

**Universal Periodic Review of Poland**  
**27th Session**  
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**Federation for Women and Family Planning**  
**[www.federa.org.pl](http://www.federa.org.pl)**



Federation for Women and Family Planning, Poland has been acting for women's reproductive and sexual rights and health for twenty-five years. The Federation advocates for state policy to conform to international reproductive rights and health standards and to meet the final conclusions of UN Human Rights Committee addressed to the Polish government. We believe that guaranteeing women's reproductive rights to decide freely about their sexuality and fertility is essential for achieving gender equality.

**&**  
**Sexual Rights Initiative**  
**[www.sexualrightsinitiative.com](http://www.sexualrightsinitiative.com)**



The Sexual Rights Initiative is an international coalition including Akahata (Latin America), Action Canada for Sexual Health and Rights, Creating Resources for Empowerment and Action CREA (India), the Federation for Women and Family Planning (Poland), the Coalition of African Lesbians and others.

**KEY WORDS: reproductive rights, sexual rights, women's rights, health, abortion, contraception, family planning, comprehensive sexuality education, perinatal care, in vitro, infertility**

## **EXECUTIVE SUMMARY**

1. This report is submitted jointly by the Federation for Women and Family Planning<sup>1</sup>, Poland and the Sexual Rights Initiative<sup>2</sup>. The report focuses on violations of women's sexual and reproductive rights in Poland including restricted access to abortion and contraception, biased and poor quality comprehensive sexuality education, poor ante-natal care and lack of access to medically assisted reproduction. The escalating violations of Polish women's sexual and reproductive rights place their lives and health at risk and undermine their rights to bodily autonomy and integrity, privacy, to be free from torture, to education and to self-determination.

## **RESTRICTIONS TO ABORTION**

2. Poland has one of the most restrictive laws on abortion in Europe. The 1993 Act on Family Planning, Human Embryo Protection and Conditions of Permissibility of Pregnancy Termination provides for abortion only in cases of rape or incest, when the fetus is diagnosed with severe and irreversible disability or an incurable illness threatening its life, or when a woman's life or health is in danger. Performance of abortions under these conditions is legal until 12th week of pregnancy, and after 12 weeks when there is a risk to a woman's life or health. Women regularly report to the Federation for Women and Family Planning (FWFP) the following problems: difficulties in finding a doctor to perform a legal abortion, problems with obtaining a formal written refusal of services, prolongation of decisions whether to perform an abortion, judging women's decisions, trying to influence women's decision-making process and convincing women not to have abortions as well as violations of women's rights to dignity and confidentiality. One of the latest drastic examples is exhibiting in some Polish cities by anti-choice organization posters of a bloody imitation of abortion with inscriptions comparing an abortion to a murder. One of them was put in front of a gynaecological clinic in Gdańsk where women suffer because of health problems.

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### **Clandestine abortions**

3. Polish authorities do not gather data on the number of illegal abortions. However, estimates reach 150,000 per year<sup>3</sup>. In 2016, the Commissioner for Human Rights expressed his worries that stigma is sometimes so intense that women are afraid to seek legal abortions for fear of a backlash and harassment and therefore often resort to clandestine abortions. Many women who can afford to will travel abroad to access abortion<sup>4</sup>. Those who do not have enough money seek help from unskilled providers who perform abortions in unsafe conditions. This is a serious danger to women's health and life.

### **Denial of therapeutic abortion**

4. The FWFP coordinated a project to monitor hospital procedures when legal abortions are requested<sup>5</sup>. The report concludes that procedures are incomplete, inconsistent, and arbitrary. The procedures are not written down nor published which makes it difficult for patients to learn them. Many hospitals require extra opinions of a specialist, a joint consultation, a ward administrator etc. to confirm the prerequisites for abortion which are not specified in the law but prolong the process and make access to legal abortion more difficult. The report also demonstrates hospitals' negative attitude towards abortion. Some declare that they do not perform such services or there are no cases when abortion is required. This is contrary to the data gathered by the National Health Fund which is a state agency responsible for coordination of and financing public health system.
5. There are no guidelines as to what constitutes a threat to woman's health or life which is one of prerequisites to perform a legal abortion. Some doctors use this ambiguity to deny legal abortions. Some physicians understand a threat to a woman's health as a total deterioration of her health or an inability to survive the delivery of a child.
6. There are also no guidelines for doctors as to what kinds of malformations of a foetus can be lawful reasons for termination of pregnancy. As a result, a particular doctor in each case decides whether to terminate pregnancy or not. There have been cases in Poland when women were refused abortion when carrying foetuses with Down syndrome or Turner syndrome.

