborn (Embryo and Foetus)?" *Cuadernos Constitucionales de la Cátedra Fadrique Furio Ceriol,* (2011). Available on: https://www.researchgate.net/publication/264497549_Human_Rights_in_Today's_Ethics_Human_Rights_of_the_Unborn_Embryos_and_Foetus Accessed on April 9, 2024.

[177] Jessica Gordoon-Roth, "Locke on Personal Identity", *The Stanford Encyclopedia of Philosophy* (2020). Available on: https://plato.stanford.edu/entries/locke-personal-identity/#LockPersPersIdenBasi Accessed April 18, 2024.

Opposite to Locke's perspective, the legal scholar Jens David Ohlin defines a person as a "simply biological organism of sufficient complexity that we can attribute psychological as well as physical characteristics."[178] This is similar to philosopher Michael Tooleys ideology:

> An entity cannot be a person unless it possesses, or has previously possessed, the capacity for thought. And the phycological and neurophysiological evidence makes it most unlikely that humans, in the first weeks after birth, possess this capacity.[179]

The diverse interpretations of what constitutes a person range from spiritual and philosophical perspectives to more biological and legal definitions.

However, some argue that a new human exists from the fertilization moment, however, this view is supported by the factors that the embryo has genetic uniqueness, life, humanness, and the potential to develop, however, it ignores that the embryo is not conscious, it does not have the ability to interact or feel, which all are aspects of a person. Most importantly, this position argues that the embryo has rights and respect equal to that of a live human being.[180] On the other hand, the opposing view agrees that the embryo is a unique, living person with potential, however, it denies that the embryo is a subject of rights or duties and, thus, cannot be considered a person or rights-bearing entity[181] until the foetus has developed until 22 or 26 weeks in the pregnancy.[182]

Catholic authors mainly consider the embryo to be a human person. Professor of Moral Technology, Rev. J. Daniel Mindling, argues that dignity is an endowment and not an achievement, thus, every human being is endowed with dignity. Furthermore, he argues that an embryo has dignity because of its status as a human being.[183] Additionally, he states:

> The dignity of the unborn child is not lost because the mother's life is at risk. The dignity of the unborn child isn't lost because the mother would prefer not to have this child. The dignity of the unborn child isn't something that the mother bestows on the child and that the mother is free to take away at will.[184]

To support the above, Bertha Alvarez Manninen argues that all innocent people have the right to life, thus, they also have a potential moral right to life, which leads to all potential innocent persons. Amoral right to life, and since the human foetus is a potentially innocent person, it must also have the right to life.[185]

---

[178] Jens David Ohlin, "Is the Concept of the person necessary for Human Rights?" *Columbia Law Review Association, Inc.,* (2005): p. 215, available on: https://www.jstor.org/stable/4099308 Accessed on April 17, 2024.
[179] John Warwick Montgomery, "Human Dignity in Birth and Death: A Question of Values," *Law & Justice – The Christian Law Review,* (1999): p. 68, available on: https://heinonline.org/HOL/P?h=hein.journals/ljusclr140&i=1 Accessed on April 17, 2024.
[180] John A. Robertson, "In the Beginning: The Legal Status of Early Embryos," *Virginia Law Review,* (1990): p. 443, available on: https://heinonline.org/HOL/P?h=hein.journals/valr76&i=447 Accessed April 17, 2024.
[181] Clifford Grobstein, "The Early Development of Human Embryos," *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine,* (1985), accessed April 14, 2024, doi: doi.org/10.1093/jmp/10.3.213.
[182] John A. Robertson*, supra* note 180, p. 446.
[183] David Masci and J. Daniel Mindling, "Fundamental Dignity at Every Stage of Life: An Argument Against Abortion Rights Featuring the Rev. J. Daniel Mindling," *Pew Research Center,* (2008). Available on: https://www.pewresearch.org/religion/2008/09/30/fundamental-dignity-at-every-stage-of-life-an-argument-against-abortion-rights-featuring-the-rev-j-daniel-mindling/ Accessed April 14, 2024.
[184] *Ibid.*
[185] Bertha Alvarez Manninen, s*upra* note 145.

Prof. Mindlings' perspective highlights the importance of recognizing and respecting human dignity regardless of the circumstances surrounding pregnancy or childbirth. This point of view forbids any kind of use of the embryo as it treats the embryo as an object instead of a person, which goes against the Kantian philosophy. Furthermore, embryos shall have the same human rights as any other human being, and thus, destruction is seen as homicide.[186] Prof. Mindling's perspective underscores the imperative of safeguarding human dignity throughout all stages of life, asserting the moral and legal rights of embryos as equivalent to those of born individuals. To support the position of Porf. Mindlings, John Warwick Mongomery analysis how valuable is one human being in comparison with another. He suggests that all human beings are morally equal, thus, if the choice comes to the life of the foetus or the life of the mother, the decision must be made with a flip of a coin. However, if the social value of those human beings is considered, the foetus lacks social involvements and responsibilities, which the mother, on the other hand, possesses. Thus, in the scenario of the mother's death, it will impact her husband, other children, colleagues, relatives, friends, etc.[187]

From another perspective, Peter Singer suggests that for an individual to have dignity, they must be self-conscious.[188] This means that people in stages of coma, embryos, and infants are "not worth of real value since each one of them lacks an appropriate degree of brain functions."[189] Therefore, a woman's interest in her bodily integrity and other competing interests may take priority over concern for an early embryo and even more developed foetuses. Furthermore, these contrasting perspectives underscore the complexity of ethical considerations surrounding abortion and human dignity, highlighting the need for careful examination of diverse viewpoints in shaping legal frameworks related to reproductive rights.

