

## Changing parameters for abortion in Iran

B LARIJANI, F ZAHEDI

Endocrinology and Metabolism Research Centre, and Medical Ethics and History of Medicine Research Centre, Tehran University of Medical Sciences, 5th floor, Shariati Hospital, North Kargar Avenue, Tehran, 14114, IRAN e-mail: emrc@sina.tums.ac.ir

### Abstract

*Issues related to abortion constitute an important debate in medical ethics. In Iran and other Islamic states, abortion is discussed from an Islamic perspective, but the legalisation of abortion varies in different Islamic countries. For years, Iran did not legalise induced abortion but permitted it under certain conditions. The Iranian parliament ratified the Therapeutic Abortion Act on June 21, 2005. The new law, which allows abortion under a wider set of guidelines, will promote women's reproductive health*

Abortion is an emotive subject. For decades, it has raised a variety of issues, some of them arising out of different religious beliefs. The philosophical concept of personhood, the question of when life begins, and the rights of the foetus and the mother have often been debated.

Islam teaches that life is a sacred gift from Allah. According to Islamic beliefs, the foetus undergoes a series of transformations; it begins as an organism and becomes a full human being when it is 'ensouled' at 120 days from the moment of conception (1). The rights of the child begin prior to her/his birth; so making decisions about the foetus is not entirely in the hands of the parents. Before ensoulment, however, abortion may be permitted in special situations, particularly if the mother's life is at risk. In effect, the embryo, even in the first days of its existence, has the right to live and no one has the right to kill it; but the punishment for eradicating a foetus at the pre-ensoulment stage will be less than abortion after ensoulment or after the end of the fourth month of pregnancy (2). In conformity with this principle, genetics and stem cell research and therapeutic cloning may also be permitted (2,3,4)

### The new abortion law in Iran

Iran has advanced in recent decades in the field of biomedical research. It has made great strides in genetics, transplantation and stem cell research. Health statistics demonstrate increased life expectancy, decreased infant and maternal mortality and lower population growth rates (5,6). Iran is now one of the countries in the eastern Mediterranean region with low child and adult mortality rates (7). The number of university students has increased more than ten times in the past 20 years. The number of students in medical and PhD programmes has also increased (8). The rate of publication by Iranian scientists in international journals has quadrupled over the past decade (9). In 2003, Iranian scientists published 3277 papers in international journals, a 30-fold increase since 1985 (10). The medical and religious professions have especially emphasised ethics during

these years (11,12,13).

The Iranian parliament has ratified some laws in recent years (14,15), including the Therapeutic Abortion Act on June 21, 2005 (16). This Act was approved after vigorous debate between opponents and supporters.

The Act permits therapeutic abortion after a definite diagnosis by three experts and a confirmation by the Legal Medicine Organisation (LMO). This decision may be based on foetal malformation or retardation, or based upon life-threatening maternal diseases. Abortion may be carried out before ensoulment with the woman's consent and any liability or punishment would not be directed toward the physician. Offenders going contrary to the provisions of the Act will be punished according to the penalties of Islamic law.

The Act was passed at a public session of the parliament on May 31, 2005, and it approved by the Guardian Council on June 15, 2005

Under the earlier law, abortion before four months was permitted if the mother's life was at risk, but her husband's consent was mandatory. The new law in Iran permits termination of pregnancy during the first four months if the foetus is mentally or physically handicapped or if the mother's life is in danger. According to the new law, the woman's consent is sufficient to carry out the abortion. However, three specialists must confirm that the foetus is disabled or the mother has a life-threatening condition. A high proportion of the requests for abortion is made in the first trimester and the new law will facilitate the process when there are genetic disorders or serious maternal disease.

Abortion is legally permitted in many countries under some conditions, such as the need to save the mother's life or safeguard her physical and/or mental health, in cases of rape or incest, or of foetal impairment, or for economic or social reasons (7). Abortion in Iran is limited to therapeutic indications as defined by the law, but even in the case of illegal abortions, post-operative care is available in Iran's public and private hospitals as part of primary health care (17). Emergency contraception is also available in family planning clinics. Health care providers do not feel compelled to report illegal abortions to authorities and these cases are not prosecuted unless someone records a grievance. The use of prostaglandin instead of curettage to induce abortion has significantly reduced the maternal mortality

rate in Iran, even in cases of illegal abortion (18).

Iran's ministry of health has prepared the draft of the executive bylaw of the Act, but it has not yet been published. The Legal Medicine Organisation had defined 51 foetal and maternal disorders that could be included, including disorders such as hydrops fetalis with any etiology; conditions resulting in neonatal death such as anencephaly; diseases such as meningoencephalocele; life-threatening maternal conditions such as active phase of HIV infection, renal failure, heart failure, resistant epilepsy, active uncontrolled lupus, etc; and disorders leading to handicap or disability.

According to the LMO, numerous requests for abortion due to disabling foetal disorders was one of the reasons for bringing in the new law. A customary preference for consanguinous marriage in Iran increases the incidence of congenital disorders such as haemoglobinopathies (particularly  $\beta$ -thalassaemia). The age of marriage for educated women has increased in recent years and pregnancies after the age of 35 have become more frequent, which come with worries about chromosomal disorders.