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<sup>3</sup> Report by Nils Muižnieks, Commissioner for Human Rights of the Council of Europe, following his visit to Poland from 9 to 12 February 2016,

<https://wcd.coe.int/com.instranet.InstraServlet?command=com.instranet.CmdBlobGet&InstranetImage=2924182&SecMode=1&DocId=2376250&Usage=2>; "Abortion experience of Polish women", CBOS research, May 2013, Warsaw, [www.cbos.pl/SPISKOM.POL/2013/K\\_060\\_13.PDF](http://www.cbos.pl/SPISKOM.POL/2013/K_060_13.PDF).

<sup>4</sup><https://wcd.coe.int/com.instranet.InstraServlet?command=com.instranet.CmdBlobGet&InstranetImage=2924182&SecMode=1&DocId=2376250&Usage=2>.

<sup>5</sup> Report of monitoring about procedures of access to legal abortion in Polish hospitals, FWFP for Women and Family Planning, Warsaw 2016;

[http://www.federa.org.pl/dokumenty\\_pdf/raporty/kontrola\\_praw\\_kobiet.pdf](http://www.federa.org.pl/dokumenty_pdf/raporty/kontrola_praw_kobiet.pdf).

## Conscience clause

7. Conscientious objection is one of the main reasons why therapeutic abortion is denied. The practice of invoking the conscience clause is reportedly increasing in Poland. This is illustrated by the fact that in March 2014 almost 4,000 Polish doctors signed a “Declaration of Faith of Catholic doctors and medical students regarding human sexuality and fertility” in which they declared that they would not provide abortions and birth control. While these doctors represent only 1% of the profession, this initiative triggered an increased influence of religion on sexual and reproductive health and rights services in Poland. There are more and more attempts to limit reproductive rights because of doctors’ and authorities’ moral views. With respect to therapeutic abortion, the conscience clause is seriously abused, not only by physicians, anesthesiologists and auxiliary medical personnel (midwives, nurses), but healthcare institutions as a whole. This leads to the exclusion of entire regions of Poland from providing therapeutic abortions. Women who live in these regions, especially in rural areas, have serious problems finding another hospital in another part of the country. They often cannot afford costs of travel.
8. Information obtained by the Ministry of Health (MOH) on 92% of hospitals with gynecology or gynecology and obstetrics wards shows that in 2013 there were only 3 cases of applying the conscience clause. The experience of the FWFP indicates that this data is understated. It may be so because doctors do not register their refusal to perform an abortion on conscientious objection grounds with their superiors and therefore there is no record in the medical files although it is their legal obligation. Physicians who abstain from fulfilling such tasks are guilty of professional negligence and should be subject to professional and disciplinary liability. In practice, there are very few disciplinary proceedings initiated, concluded or in progress because of doctors’ negligence.
9. The Committee on the Elimination of Discrimination against Women expressed its concern about the extensive use or abuse by medical personnel of the conscience clause<sup>6</sup>.
10. The European Court of Human Rights found Poland responsible for human rights violation on this issue in judgments *Tysic v. Poland* (2007) and *R.R. v. Poland* (2011). The latter is in regard to the absence of an appeal procedure when legal abortions are refused on grounds of conscientious objection. Unfortunately, the judgment has not been executed by Polish authorities. The current appeal procedure is too complicated, long and ineffective. The FWFP together with The Center for Reproductive Rights sent on 22<sup>nd</sup> September 2016 to the Committee of Ministers of Council of Europe a

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<sup>6</sup> Concluding observations on the combined seventh and eighth periodic reports of Poland, Committee on the Elimination of Discrimination against Women, CEDAW/C/POL/CO/7-8.

submission to request a transfer of the supervision of judgment execution to the enhanced procedure.