In conclusion, the concept of human dignity intersects with the complex debates concerning the legal status and ethical implications of the human embryo/foetus. As explored in this sub-chapter, diverse perspectives from religious, philosophical, and legal standpoints contribute to the ongoing dialogue on the definition and recognition of the human embryo's status. This connection underscores the relevance of examining specific aspects of ECHR legal frameworks governing abortion in shaping broader discussions on healthcare expenditures and ethical considerations in reproductive healthcare.

---

[186] Vera Raposo, s*upra* note 176.
[187] John Warwick Montgomery, s*upra* note 179.
[188] Vera Raposo, s*upra* note 176.
[189] *Ibid.*

3. HEALTHCARE EXPENDITURES OF ABORTION

The economic costs associated with abortion-related care present challenges globally. These costs not only hinder individuals' access to reproductive healthcare but also violate fundamental human rights, including the right to health and bodily autonomy. Addressing these economic barriers is essential to uphold principles of equality, dignity, and access to comprehensive reproductive healthcare for all individuals. By analysing average monthly salaries in comparison to the costs of abortion, this chapter explores the division of direct and indirect costs associated with abortion, highlighting how financial constraints intersect with access to care on a global scale.

Economic costs for abortion-related care can be divided into two types of costs – indirect and direct.[190] Direct cost is the amount paid for the treatment, whereas indirect costs include additional financial burdens such as payments for overnight accommodation, travel costs, taking time off work, and other unofficial payments.[191] Due to certain abortion policies being in place, abortion care seekers may be able to receive economic benefits, such as a reduction in the cost of abortion.

In Poland, where abortion is restricted, and the costs for illegal abortions, which are carried out by doctors in their private clinics, have become expensive - 2000 and 4000 PLN (460 to 923 EUR),[192] with the average salary being 7500 PLN (1732 EUR).[193] It can be concluded that the restrictive regulations lead to limitations on access to legal abortions, thus, women, especially in Poland, who have a right to abortion according to the law, for various reasons, cannot exercise this right and thus need to obtain illegal abortions.[194] The gap between the average salary and the expense of illegal abortions underscores how restrictive regulations hinder access to safe and affordable reproductive healthcare, thus affecting women's autonomy and well-being.

According to the British Pregnancy Advisory Service, the consultation, together with the abortion treatment, costs between 660 to 3000 EUR[195], while the average monthly salary is £2334 (2718 EUR).[196] Thus, it can be concluded that access to abortion, not only in the United Kingdom or Poland but globally, poses a significant financial burden for the individuals carrying out this procedure. This financial disparity presents a barrier to access for individuals with lower incomes and highlights the importance of policies aimed at

---

[190] Ernestina Coast, Samantha R. Lattof, Yana van der Meulen Rodgers, Brittany Moore, Cheri Pos, "The microeconomics of abortion: A scoping review and analysis of the economic consequences for abortion care-seekers," *PLoS ONE,* (2021), accessed on May 8, 2024. doi: https://doi.org/10.1016/S0968-8080(05)26206-7.

[191] Rodica Comendant, "A Project to Improve the Quality of Abortion Services in Moldova," Reproductive Health Matters , (2005): pp. 93–100, accessed May 7, 2024. doi:10.1016/S0968-8080(05)26206-7.

[192] Girard, Françoise, and Wanda Nowicka. "Clear and Compelling Evidence: The Polish Tribunal on Abortion Rights." *Reproductive Health Matters* 10, no. 19 (2002): pp. 22–30, accessed May 7, 2024. doi:10.1016/S0968-8080(02)00023-X.

[193] Trading Economics, *Poland Average Gross Wage.* Available on: https://tradingeconomics.com/poland/wages. Accessed May 6, 2024.

[194] Girard, Françoise, and Wanda Nowicka, *supra* note 191.

[195] British Pregnancy Advisory Service, available on: https://www.bpas.org/abortion-care/considering-abortion/prices/. Accessed May 6, 2024.

[196] GQ, "The average UK salary: here's what people are earning in 2024", *Conde Nast,* (2024). Available on: https://www.gq-magazine.co.uk/article/average-uk-salary. Accessed May 6, 2024.

ensuring equitable access to reproductive healthcare services. To cope with these financial costs, individuals often use savings or borrow at high interest rates, which leads to debt, loss of assets, and productivity as consequences in the long term.[197]

In contrast to countries mentioned above, such as Poland and Britain, where there is a high restriction on abortion, in Latvia, where abortion is available on request with no requirements for justification,[198] abortion costs are relatively small, ranging from 120 EUR to 250 EUR,[199] with the average monthly salary being 1200 EUR.[200] Thus, it can be concluded that in countries where abortion is legal and accessible, healthcare expenditures related to abortion may be more proportionate and manageable for individuals. In comparison to Poland, where the average monthly salary is slightly higher than in Latvia, Poland experiences nearly three times higher costs for abortion despite employing the same medical procedures.

