

Q&A

How International Law Protects Access to Abortion in Cases of Conscientious Objection

Around 80 countries expressly allow healthcare providers to refuse to provide abortion care based on their conscience, religion, or belief.¹ This practice is referred to as ‘conscientious objection’. Conscientious objection is often unregulated or insufficiently regulated, which can create a significant barrier to care. Inadequate regulatory regimes violate international human rights law and standards, endanger the health and wellbeing of persons seeking care, overburden healthcare providers and systems, and reinforce harmful stereotypes that stigmatize patients and professionals who provide abortion services.

Because conscientious objection has become a significant barrier to abortion care, the [United Nations Working Group on Discrimination against Women and Girls](#) (WGDAWG) has issued [new guidance](#) on the obligation of governments that permit conscientious objection to ensure it does not create barriers to the realization of women’s and girls’ sexual and reproductive health rights.² This Questions & Answers document highlights three primary components of the WGDAWG’s guidance, including:

- **Governments that permit conscientious objection to abortion services must comply with international human rights law**
- **The misuse of conscientious objection has severe health consequences for women’s and girls’ sexual and reproductive health**
- **Conscientious objection must not impede or compromise the reproductive autonomy and rights of women and girls**

Governments that Permit Conscientious Objection to Abortion Services Must Comply with International Human Rights Law

Q: If a government permits conscientious objection, must it ensure that the practice does not interfere with or violate sexual and reproductive health rights?

A: Yes. Governments must enact specific measures to ensure that conscientious objection does not impede sexual and reproductive health rights. Any regulation of conscientious objection must be consistent with international human rights law, including by ensuring it does not impede or violate sexual and reproductive health rights by:

- Ensuring timely access to healthcare, including safe abortion and post-abortion care, without delay or discrimination;³ and
- Creating and implementing effective regulatory frameworks that guide healthcare providers and ensure access to care.⁴

Q: What type of regulation is needed to comply with international human rights law?

A: The WGDAWG consolidated recommendations from UN human rights bodies and international public health organizations to outline how governments must regulate conscientious objection to abortion.

1. Red de Acceso al Aborto Seguro (REDAAS), Global Map of Norms regarding Conscientious Objection to Abortion, <https://redaas.org.ar/objecion-de-conciencia/global-map-of-norms-regarding-conscientious-objection-to-abortion>

2. UN Working Group on Discrimination against Women and Girls, Conscientious objection to abortion: Key considerations, Guidance, UN Doc. A/HRC/WG.11/41/1, 2024, <https://documents.un.org/doc/undoc/gen/g24/126/85/pdf/g2412685.pdf>

3. A/HRC/WG.11/41/1 para. 81

4. A/HRC/WG.11/41/1 para. 3, 37

For example:

- Governments must uphold the right to safe and legal abortion and recognize the bodily autonomy of pregnant individuals.
- Conscientious objection to abortion must be limited to individual healthcare providers directly involved with the provision of services, explicitly excluding auxiliary or support staff from exercising such an objection.
- Objections must be grounded on a provider's own convictions, rather than institutional position or the beliefs or positions of others. Clarifying that healthcare providers do not hold an unqualified right to refuse to provide abortion services and that institutional conscientious objection is not compatible with human rights-based approaches and should be prohibited.
- Conscientious objection must be prohibited in emergency situations, ensuring that individuals cannot refuse to provide services when a pregnant person's health is at risk and urgent care is necessary.
- An individual's ability to refuse services must be contingent upon ensuring the patient's access to timely services; if timely referrals cannot be made to other willing providers and/or the provision of care is compromised by delays or denials, healthcare providers must not be allowed to refuse abortion care.
- Governments are responsible for ensuring the hiring of a sufficient number of non-objecting providers and their equitable distribution across both private and public healthcare systems nationwide.
- Health care workers and medical students must receive comprehensive education and training on their legal obligations to provide emergency and post-abortion care, as well as a clear understanding of the rights of all pregnant individuals.
- Governments should decriminalize abortion to diminish stigma, reduce barriers to abortion, and provide greater clarity about the legality of abortion to alleviate confusion among medical providers and mitigate fears around legal liability when providing abortion services.
- Governments should ensure access to legal remedies and reparations for individuals denied abortion access due to conscientious objection.