11. The MOH is currently coordinating a project to amend the bill of patients' rights<sup>7</sup>. A draft of the amended bill of patients' rights was sent to selected institutions for comment. The draft has not been sent to the Parliament yet as the process of selective consultation closed recently. The FWFP was not among those invited to comment on the draft. Nevertheless, the FWFP prepared an opinion and sent it to the MOH. The draft indicates changes in the complaint procedures including: the possibility for patients to appoint a proxy, to participate in the proceeding in front of the Medical Commission and a shorter time for the Commission to examine a patient's objection (21 days instead of 30 days). The term for the Commission's investigation is not fully satisfactory. What is more, the draft has a provision which says that the 21-day-term may be prolonged in case of a need to examine a patient. In practice, the revised complaint procedure may take as long as it does now which will make realization the women's right to have a therapeutic abortion impossible due to the 12 week deadline stated in the Act on Family Planning, Human Embryo Protection and Conditions of Permissibility of Pregnancy Termination.
12. The situation with conscience clause has become more complicated because of the Constitutional Tribunal's judgment in 2015 on the regulation of this issue<sup>8</sup>. The Tribunal ruled that physicians who refuse to provide a medical service which is opposite to their conscience should not be obliged to refer a patient to another doctor who will perform that service. Such obligation is, in the Tribunal's opinion, against the freedom of conscience expressed in the Constitution. As a result, physicians are not obliged to provide a referral to another doctor or hospital that will perform an abortion. Patients' right to information is unsatisfied and women do not know who to turn to in order to receive information on where they can access abortion services. There is an obvious gap in the legal regulation concerning referral to another doctor. The MOH does not see a need to start a legislative initiative in order to change it, although the Constitutional Tribunal indicated in its judgment that the obligation to refer to another doctor in case of conscience clause performance exists although it is not the responsibility of individual physicians. It should be realized by public institutions. Lack of proper provisions pointing to such institutions leads to breach of patients' rights.

### **Abortions based on criminal grounds**

13. In 2014 the Polish Government published data that there were only 2 cases of abortions based on criminal grounds which means termination of pregnancy caused by any sexual crime, such as rape, child abuse, incest or sex with a minor. It seems to

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<sup>7</sup> <http://legislacja.rcl.gov.pl/projekt/12287853>.

<sup>8</sup> <http://ipo.trybunal.gov.pl/ipo/Sprawa?cid=2&dokument=13021&sprawa=13434>.

be underestimated in the light of the 3000 sexual crimes reported every year. It is important to note that a great amount of such crimes may not be reported at all. The main problem is that a woman needs to present an official document from a prosecutor in order for a doctor to perform an abortion. Prosecutors can and do deny issuing such documents on religious grounds. What is more, long criminal procedures make it difficult for women to receive legal abortions before the 12th week deadline.

14. During its 51st session (2013), The Committee against Torture deplored Poland's record of failing to ensure women, particularly women who became pregnant as a result of rape, access to abortion services. The Committee underlined that where women are unable to access abortion services due to invocation of conscientious objection, they jeopardize their health by turning to unsafe, clandestine abortions, which lead to violations of the protections against torture and cruel, inhuman and degrading treatment<sup>9</sup>.
15. The greatest impending threat to women's life and health is a proposed bill, written by anti-choice organizations, indicating a total ban on abortion and severe penalties for anyone involved in a foetus' death or injury, including pregnant women and doctors performing medical services on foetuses<sup>10</sup>. It may result in doctors refraining from treatment on pregnant women and fetuses in order to avoid criminal responsibility, an increase in clandestine unsafe abortion and women's death. This draft bill was passed by the Parliament for further work in the Parliamentary commission on 23<sup>rd</sup> September 2016.