On the other hand, in Northern Ireland, where women are forced to travel outside the country to access abortion services, travel and accommodation are covered by the Universal Health Coverage (UHC).[201] From the 41 countries that present their data in the Global Abortion Policies Database (GAPD),[202] in 12 countries, UHC for abortion is provided for all individuals for selected legal categories.[203] In Hungary, for example, women with certain health conditions or foetal anomalies seeking an abortion will be covered by social insurance, whereas for all other individuals, the fee cannot exceed the amount that would be 'normally' financed by social insurance.[204] Further on, in nine of these countries, including Austria, Bulgaria, Lithuania, and Slovakia, abortion is legal on request without any legal obligations, UHC is only permitted when a medical professional determines that an abortion is necessary for the health or well-being of the pregnant individual.[205]

With this, some countries do not include the financial protection for abortions performed on request without any legal justifications[206], however, women who are financially unstable or adolescents who don't have a source of income are unable to access safe abortions due to the financial barriers. Due to the lack of financial support, adolescents and young women rather choose to have an abortion by unskilled professionals.[207] This leads to increased costs due to treating complications such as infection or organ damage, as well as other long-term healthcare complications.

---

[197] Antonella F. Lavelanet, Esther Majort, and Veloshnee Govender, "Global Abortion Policies Database: a Descriptive Analysis of Financial Coverage for Abortion Care." *Curr Obstet Gynecol Rep*, (2020): pp. 105–111, accessed on May 8, 2024. doi: https://doi.org/10.1007/s13669-020-00294-w.
[198] World Health Organization. *Global Abortion Policies Database.* Available on: https://abortion-policies.srhr.org/?mapq=. Accessed May 7, 2024.
[199] MFD Veselības grupa, available on: http://www.mfd.lv/dienas-stacionars-cenas. accessed May 9, 2024.
[200] Trading Economics, "Latvia Average Monthly Net Wages", available on: https://tradingeconomics.com/latvia/wages, accessed May 9, 2024.
[201] *Ibid.*
[202] World Health Organization, *supra* note 198.
[203] *Ibid.* .
[204] *Ibid.*
[205] *Ibid.*
[206] *Ibid.*
[207] Shah, Iqbal H, and Elisabeth Åhman. "Unsafe Abortion Differentials in 2008 by Age and Developing Country Region: High Burden among Young Women." *Reproductive Health Matters* 20, (2012): pp. 169–73, accessed May 6, 2024. doi: doi:10.1016/S0968-8080(12)39598-0.

In conclusion, the economic costs associated with abortion-related care present significant challenges for individuals worldwide. Direct costs, including treatment expenses, coupled with indirect costs such as travel, accommodation, and lost wages, create financial burdens that can't be overcome in many scenarios. While some countries, like Northern Ireland, provide coverage for travel and accommodation for abortion services, many others lack sufficient financial protection for individuals seeking abortions, particularly those without financial stability or legal justifications. Thus, women face barriers to accessing reproductive healthcare, which goes against the fundamental rights of all individuals to decide freely and responsibly about the number, spacing, and timing of their children, as well as to have access to the highest standard of sexual and reproductive health, as introduced by the ICPD in 1994. Additionally, the economic barriers to abortion care also go against other fundamental human rights, including the right to health and bodily autonomy. By denying access to safe and affordable reproductive healthcare, the principles of equality and dignity for all are undermined.

4. Analysis of How Article 8 Governing the Right to Private Life Impacts Healthcare Expenditures.

As emphasized in the previous chapters, the abortion debate is an ongoing controversy with no singularly correct solutions. As abortion rights are deeply intertwined with the notions of fundamental human rights, accessible healthcare, and individual autonomy, these rights are also closely linked with the concept of human dignity, bodily integrity, and reproductive autonomy. Firstly, to understand the concept of human dignity, the context of a 'human being' must be defined.

As analysed in chapter two, the definitions of a human being vary from the author's perspective on abortion. Whether a foetus is a human being and whether it maintains human rights and has human dignity shall be decided by scientists, not legal scholars or philosophers.[208] However, if it is assumed that one of the characteristics of being a human being is, as defined by Peter Singer, self-consciousness,[209] then neither an embryo nor foetus meets this criterion. Thus, consequently, the embryo/foetus lacks inherent dignity, and the rights of the mother take precedence. In specific legal contexts, a mother may only face liability for abortion if it poses a risk to her health. Considering this, how can Reverend J. Daniel Mindling's theory[210] about the inherent dignity of an unborn child, which the mother cannot diminish, be considered valid? Alternatively, if it is assumed that a foetus possesses equivalent moral and legal rights, including the right to life, to those of a born individual[211], thereby possessing human dignity, which entity holds greater dignity, the foetus or the mother?

