

SPAIN

Federación de Planificación Familiar de España (FPFE)

info@fpfe.org

www.fpfe.org

LEGISLATION

Organic Law 9/1985 of 5 July, reforming article 417 of Penal Cod, decriminalizing abortion on 3 grounds

Crown Decree 2409/1986, 21 November, about accreditation of centres and dictamens for legal practice of abortion

Order of 16 June 1986, about statistics and epidemiological information of abortion

Organic Law 10/1995, 23 November, Penal Code

Apart from these grounds, the Penal Code still criminalizes women

GROUNDINGS/GESTATIONAL LIMITS

Up to 12 weeks:

- Rape

Up to 22 weeks

- If the fetus, if carried to term, will suffer from severe physical or mental defects

No limit:

- If the abortion is necessary to avert a serious risk to the physical or mental health of the pregnant woman

REGULATIONS/CONDITIONS

- If the pregnancy is a result of rape, the rape must first be reported to the police.
- In case of foetal malformation 2 doctors other than the one following the case must certify that the foetus, if carried to term, would suffer from severe physical or mental defects
- In case of serious risk to the physical or mental health of the woman, a previous medical report from a doctor specialized in the subject and different from the one following the case is required
- An abortion must be performed by or under the supervision of a physician in an approved public or private health centre or establishment, provided the pregnant woman gives her express consent and one of the legal indications for abortion is met.
- A pregnant woman is penalized if the abortion is not performed in an approved public or private health centre or establishment, or if the prescribed medical opinions have not been expressed.

METHODS

Mifepristone and misoprostol are registered for medical abortion use in first trimester. The procedure is slightly more expensive than for surgical abortion. It is available but its low number means that there are difficulties for access; regulations are the same as surgical abortion.

The 2007 report of the Ministry of Health makes the following break-down in methods of abortion used in that year:

Vacuum aspiration:	95.848
Dilatation:	4.896
Curettage:	4.194
Ru486:	4.650
Intravenous Injection:	415
Intrauterine injection:	139
Hysterotomy:	29
Other:	1.935
Unknown:	25

COST

- Public health service: free of charge
- Private hospitals: average cost before the 12th week: € 360 (US\$ 465), approximately the same price as vasectomies in private hospitals. After the 12th week the price is highly variable depending on gestational period, anaesthetic, etc...
- Some examples of prices in private clinics:

Clinic 1

Under 12 weeks, local anaesthesia	345,00 €
Under 12 weeks, general anaesthesia	440,00 €
13 to 14 weeks	475,00 €
15 to 16 weeks	595,00 €
17 weeks	625,00 €
18 weeks	840,00 €
19 weeks	990,00 €
20 weeks	1.470,00 €
21 a 22 weeks	1.655,00 €

Clinic 2

Surgical abortion local anaesthesia:	310 €
Surgical abortion general anaesthesia:	410 €
Pharmacological abortion:	370 €

- Andalusia is the only region where abortion is free even when performed in private services. This way, even if abortions are not performed in public hospitals, they do not have any cost for women, as access is guaranteed through an agreement with the private clinic according to which it is the public health system which pays for the abortions. In Murcia, there are some agreements between the public health system and the private clinics. In Madrid and Barcelona, regional Governments cover 20% of the abortions with grants that are individually allocated to certain women, generally those in a more vulnerable situation, when they fulfil some conditions.

DISPARITY IN THE APPLICATION OF THE LAW:

- *The lack of the conscientious objection regulation and its generalisation in public health means that in general women have to refer themselves to private structures and that there are important differences between regions in terms of availability of service, especially in public structures*

COMMENTS:

- *There is no policy on conscientious objection; therefore abortions are carried out in very few public hospitals, resulting in 3% of abortions performed there, and 97% in private ones. In 6 regions there is no public hospital available for abortions and in one region (Navarre) there are not any services, neither public nor private.*
- *In 2004, 86.72% of induced abortions were performed outside hospital (clinics,...), in private centers. 13.28% were performed in hospital (3.6% of them public hospitals and 9.71% of them in private hospitals).*
- *Legal practice leaves the door open to individual accusations against women and doctors from ex-boyfriends, ex-husbands, anti-choice groups, etc...Since the decriminalisation of abortion, at least 1,000 proceedings have been opened, and several have resulted in condemnation of doctors performing abortions in private hospitals.*
- *In 2004, 96.7% of induced abortions were performed because of severe risk to physical/ mental health of woman. The foetal risk was present in 3.06% of cases in 2004; rape for 0.02%.*
- *In more than 60% of abortions, the pregnancy was at 8 weeks or less.*
- *In 2008, the Spanish government appointed a committee to recommend changes to the abortion law.*
- *Due to several trials, late abortions (after 22 weeks) have become less accessible in the past year.*