#### **LIMITED ACCESS TO FAMILY PLANNING**

16. Access to family planning continues to be restricted. A limited range of contraception, such as condoms, vaginal suppositories, spermicides, hormonal pills, patches or vaginal rings, is available on the market. Only the first three are easy to access (with exception of female condoms which can be bought only on the Internet). The rest need to be prescribed by a doctor. In practice, a great number of doctors refuse to prescribe contraception which is an extra difficulty for women, especially in small towns and villages, who cannot afford to visit a private practice. What is more, contraceptive methods are not reimbursed from the state budget which creates an additional economic barrier because of their prices<sup>11</sup>.
17. In April 2015, according to European Commission's decision C(2015)51, the MOH allowed emergency contraception to be bought at pharmacies without prescription by girls and women aged 15 and over. In March 2016, the MOH proposed an amendment

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<sup>9</sup> <http://www.federa.org.pl/english/1261-committee-against-torture-holds-poland-accountable-for-its-failure-to-ensure-women-access-to-abortion-services>

<sup>10</sup> <http://www.sejm.gov.pl/Sejm8.nsf/druk.xsp?nr=784>

<sup>11</sup> Officially in Poland, there are few medicines of contraceptive effect that are refunded from the state budget to some extent. They are though one medication registered under different trade names. It is a pill of so called old generation – with a relatively high dose of hormones that are not used in modern contraceptive pills.

this provision, to require a prescription in order to obtain emergency contraception<sup>12</sup>. The FWFP sent a submission objecting to this draft amendment. On 15th April 2016 the process of public consultation was ended, now the project is being prepared for transmission to the Parliament.

18. Voluntary sterilization is considered illegal for both women and men. The threat of legal responsibility based on the Penalty Code hangs over doctors who perform sterilization, even with a patient's consent.
19. The report "Barometer" says that access to contraceptive choice is still limited in Poland due to restricted reimbursement schemes, religious opposition, and the 'conscience clause' for healthcare professionals. Overall, Poland maintains an average to low score (35.6%) compared to the other 15 countries analyzed in this Barometer report<sup>13</sup>.
20. Gynecology courses during medical studies are compulsory and touch upon the topics of family planning, fertility control and contraceptive methods. The content, however, is often very general and limited. Postgraduate trainings on SRHR exist, but they are informal and very limited and delivered in the form of conferences, seminars and short specialized courses.
21. The Commissioner for Human Rights recommends that the Polish authorities take all necessary measures to remove barriers to accessing contraception for all women throughout Poland<sup>14</sup>.
22. The Committee on the Elimination of Discrimination against Women expressed its concern about the limited access to modern contraceptives, including the barriers adolescent girls may face in accessing information and reproductive health services, including contraception. The Committee recommended that the state should ensure the accessibility and affordability of modern contraception for women and girls, including women in rural areas, through the reimbursement of modern and efficient methods of contraception by the public health system<sup>15</sup>.
23. On 22nd December 2015 the MOH appointed the Team for Procreation Health which has the aim to prepare the state-funded program of procreation health support. Unfortunately, members of pro-choice organizations were not invited to join it.

## **COMPREHENSIVE SEXUALITY EDUCATION (CSE)**

24. Poland suffers from a lack of proper CSE. Lessons of sexuality education are conducted in the last grades of primary school, in secondary schools and high schools. They are

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<sup>12</sup> <http://legislacja.rcl.gov.pl/projekt/12283610>.

<sup>13</sup> Barometer of Women's Access to Modern Contraceptive Choice in 16 EU Countries, International Planned Parenthood FWFP European Network, January 2016; [http://www.ippfen.org/sites/default/files/Barometer\\_final%20version%20for%20web%20%282%29\\_0.pdf](http://www.ippfen.org/sites/default/files/Barometer_final%20version%20for%20web%20%282%29_0.pdf).

<sup>14</sup> <https://wcd.coe.int/com.instranet.InstraServlet?command=com.instranet.CmdBlobGet&InstranetImage=2924182&SecMode=1&DocId=2376250&Usage=2>.