From the perspective of the mother, it is evident that she embodies human dignity and is entitled to the right to private life as outlined in Article 8 of the ECHR, thereby having the right to make choices regarding contraception, family planning, and pregnancy without external interference.[212] To respect a mother's dignity, her autonomy, and right to determine her future must be respected.[213] This encompasses her decision whether to reproduce or not to reproduce.[214] As examined previously, it's solely the mother's prerogative to decide on her actions during pregnancy. This is significant because when the pregnancy reaches full term, the life of the mother will undergo substantial changes. However, only a few countries in Europe fully support abortion on request without any legal justifications, while in most countries, abortion is permitted only when the mother's health is at risk.

Thus, a comprehensive overview of the abortion debate highlights the many-sided nature of the issue. Despite the diversity of perspectives presented, the complexity of the debate suggests that reaching a conclusion on the matter is challenging and requires careful consideration of the diverse ethical, legal, and social dimensions. In recent years, numerous courts have failed to acknowledge either the mother's right to autonomy or the foetus's right

---

[208] Christopher McCrudden, *supra* note 147.
[209] Vera Raposom s*upra* note 176.
[210] David Masci and J. Daniel Mindling, *supra* note 183.
[211] Vera Raposo, s*upra* note 176.
[212] Samantha Halliday, s*upra* note 126, p. 6.
[213] Adeno Addis, s*upra* note 127.
[214] *Ibid.*

to life. However, they do acknowledge women's reproductive rights and their entitlement to comprehensive information regarding delivery methods and associated risks.[215]

Furthermore, numerous professors agree that laws prohibiting abortion have become unconstitutional as they impose limitations on a woman's freedom to control her own bodily integrity without valid underlying reasons.[216] This can be supported by historical considerations, as laws restricting abortion were initially founded on specific beliefs and reasons. As societal values changed and scientific knowledge grew and evolved, these reasons have become obsolete. Consequently, the original rationale for imposing limitations on abortion, such as concerns related to medical safety, is no longer valid. As a result, laws limiting abortion are now unconstitutional.

From a medical perspective, as explored, abortions carried out by trained professionals in an environment that conforms to minimal medical standards are generally a procedure with short-term and/or long-term side effects.[217] However, due to the limited access to safe and affordable options, women often are forced to seek alternatives, such as unsafe abortions, which lead to severe complications and even death.

As examined in Chapter Three, expenses in many countries appear disproportionate when compared to the average monthly salaries. Consequently, it can be inferred that these abortion-related care expenditures are largely unattainable for over half of the women seeking for this care, thus, could it be interpreted that the mother’s human dignity is violated due to the financial barrier to accessing safe and legal abortion? Ensuring access to safe and affordable abortion care is not only a matter of healthcare but also a fundamental aspect of upholding reproductive rights and human dignity.

Overall, the abortion debate underscores the inherent complexity in addressing issues related to human dignity, reproductive rights, legal frameworks, and healthcare access. Throughout the examination of the diverse perspectives, it has become clear that reaching a definitive conclusion is challenging due to the inherent diversity of opinions and values. It is clear that specific aspects of the right to private life, such as access to safe and legal abortion and the recognition of reproductive rights as fundamental human rights, have great implications for healthcare expenditures. Despite the varied perspective on the concept of human dignity in the context of the foetus and embryo, courts have not been able to recognize both the mother's autonomy and the foetus’s right to life, however, they do acknowledge women's reproductive rights, and their right to comprehensive information regarding pregnancy and delivery. The recognition of reproductive rights as fundamental human rights, including access to safe abortion, significantly influences healthcare expenditures and underscores the importance of upholding human dignity and autonomy.

---

[215] Samantha Halliday, *supra* note 126, p. 1.
[216] Joseph w. Dellapenna, *supra* note 11.
[217] Lisa B. Haddad, *supra* note 169.

CONCLUSION

As established by Article 8 of the ECHR, individuals' autonomy, and decision-making regarding reproductive choices, including access to safe and legal abortion, is protected. By obligating states to ensure that individuals have access to necessary healthcare services, including abortion care, without unnecessary interference or barriers, the article on the right to private life impacts various dimensions of abortion-related healthcare expenditures. However, as explored through this thesis, in countries with heavy restrictions on abortion, individuals may face financial burdens to access safe abortion services, leading to disproportionate expenditures compared to their income levels. In comparison to countries where abortion is legal and accessible, healthcare expenditures related to abortion are more proportionate and manageable. Overall, the recognition of Article 8 under the ECHR and its recognition of reproductive rights and the right to access healthcare services, including abortion, plays a crucial role in shaping abortion expenditure by influencing legal frameworks, healthcare policies, and access to services across European countries.

Although the costs of abortions were initially anticipated to be similar in most European countries, the results were unexpected. Poland, with a slightly higher average monthly salary compared to Latvia, experienced nearly three times higher costs for abortion despite employing the same medical procedure. This unexpected discrepancy raises questions about the factors influencing abortion costs and accessibility within different national healthcare systems. It underscores the complexity of healthcare pricing structures and highlights potential inequities in access to reproductive healthcare services across borders.