The new law transfers the responsibility for the abortion to medical specialists and therefore the decision to abort is not limited to the proposed 51 disorders. However, the equipment to detect all types of foetal disorders is not currently available all over Iran. But awareness among Iranian families about family planning has increased and they seek facilities in urban medical centres. The new law will enable primary health care centres in rural areas to screen pregnant women and refer them to better-equipped centres.

### Conclusion

An estimated 68,000 women die as a consequence of unsafe abortions each year all over the world (7). Estimates of the World Health Organisation for the year 2000 indicate that 19 million unsafe abortions take place every year and almost all of them occur in developing countries (7). Experience in some countries has shown that if abortion is legalised, related maternal deaths drop significantly (19).

Abortion remains restricted in many Islamic countries and illegal abortion remains a subject of debate. In most Islamic states, abortion is viewed according to Islamic points of view, but legalisation of abortion varies in different Islamic states (20). It is necessary to have effective programmes to manage public health issues with culturally and socially appropriate solutions.

### Acknowledgement

We would like to thank Dr Elham Mir for her support.

### References

1. Shaikh S. Family planning, contraception and abortion in Islam: undertaking khilafah: moral agency, justice and compassion. In: Maguire DC, editor. *Sacred rights: the case for contraception and abortion in world religions*. New York: Oxford University Press; 2003. p 102-128.
2. Larijani B, Zahedi F. Islamic perspective on human cloning and stem cell research. *Transplant Proc* 2004; 36(10): 3188-9.
3. Siddiqi MH. Human cloning: an Islamic perspective [monograph on the Internet]. St.Louis: Crescentlife.com. [Cited 2006 March 8]. Available from: [http://www.crescentlife.com/wellness\\_human\\_cloning\\_islamic\\_perspective.htm/](http://www.crescentlife.com/wellness_human_cloning_islamic_perspective.htm/)
4. Sachedina A. Islamic perspectives on cloning [monograph on the Internet]. Virginia: University of Virginia; Organization for Islamic Learning. [Cited 2006 March 8]. Available from: <http://www.people.virginia.edu/~aas/issues/cloning.htm>
5. Haq CL, Mohammadi A, Smith SR. Medical education reform in Iran. *Fam Med*. 2003; 35(9): 616-7.
6. World Health Organization. *The World Health Report 2004: changing history, Annexes*. Geneva: World Health Organization, 2004. [Cited 2005 Oct 24]. Available from: [www.who.int/whr/2004/en/](http://www.who.int/whr/2004/en/)
7. World Health Organization. *Unsafe abortion*. Geneva: World Health Organization, 2004. [Cited 2005 Oct 20]. Available at [www.who.int/reproductive-health/publications/unsafe\\_abortion\\_estimates\\_04/](http://www.who.int/reproductive-health/publications/unsafe_abortion_estimates_04/)
8. Editorial. Iran's long march. *Nature* 2005 May 19; 435(7040): 247-8.
9. Malekzadeh R, Mokri A, Azarmina P. Medical science and research in Iran. *Arch Iranian Med* 2001 Jan; 4(1): 27-39.
10. Moin M, Mahmoudi M, Rezaei N. Scientific output of Iran at the threshold of the 21st century. *Scientometrics*. 2005 Jan; 62(2): 239-248.
11. Larijani B, Zahedi F, Malek-Afzali H. Medical ethics activities in Iran. *Eastern Mediterranean Health Journal* 2005; 11(5/6), in press.
12. Larijani B. Pezeshk va molahezate akhlaghi [Health care professional and ethical issues] (In Farsi). First edition, Tehran: Baraye-farda Publisher; 2004.
13. Larijani B, Zahedi F, Taheri E. Ethical and legal aspects of organ transplantation in Iran. *Transplant Proc* 2004 Jun; 36(5): 1241-4.
14. Deceased or Brain Dead Patients Organ Transplantation Act, IR Iran Parliament. No. H/24804-T/9929 (4 June 2000).
15. Embryo Donation to Infertile Spouses Act, IR Iran Parliament. No. 33704 (5 August 2003).
16. Therapeutic Abortion Act, IR Iran Parliament. No. 2/85876 (21 June 2005).
17. Roudi-Fahimi F. Iran's family planning program: responding to a nation's needs. MENA Policy Brief. [serial on the Internet]. 2002. Washington: Population Reference Bureau, 2002. [Cited 2006 March 8]. Available from: [www.prb.org/pdf/IransFamPlanProg\\_Eng.pdf](http://www.prb.org/pdf/IransFamPlanProg_Eng.pdf)
18. Fallahian M, Mohammad-Zadeh F. Trends in abortion in Iran: 1994-2002. *Arch Iranian Med* 2005; 8(3): 217-218. Available from: <http://razi.ams.ac.ir/AIM/0583/0013.pdf>
19. Royston E, Armstrong S. Preventing maternal deaths. Geneva: World Health Organization, 2004.
20. Asman O. Abortion in Islamic countries—legal and religious aspects. *Med Law* 2004; 23(1): 73-89.