The Misuse of Conscientious Objection Has Severe Health Consequences for Women's and Girls' Sexual and Reproductive Health

Q: Does the misuse of conscientious objection have severe health consequences for women's and girls' sexual and reproductive health?

A: Yes. The unregulated practice of conscientious objection results in delays or denials in care, violating fundamental rights protected under international law, and threatening the health and safety of individuals seeking abortion. Providers who refuse to provide abortion care are often required to refer patients to another provider. Yet, inconsistent or unenforced referral requirements constrain women's access to time-sensitive care. Healthcare providers also often fail to provide referrals or misuse conscientious objection provisions to justify their refusal to share any information on pregnancy termination, thereby endangering the health of their patients. Even when referrals are made, patients are left to navigate burdensome and risky processes on their own, when time is of the essence.⁵ When an abortion is necessary to save a pregnant person's life, "conscientious objection

5. See Para. 20 ("These difficulties can become life-threatening if they cause a pregnancy to cross the legal time limit for an abortion or lengthen the period of gestation, necessitating more complex interventions or introducing new health risks.")

contributes to increased abortion-related mortality and morbidity.”⁶ These effects are exacerbated in crisis contexts (such as conflicts or natural disasters) where women and girls are vulnerable, and in low-income, displaced, and otherwise marginalized communities wherein women already experience greater barriers to care.⁷

In these contexts, denials of or restrictions on access to reproductive health services undermine pregnant persons’ human rights to reproductive autonomy, privacy and equality, “and may infringe upon their rights to life, health, and freedom from torture or ill-treatment.”⁸

Q: Can conscientious objection negatively impact the provision of healthcare broadly?

A: Yes — it can, and it does. When conscientious objection is widespread, “it strains health-care systems by increasing workloads for non-objecting providers and stigmatizing abortion provision, which in turn negatively impacts non-objecting providers’ career decisions and, ultimately, reduces the availability of skilled providers.”⁹ Further, lack of, unclear, or unenforced regulation around conscientious objection can lead to “administrative burdens, hesitation to offer abortion services, workplace conflicts, and weakness in the organizational structures that are needed for the delivery of safe abortion services.”¹⁰ Stigmatization and/or criminalization of abortion can also diminish healthcare providers’ willingness to provide care, and, in some cases, lead them to assert conscientious objection simply to avoid the negative repercussions otherwise.¹¹

Conscientious Objection Must Not Impede or Compromise the Reproductive Autonomy and the Rights of Women and Girls

Q: How should governments balance the right to freedom of religion, conscience and belief and the right to access sexual and reproductive healthcare?

A: Governments are required to ensure the right to access sexual and reproductive health care, not attempt to balance these rights against others. It is crucial to affirm that the right to freedom of religion, conscience or belief is not absolute when it jeopardizes the health and freedom of others.¹² By contrast, individuals have an unqualified right to equality, autonomy, and privacy that is central to all sexual and reproductive health laws, policies, and practices, including abortion care.¹³ Conscientious objection “may not result in denying the right of women and girls to non-discrimination, physical and mental integrity, and access to reproductive health services.”¹⁴

The WGDAWG firmly states that:

“States must ensure that women’s and girls’ unqualified right to equality, autonomy and privacy is central to all sexual and reproductive health laws, policies, and practices, including abortion care. States have due diligence obligations to ensure that health-care providers fully respect women’s and girls’ sexual and reproductive health rights, and must take all measures necessary to create an environment that facilitates the fulfilment of those responsibilities and promotes respect for those rights.”¹⁵

6. Para. 13

7. Paras. 14-16

8. Para. 24

9. Para. 23; WHO, Abortion Care Guideline, p. 61

10. Para. 23; WHO, Abortion Care Guideline, p. 61

11. Para. 22

12. Para. 29

13. Para. 37

14. Para. 29 (emphasis added)

15. Para. 37