As for the legal problems established throughout this thesis, limited resources on unsafe abortions because of their secretive nature were available. Thus, the gathering of accurate data on the associated health risks and demographics was challenging. Due to the prevalence of fictitious data in most studies, the choice was made to refrain from delving into unsafe abortions and instead offer a broader perspective to the reader. Another legal problem established was the disparities in economic status. The comparison between countries posed challenges due to various economic factors, including GDP per capita, economic growth rates, differing government policies, and many other factors. To overcome this challenge, emphasis was placed on analysing the relationship between the average monthly salary and the costs of abortion.

A great amount of research has previously been carried out, however, the unexpected discrepancy in abortion costs in countries raises questions about the factors influencing abortion costs and accessibility within different national healthcare systems. Further research could involve conducting a comparative analysis of healthcare systems, examining differences in healthcare financing mechanisms, and the availability of public funding or subsidies for reproductive healthcare in-depth, thus underscoring the complexity of healthcare pricing structures and highlighting potential inequities in access to reproductive healthcare services across borders.

BIBLIOGRAPHY

Primary sources

Case Law

1. A, B, and C v. Ireland [GC], no. 25579/05, 16 December 2010, ECHR 2010, Available on: https://hudoc.echr.coe.int/fre?i=001-102332. Accessed May 3, 2024.
2. *G.M. and Others* v. *the Republic of Moldova,*no. 44394/15, 22 November 2022, ECHR 2022, available on: https://hudoc.echr.coe.int/eng?i=001-220954. Accessed May 2, 2024.
3. Ireland. McGee v. Attorney General [1971] I.R. 284.
4. Ireland. Finn v. Attorney General [1983 No. 3752P].
5. *M.L.* v. *Poland,* no. 40119/21, 14 December 2024, ECHR 2023, available on: https://hudoc.echr.coe.int/?i=001-229424. Accessed May 2, 2204.
6. *P. and S.* v. *Poland* (just satisfaction), no. 57375/08, 30 October 2012, ECHR 2012, available on: https://hudoc.echr.coe.int/?i=002-7226. Accessed May 2, 2024.
7. *Tysiac* v. *Poland*, no. 5410/03, 20 March 2007, ECHR 2007, available on: https://hudoc.echr.coe.int/eng?i=001-79812. Accessed May 2, 2024.

Legislation

1. Council of Europe. *European Convention on Human Rights,* p. 11, available on: https://www.echr.coe.int/documents/d/echr/Convention_ENG, Accessed May 9, 2024.
2. Ireland. Constitution of Ireland, 1937, Article 40. Available on: https://www.irishstatutebook.ie/eli/cons/en/html#part13, Accessed May 8, 2024.
3. United Nations Department of Economic and Social Affairs. *Family Planning and the 2030 Agenda Sustainable Development.* Available on: https://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning_DataBooklet_2019.pdf Accessed April 10, 2024.
4. United Nations Entity for Gender Equality and the Empowerment of Women. *Convention on the Elimination of All Forms of Discrimination against Women.* Available on: https://www.un.org/womenwatch/daw/cedaw/ Accessed on April 8, 2024.
5. United Nations Human Rights Office of the High Commissioner. *International Covenant on Civil and Political Rights, 1966,* Date of entry into force: 23 March 1976. Available on: https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights Accessed April 8, 2024.
6. United Nations Human Rights Office of the High Commissioner. *International Covenant on Economic, Social and Cultural Rights.* Available on: https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights Accessed on April 9, 2024.
7. United Nations Population Funds, *Frameworks and Policies on Sexual and Reproductive Health Gender, Human Rights and Culture Branch, Technical Division, United Nations Population Fund (UNFPA),* (2009): p. 1, available on: https://www.unfpa.org/sites/default/files/jahia-

events/webdav/site/global/shared/documents/events/2009/policies_frameworks.pdf Accessed April 12, 2024.

8. United Nations. *United Nations Charter,* 1945, available on: https://www.un.org/en/about-us/un-charter/full-text, accessed May 8, 2024.
9. United Nations. *Universal Declaration of Human Rights.* Available on: https://www.un.org/en/about-us/universal-declaration-of-human-rights Accessed on April 8, 2024.