<sup>15</sup> CEDAW/C/POL/CO/7-8.

not obligatory but optional. In practice, parents have the possibility to remove their children from sexuality education courses. The FWFP conducted monitoring of CSE at schools<sup>16</sup> and reached the following conclusions and recommendations:

- Lessons of sexuality education are treated as less important than others and put in schedules in such places that causes lower students' attendance during lessons. They need to be obligatory.
  - The range of content does not increase together with higher levels of education. In fact students at secondary and upper secondary schools are taught the same issues as at primary schools.
  - The language used during lessons of sexuality education (together with their name in Polish which is "Preparation for Family Life") and the scope of issues raised during lessons are very stereotypical and patriarchal.
  - Lessons are often conducted by teachers of another school subjects who have tendency to put into lesson some other content instead of sexuality education.
  - Teachers of sexuality education do not talk to students about their everyday life and problems. They are not aware of students' psychosexual development or youth's sexual customs.
  - Teachers tend to lack professional and social competence and knowledge to lead sexuality education. Teachers often feel embarrassed and avoid talking to students about controversial issues. They need to participate in special workshops in order to intensify their knowledge and learn ways of communication.
  - The realization of sexuality education programs differs among schools and depends on teachers' choice who tend to choose issues in an arbitrary way and to omit important issues. The realization of program should be supervised. Cooperation with external experts may be additionally helpful.
  - Students expect undertaking and discussing actual, inconvenient and controversial topics such as emergency contraception, same sex relationships, abortion or sexual violence. The sexual education programs should be accustomed to these needs.
25. The report "Barometer" confirms the conclusions above and underlines a lack of credible information on SRHR, as well as ideologically marked content based on the teachers' personal moral points of view. In practice, only limited information is provided to students on the range and use of modern contraceptive methods<sup>17</sup>.
26. The Commissioner for Human Rights stresses that sexuality education in schools is crucial for the protection of the sexual and reproductive rights of all and, in particular, of women. The Commissioner therefore urges the Polish authorities to ensure that mandatory, comprehensive sexuality education that is age-appropriate,

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<sup>16</sup> Report of realization of youth's rights to sexuality education, M. Bieńko, Z. Izdebski, K. Wąż, Group of Sexuality Educators Ponton, FWFP for Women and Family Planning, Warsaw 2016; [http://ponton.org.pl/sites/ponton/files/pdf/2016/rekomendacje\\_kontrola\\_prawa\\_educacja\\_seksualna\\_2016.pdf](http://ponton.org.pl/sites/ponton/files/pdf/2016/rekomendacje_kontrola_prawa_educacja_seksualna_2016.pdf).

<sup>17</sup> [http://www.ipphen.org/sites/default/files/Barometer\\_final%20version%20for%20web%20%282%29\\_0.pdf](http://www.ipphen.org/sites/default/files/Barometer_final%20version%20for%20web%20%282%29_0.pdf).

evidence-based, scientifically accurate and non-judgmental be taught in all schools in Poland<sup>18</sup>.

27. The UN Committee on the Rights of the Child has underlined that states should ensure that adolescents have access to appropriate information on sexual and reproductive issues, including family planning, contraception and the prevention of sexually transmitted diseases<sup>19</sup>.

#### **STANDARDS OF PERINATAL CARE**

28. The Standards of Perinatal Care (SPC) came into force in Poland in 2011. This Regulation of the MOH lays down the standards of medical treatment for physiological pregnancy and delivery, postnatal period and infant care. The document applies to all medical facilities providing care for women in perinatal period. Until recently, in the obstetric facilities there did not exist a medical standard to determine the scope and quality of services for patients. This resulted in huge disparities in the treatment of women in various institutions where the needs of women were often underestimated and patient rights were infringed. After years of branding, publicizing of violations and the constant pressure on decision-makers, the SPCs were finally introduced, and they are one of the most modern regulations in the EU. The document, based on the recommendations of the WHO and taking into account the latest scientific evidence, guarantees women the same level of services in the general insurance and recognizes the patient rights.
29. Despite the fact that the Regulation is a medical standard of a normative character and constitutes the part of the generally applicable law, most obstetric units do not consider it as such. This fact was confirmed by the monitoring carried out by non-governmental organizations. It was confirmed also by the control conducted by the Supreme Chamber of Control (NIK) in 2016. It concluded in its report that none of the audited departments complied fully with the SPCs and the patient rights were commonly violated. They pointed out such problems as the lack of adequate equipment, inadequate staffing influencing the safety of medical services, and that hospitals do not ensure pregnant women the right to privacy. The results of the monitoring are alarming and they show the scale of medical interventions, such as C-sections, angiomy, administration of oxytocin, episiotomy, or feeding babies with modified milk. The growing number of C-sections is a big problem in Poland: on average, in the period from September of 2010 to September 2015 C-sections rate grew from over 40% to 47% in the audited hospitals. The C-sections rate in Poland is one of the highest in Europe. The NIK report noted also that despite widely performed C-sections in Poland there are still cases in which disregarding medical indications a pregnant woman did not receive full medical care and the C-section was not performed

