

PORTUGAL

Associação Para o Planeamento da Família (APF)

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LEGISLATION

Since 1984 abortion is permitted under certain grounds and circumstances – Law 6/84 and Law 90/97 – namely because of danger of the life of pregnant woman (no limit of time); danger for the woman's physical or mental health (until 12 weeks); foetus malformation (until 24 weeks) and pregnancy resulting from sexual crime (until 16 weeks).

Since the 17th April of 2007 abortion is also permitted on a woman's request (until 10 weeks) – Law 16/2007.

GROUNDINGS/GESTATIONAL LIMITS

Up to 10 weeks:

- On request

Up to 12 weeks:

- If abortion is one of the ways to avert irreversible damage to the physical or mental health of the woman

Up to 16 weeks:

- Rape or other sexual crime

Up to 24 weeks:

- If there are substantial grounds for believing that the child would be born with a serious or incurable disease or malformation

No limit

- If abortion is the only way to avert risk of death of the pregnant woman

REGULATIONS/CONDITIONS

- Women have to give her written consent.
- In the other situations, prior to the abortion, a physician other than the one performing the procedure must sign a medical certificate attesting to the existence of circumstances that render an abortion permissible. In cases of rape, the verification of circumstances depends upon evidence of criminal involvement.
- In case of minors (under 16 years old) the consent must be given by the parents (mother or father) or by a tutor.
- Laboratory tests are required before the abortion.
- Medical presence is required in the act of abortion and in the post-abortion monitoring.
- Abortion is legal in public Hospitals, private clinics that are recognized from the Health Ministry and Health Centres.
- Women have a mandatory prior consultation where the pregnancy is dated and doubts clarified. Women have the possibility to talk with a psychologist or/and a social assistant. Women have a period of 3 days of reflection by the law before the abortion. The counselling must be neutral and anti choice staff is not allowed to participate in any of the phases of legal abortion provision.

METHODS

Both methods – medical abortion and surgical abortion – are commonly used depending on a woman's clinic situation and the viability of resources. However, medical abortion is largely used in public hospitals and health centres and surgical abortion is more common in the private clinics.

COST

These procedures are totally free of charge

DISPARITY IN THE APPLICATION OF THE LAW:

- *38 of the 51 hospitals are involved in the provision of abortion services. The ones who are not involved are obliged to have contracts with other hospitals or private clinics where women are referred.*
- *All specialists (medical, nurses and health professional) have the right to conscientiously object. When hospitals don't provide legal abortion due to conscience objection or other obstacles, they are obliged to refer the woman to another service that provides legal abortion and to pay these services to the other hospital or private clinic.*
- *Officially the abortion has no costs for women (according to law should be for free in all cases, also when a woman goes to a clinic other than a public hospital or centre that has an agreement).*
- *In some cases, bad professional practices may cause delays and confusion to women.*

COMMENTS:

- *A first change to the 1984 abortion law was done in 1997 when the gestational limits were amended. In April 2007, abortion has become legal on request of a woman until 10 weeks of pregnancy.*
- *Access is effective to both women from rural and urban areas. Women go to their residential area hospital or are referred to another hospital or recognized clinic if the hospital is not performing abortions because of conscientious objection.*
- *There are on average 1000 abortions/month.*
- *During the prior consultation, doctors talk about future contraception. Most of the times, the woman chooses her future contraception there.*
- *Figures on illegal abortion are unknown.*