Secondary sources

1. Addis, Adeno. "The Role of Human Dignity in a World of Plural Values and Ethical Commitments," *Netherlands Quarterly Of Human Rights,* (2013): p. 405. Available on: https://heinonline.org/HOL/P?h=hein.journals/nethqur46&i=408.Accessed April 15, 2024
2. Ajmal, Maleeha, Meera Sunder, and Rotimi Akinbinu. "Abortion," *StatPearls Publishing LLC*, (2023), available on: https://www.ncbi.nlm.nih.gov/books/NBK518961/ Accessed on April 16, 2024.
3. Berer, Marge. "Abortion Law and Policy Around the World," *Health Hum Rights,* (2017), available on: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473035/. Accessed April 13, 2024
4. Beriain M. Inigo de. "What is a human embryo? A new piece in the bioethics puzzle," *Croat Med J.,* (2014). Accessed on April 17, 2024, doi: 10.3325/cmj.2014.55.669.
5. British Pregnancy Advisory Service, available on: https://www.bpas.org/abortion-care/considering-abortion/prices/. Accessed May 6, 2024.
6. Coast, Ernestina, Samantha R. Lattof, Yana van der Meulen Rodgers, Brittany Moore, Cheri Pos, "The microeconomics of abortion: A scoping review and analysis of the economic consequences for abortion care-seekers," *PLoS ONE,* (2021). Accessed on May 8, 2024. doi: https://doi.org/10.1016/S0968-8080(05)26206-7.
7. Comendant, Rodica. "A Project to Improve the Quality of Abortion Services in Moldova," Reproductive Health Matters, (2005): pp. 93–100. Accessed May 7, 2024. doi:10.1016/S0968-8080(05)26206-7.
8. Dellapenna, Joseph W. "The History of Abortion: Technology, Morality, and Law," *University of Pittsburgh Law Review 40,* (1979): p. 364, available on: https://heinonline.org/HOL/P?h=hein.journals/upitt40&i=369 Accessed April 15, 2024.
9. Department for the Execution of Judgments of the European Court of Human Rights. *Reproductive Rights,* p. 2, available on: https://rm.coe.int/thematic-factsheet-reproductive-rights-eng/1680adebc3 Accessed on April 14, 2024.
10. European Council, *Strengthening the role of equality bodies across the EU: Council adopts two directives,* (2024): available on: https://www.consilium.europa.eu/lv/press/press-releases/2024/05/07/strengthening-the-role-of-equality-bodies-across-the-eu-council-adopts-two-directives/, Accessed May 8, 2024.
11. European Court of Human Rights, *Guide on Article 8 of the European Convention on Human Rights,* p. 12. Available on: https://www.echr.coe.int/documents/d/echr/guide_art_8_eng. Accessed May 9, 2024.
12. Fathalla , M F and M M F Fathalla. "Sexual and Reproductive Health: Overview," in *Sexual and Reproductive Health: a Public Health Perspective,* ed. Iaboja P. Van Look. (Egypt: Elservier Inc, 2008), p.34, accessed April 8, 2024,

https://books.google.lv/books?id=Y0DUuGYjPiUC&lpg=PA309&ots=dDYwzjqGdt&dq=reproductive%20rights%20definition&lr&hl=lv&pg=PA34#v=onepage&q=definition&f=false

13. Fine, Johanna B, Katherine Mayall and Lilian Sepaluveda. " The Role of International Human Rights Norms in the Liberalization of Abortion Laws Globally," *Health and Human Rights,* (2017): pp. 69-79, available on: http://www.jstor.org/stable/90007916. Accessed on April 14, 2024.
14. Gebhard, Julia and Diana Trimino. "Reproductive Rights, International Regulation," *Max Planck Encyclopedia of Public International Law,* (2012): p. 1, available on: https://www.corteidh.or.cr/tablas/r16912.pdf. Accessed April 11, 2024
15. Gatter, Mary, Kelly Cleland, and Deborah L. Nucatola. "Efficacy and safety of medical abortion using mifepristone and buccal misoprostol through 63 days," *Contraception,* (2015). Accessed on April 16, 2024, doi:10.1016/j.contraception.2015.01.005.
16. Girard, Françoise, and Wanda Nowicka. "Clear and Compelling Evidence: The Polish Tribunal on Abortion Rights." *Reproductive Health Matters* 10, no. 19 (2002): pp. 22–30. Accessed May 7, 2024. doi:10.1016/S0968-8080(02)00023-X.
17. Grimes R. David. "A scientist weighs up the five main anti-abortion arguments," *The Guardian,* (2015), available on: https://www.theguardian.com/science/blog/2015/aug/12/five-main-anti-abortion-arguments-examined Accessed April 13, 2024.
18. Gordoon-Roth, Jessica. "Locke on Personal Identity", *The Stanford Encyclopedia of Philosophy* (2020), available on: https://plato.stanford.edu/entries/locke-personal-identity/#LockPersPersIdenBasi Accessed April 18, 2024.
19. Grobstein, Clifford. "The Early Development of Human Embryos," *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine,* (1985). Accessed April 14, 2024, doi: doi.org/10.1093/jmp/10.3.213.
20. GQ. "The average UK salary: here's what people are earning in 2024", *Conde Nast,* (2024), available on: https://www.gq-magazine.co.uk/article/average-uk-salary. Accessed May 6, 2024
21. Halliday, Samantha. "Protecting Human Dignity: Reframing the Abortion Debate to Respect the Dignity of Choice and Life, *Contemporary Issues in Law* (2016): p. 3, available on: https://durham-repository.worktribe.com/output/1319846. Accessed April 15, 2024
22. Johns Hopkins Medicine. *Adrenal Insufficiency (Addison's Disease),* available on: https://www.hopkinsmedicine.org/health/conditions-and-diseases/underactive-adrenal-glands--addisons-disease Accessed April 16, 2024.
23. Johnson, C. Traci. "What are the Types of Abortion Procedures?" *WebMD Editorial Contributors,* (2022), available on: https://www.webmd.com/women/abortion-procedures. Accessed May 7, 2024.
24. Haddad, Lisa B. "Unsafe Abortion: Unnecessary Maternal Morality," *Rev Obstet Gynecol,* (2009), available on: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/ Accessed April 16, 2024.
25. Lavelanet F. Antonella. "Global Abortion Policies Database: a descriptive analysis of the legal categories of lawful abortion," *BMC Int Health Hum Rights,* (2018). Accessed on April 16, 2024, doi: 10.1186/s12914-018-0183-1.