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<sup>18</sup><https://wcd.coe.int/com.instranet.InstraServlet?command=com.instranet.CmdBlobGet&InstranetImage=2924182&SecMode=1&DocId=2376250&Usage=2>.

<sup>19</sup> UN Committee for the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), CRC/C/GC/15.

at all or was performed too late. We need a deep analysis of the situation and have to investigate its causes.

30. The SPCs are one of the most important legislative acts that standardize medical treatment of women during the perinatal period. Accepting this situation and not undertaking measures at introducing the SPC causes growing frustration in women that results in lawsuits, and, most of all, the care is getting poorer. Disregard of medical standards may lead to tragedy, and winning the lawsuit will not restore one's health or life. Moreover, there grows the lack of confidence in the healthcare system. Therefore, the priority is to take action in the implementation of the SPCs: putting forward a realistic plan, development of indicators and evaluation methods of implementation standards and conducting regular inspections. It is also very important to create a system of psychological and psychiatric support for women during pregnancy and early motherhood. The perinatal period is a unique moment in the life of a woman, often fraught with difficulties and emotional problems. Affective disorder in pregnancy and postpartum are common, the incidence of depression before and after childbirth affects approximately 12-30% of women. Annually, 44,880-112,000 women need highly specialized psychological and psychiatric care, while 374 to 748 women require care in a psychiatric ward. It is therefore necessary to develop multidisciplinary support system, in which a woman would receive the necessary assistance.

#### **IN VITRO AND INFERTILITY TREATMENT**

31. It is estimated that the percentage of people affected by infertility in Poland, as in other developed countries, is at the level of 10-12% of the population. About 2% of infertile patients require advanced treatments such as in vitro fertilization.
32. In years 2013-2016 (till the end of June precisely) the ministerial IVF funding program was implemented and conducted. Over 17 thousand couples were given a chance to undergo IVF treatment funded by the state. The program had an average clinical efficacy of 31%. Over 5300 children (as of June 2016) were born. The number will increase as there are a number of pregnancies still unresolved. Unfortunately, after the elections in October 2015 in which the extreme right wing Law and Justice party came into power, the first decision of the new MOH, Konstanty Radziwill, was to discontinue the IVF funding program.
33. In November 2015 the Act on Infertility Treatment came into force being the first piece of legislation of the kind in Poland. An undoubted advantage of the new law is that it standardizes the requirements for infertility treatment centres and treatment itself which greatly increases the patients safety. The greatest concern and criticism arises from the anonymous donation of gametes and embryos, the introduction of compulsory donation of surplus embryos, and the exclusion of single women and same-sex couples from the list of those eligible to undergo advanced infertility treatment.

34. The MOH has currently been working on the introduction of the National Reproduction Program, which plans to create 16 infertility clinics. According to the new program the clinics are supposed to comprehensively address the care of people affected by infertility. The duration of the program is planned for the years 2016-2020 during which up to 8,000 couples can seek treatment. The program focuses on diagnosis and prevention as well as education. It also involves psychological support for couples suffering from infertility. The therapy allows the use of pharmacological and surgical treatment, but unfortunately completely excludes the use of in vitro fertilization.
35. On the 22nd and 23rd of September 2016 the Polish Parliament held a debate and voted over restrictive proposals of amendments to the current medically assisted reproduction legislation. It was decided to proceed with the proposals. The bill limits the number of fertilized oocytes to one and a total ban on cryopreservation which will dramatically decrease efficacy of treatment. This and the lack of public funding or reimbursement will result in eliminating IVF in Poland.