26. Lavelanet F. Antonella, Esther Majort, and Veloshnee Govender. “Global Abortion Policies Database: a Descriptive Analysis of Financial Coverage for Abortion Care.” *Curr Obstet Gynecol Rep*, (2020): pp. 105–111. Accessed on May 8, 2024. doi: https://doi.org/10.1007/s13669-020-00294-w.

27. Lohr, Patricia A., Jennifer L. Hayes, and Kristina Gemzell-Danielsson. “Surgical versus medical methods for second trimester induced abortion,” *Cochrane Database Syst Rev,* (2008). Accessed on April 16, 2024, doi:10.1002/14651858.CD006714.pub2.

28. Mahoney, Joan. “Death with Dignity: Is there and Exception for Pregnant Women?” *UMKC Law Review,* (1989): p. 222, available on: https://heinonline.org/HOL/P?h=hein.journals/umkc57&i=223. Accessed April 15, 2024.

29. Manninen A. Bertha. “Revisiting the argument from fetal potential,” *Philosophy, Ethics and Humanities in Medicine,* (2007). Accessed April 14, 2024, doi.org/10.1186/1747-5341-2-7

30. Masci ,David and J. Daniel Mindling. “Fundamental Dignity at Every Stage of Life: An Argument Against Abortion Rights Featuring the Rev. J. Daniel Mindling,” *Pew Research Center,* (2008), available on: https://www.pewresearch.org/religion/2008/09/30/fundamental-dignity-at-every-stage-of-life-an-argument-against-abortion-rights-featuring-the-rev-j-daniel-mindling/ Accessed April 14, 2024.

31. McCrudden , Christopher. “In Pursuit of Human Dignity: An Introduction to Current Debates,” *Understanding Human Dignity, Proceedings of the British Academy/Oxford University Press, Forthcoming, U of Michigan Public Law Research Paper No. 309,* (2013), available on: https://ssrn.com/abstract=2218788. Accessed on April 14, 2024.

32. Montgomery, John W. “Human Dignity in Birth and Death: A Question of Values,” *Law & Justice – The Christian Law Review,* (1999): p. 68, available on: https://heinonline.org/HOL/P?h=hein.journals/ljusclr140&i=1 Accessed on April 17, 2024.

33. Ohlin D. Jens. “Is the Concept of the person necessary for Human Rights?” *Columbia Law Review Association, Inc.,* (2005): p. 215, available on: https://www.jstor.org/stable/4099308 Accessed on April 17, 2024.

34. Pizzarossa, Lucia B. “Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law,” *Laws* (2018). Accessed April 8, 2024, doi: https://doi.org/10.3390/laws7030029.

35. Raposo, Vera. “Human Rights in Today’s Ethics: Human Rights of the Unborn (Embryo and Foetus)?” *Cuadernos Constitucionales de la Cátedra Fadrique Furio Ceriol,* (2011), available on: https://www.researchgate.net/publication/264497549_Human_Rights_in_Today's_Ethics_Human_Rights_of_the_Unborn_Embryos_and_Foetus Accessed on April 9, 2024.

36. Robertson, John A. “In the Beginning: The Legal Status of Early Embryos,” *Virginia Law Review,* (1990): p. 443, available on: https://heinonline.org/HOL/P?h=hein.journals/valr76&i=447 Accessed April 17, 2024.

37. Shah, Iqbal H, and Elisabeth Åhman. “Unsafe Abortion Differentials in 2008 by Age and Developing Country Region: High Burden among Young Women.” *Reproductive Health Matters* 20, (2012): pp. 169–73. Accessed May 6, 2024. doi: doi:10.1016/S0968-8080(12)39598-0.

38. Shulztnier, Doron and Guy E. Carmi. “Human Dignity in National Constitutions: Functions, Promises and Dangers.”, *The American Journal of Comparative Law, vol. 62, no. 2* (2014): p.461, accessed April 8, 2024, https://www.jstor.org/stable/43668212.

39. Siegel ,Reva B. “Dignity and sexuality: Claims on dignity in transnational debates over abortion and same-sex marriage,” *Oxford University Press and New York University School of Law,* (2012): p. 357. Accessed April 16, 2024, doi.org/10.1093/icon/mos013.

40. Stifani M. Bianca, Susane Mei Hwang, Renara Rodrigues Catani, Helena Borges Martins da Silva Paro, and Nerys Benfield. “Introducing the Dilation and Evacuation Technique in Brazil: Lessons Learned From an International Partnership to Expand Options for Brazilian Women and Girls,” *Front Glo Womens Health,* (2022). Accessed on April 16, 2024, doi:10.3389/fgwh.2022.811412.

41. Thorne, Rose. “What are the Different Types of Abortion?” *Healthline,* (2022), available on: https://www.healthline.com/health/types-of-abortion#surgical. Accessed April 16, 2024.

42. Trading Economics, *Poland Average Gross Wage,* available on: https://tradingeconomics.com/poland/wages. Accessed May 6, 2024.

43. The World Conference on Human Rights. *Vienna Declaration and Programme of Action,* available on: https://www.refworld.org/legal/resolution/unga/1993/en/14730 Accessed April 8, 2024.

44. The World Health Organization. *Abortion,* available on: https://www.who.int/news-room/fact-sheets/detail/abortion Accessed April 17, 2024.

45. The World Health Organization. *Global Abortion Policies Database,* available on: https://abortion-policies.srhr.org/?mapq=. Accessed May 7, 2024.

46. United Nations Department of Economic and Social Affairs. *Family Planning and the 2030 Agenda Sustainable Development,* pp. 1-2, available on: https://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning_DataBooklet_2019.pdf Accessed April 10, 2024.

47. United Nations Department of Economic and Social Affairs. *Proceedings of the World Population Conference,* available on: https://digitallibrary.un.org/record/735531?v=pdf, Accessed May 9, 2024.

48. United Nations Department of Technical Co-operation for Development. *Report of the International Conference on Population, 1984,* available on: https://documents.un.org/doc/undoc/gen/n84/214/34/pdf/n8421434.pdf?token=GBraXveSqBXmM3LDp7&fe=true Accessed April 8, 2024.

49. United Nations Development Programme. *Sustainable Development Goals, Goal 3, Good Health and Well-being,* available on: https://www.undp.org/sustainable-development-goals/good-health Accessed April 18, 2024.

50. United Nations Development Programme. *Sustainable Development Goals, Goal 5, Gender Equality,* available on: https://www.undp.org/sustainable-development-goals/gender-equality Accessed April 18, 2024.

51. United Nations Development Programme. *Sustainable Development Goals, Goal 10, Reduced Inequalities,* available on: https://www.undp.org/sustainable-development-goals/reduced-inequalities Accessed on April 18, 2024.

52. United Nations Development Programme. *Sustainable Development Goals, Goal 16, Peace, Justice, and Strong Institutions,* available on: https://www.undp.org/sustainable-development-goals/peace-justice-and-strong-institutions Accessed April 18, 2024.

53. United Nations. *Final Act of the International Conference on Human Rights,* available on: https://www.un.org/en/conferences/human-rights/teheran1968, Accessed May 9, 2024.

54. United Nations. *Millennium Development Goals and Beyond 2015,* pp. 1-2, available on: https://www.un.org/millenniumgoals/pdf/Goal_5_fs.pdf, Accessed May 9, 2024.

55. United Nations Population Division. *World Population Conference,* available on: https://www.un.org/sites/un2.un.org/files/2020/02/1954_congres_mondial_rome.pdf, Accessed May 9, 2024.

56. United Nations Population Fund. *Programme of Action of the International Conference on Population Development,* pp. 58-78, available on: https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf, Accessed May 9, 2024.

57. United Nations Population Information Network. *World Population Plan of Action,* available on: https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/E_CONF.60_19_Plan.pdf Accessed April 8, 2024.

58. United Nations. *Report of the Fourth World Conference on Women,* p. 113, available on: https://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf, Accessed May 9, 2024.

59. United Nations. *Report of the United Nations World Population Conference,* available on: https://www.un.org/en/conferences/population/bucharest1974, Accessed May 9, 2024.

60. Vignetta, E. Charles, Chelsea B. Polis, Srinivas K. Sridhara, and Rober W. Blum. "Abortion and long-term mental health outcomes: a systematic review of the evidence," *Elsevier Inc*, (2008). Accessed on April 16, 2024, doi:10.1016/j.contraception.2008.07.005.

61. Westeson, Johanna "Reproductive health information and abortion services: Standards developed by the European Court of Human Rights," *International Journal of Genecology & Obstetrics,* (2013), pp. 173-176. Accessed on April 26, 2024, doi.org/10.1016/j.ijgo.2013.05.002.

62. Wilmut, I., A.E. Schnieke, J. McWhit, A.J. Kind, and K.H.S. Campbell, "Viable offspring derived from fetal and adult mammalian cells," *Nature,*(1997). Accessed on April 17, 2024, doi: https://doi.org/10.1038/385810a0

63. Yamin Y. Ely. "From Ideas to Tools: Applying Human Rights to Maternal Health," *PLoS Med* (2013): Accessed April 11, 2024. doi.org/10.1371/journal.pmed.1001546.