#### **RECOMMENDATION FROM THE 2<sup>nd</sup> UNIVERSAL PERIODIC REVIEW CYCLE**

36. Poland received the following recommendations during its second UPR:
- to ensure protection of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children (A/HRC/21/14 90.96, Australia, 13<sup>th</sup> session).
  - to ensure, as a minimum, that women can access lawful abortion by creating clear, legally binding regulations for the implementation of the 1993 Family Planning Act (A/HRC/21/14 90.106 Norway, 13<sup>th</sup> session).
  - to define unambiguously the circumstances under which therapeutic abortion is allowed (A/HRC/21/14 90.107, Slovenia, 13<sup>th</sup> session).
  - to provide women that have been unjustifiably denied access to adequate reproductive health services with an effective redress mechanism (A/HRC/21/14 90.108, Slovenia, 13<sup>th</sup> session).
  - to examine possible ways to make the bureaucratic process required when terminating a pregnancy as quick as possible, and maximize its efforts to make sure that the process is conducted in a professional way (A/HRC/21/14 90.100 Sweden, 13<sup>th</sup> session).
37. Poland has not implemented these recommendations yet. There are no reproductive health centres and contraception is not refunded from the state budget. The legal circumstances under which therapeutic abortion is allowed are interpreted in various, arbitrary ways which depend on doctors. Sometimes these interpretations are very restrictive to women' disadvantage. It leads also to the lack of effective redress mechanism. First of all, women seeking legal abortion are under stigma so they do not dare to look for compensation. Secondly, doctors are seldom bear disciplinary liability for their mistakes. The process of terminating a pregnancy is long and tough for women. Doctors make additional bureaucratic requirements to extend the deadline

for legal abortion and avoid responsibility for decision. An appeal procedure has not been improved yet and the draft amendments toward modification of are not satisfying.

## **FINAL RECOMMENDATIONS**

38. The Polish Government should ensure the relevant monitoring of number and conditions of illegal abortions and take all possible measures to prevent the necessity for women to have clandestine abortions, taking into consideration that restrictions on abortion law is definitely not the solution.
39. The Polish Government should initiate the legislative process in order to ensure the realization of patients' right to information and legally guaranteed medical service, especially access to abortion in cases of conscience clause performance.
40. The Polish Government should initiate the legislative process in order to define unambiguously the circumstances under which therapeutic abortion is allowed.
41. The Polish Government should indicate the change to patient's complaint procedures by adding the separate shorter term for investigation of patient's complaint by the Medical Commission in cases of requests for therapeutic abortion.
42. The Polish Government should execute the European Court of Human Rights judgment in the case *R.R. v. Poland*.
43. The Polish Government should review the delivery of the sexuality education in schools, especially teachers' preparation, qualifications and attitude, communication with students, programs, topics and style of presenting them. The sexuality education should be obligatory and comprehensive.
44. The Polish Government should take all possible measures to guarantee access to modern contraception, subsidized from the state budget and unlimited access to emergency contraception without a need to obtain the prescription.
45. The Minister of Health should start systematic inspections to control standards of perinatal care at maternity wards.
46. The Minister of Health should lead educational campaigns for patients and medical personnel about proper standards of perinatal care and breast-feeding.
47. The Minister of Health should abolish legal barriers to the realization of rights to special perinatal care, such as birth delivery outside the hospital or leading the pregnancy by midwives.
48. The Polish Government should take all legislative measures to include single women and women in same-sex relationships in the list of those eligible for advanced infertility treatment or at least to create and enforce transitional regulations on access to their cryopreserved embryos created before 1st November 2015.
49. The Polish Government should take all measures to provide for non-anonymous donation of gametes and embryos.
50. The Polish Government should take all legislative measures to remove the provisions on mandatory embryo donation.

51. The Polish Government should take all measures to reintroduce a public funding scheme for advanced infertility treatment.
52. The Polish Government should take all measures to opt out of the proposed restrictive amendments to the current medically assisted reproduction legislation.