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CONSCIENTIOUS OBJECTION, ABORTION, AND CROATIA

Conscientious objection is the right of physicians to reject a practice or action that violates their ethical or moral principles (1). In majority of democratic countries, an individual has a legitimate right to conscientiously object and refuse to act according to the law or its individual provisions that prescribe behavior contrary to the individual's conscience. However, it is necessary that the freedom of conscience of one person does not endanger or preclude the rights of others. The right to conscientious objection is usually associated with medicine, military service, and carrying and using weapons.

The Parliamentary Assembly of the Council of Europe established the right to conscientious objection in medicine in Resolution 1763 from 2010. In Article 1 of the Resolution, *inter alia*, it is stated that "no legal or natural person shall be subjected to force, will not be held responsible and will not be in any way discriminated against if they refuse to perform an abortion or euthanasia". In addition to abortion and euthanasia, the right to appeal to conscience is often used in procedures of assisted suicide, medical fertilization and sterilization, and also other procedures in medicine (2).

In 25 European Union member states, induced abortion is legal. In 21 of these countries, invoking conscientious objection to performing abortion is granted by law. The same applies to Norway and Switzerland, which are not EU members. In Sweden, Finland, Bulgaria, the Czech Republic, and Iceland the legislation grants no right to conscientious objection. It has been reported that in 2008 in Italy nearly 70% of gynecologists refused to perform abortions on moral grounds, and the same trend may be observed in Poland, Slovakia, Portugal, Austria, and Portugal (3,4).

Croatia has a law on abortion, and conscientious objection is part of the national legislation (Table 1). Physicians or other health care workers may evoke conscientious objection because of their ethical, religious, moral or other beliefs, and refuse to conduct diagnostics, treatment and rehabilitation of a patient, if it does not conflict with the rules of the profession and if it does not cause permanent damage to health or endanger the patient's life. The physicians

TABLE 1. The legislative background – abortion and conscientious objection in Croatia

Abortion	Conscientious objection
Legalized by the Family Planning Act from 1978 (the law from the period of socialism in Croatia)	Part of the Constitution of Croatia (Article 40 - freedom of conscience, religion and the freedom of public expression of religious and other beliefs)
Performed at the request of a pregnant woman until the 10th week of gestation	Article 20 of the Act on the Medical Profession
After the 10th week performed after a consultation with a committee (decisions made on a case-by-case basis) upon the request of the pregnant women or a physician, but always with the consent of the pregnant woman for medical, eugenic, and ethical and legal indications.	Article 38 of the Act on Artificial Fertilization for health care and non-health care workers who are conducting or participating in the practice of artificial fertilization
	Article 4, paragraph 3, of the Nursing Act
	Article 26 of the Dental Services Act
	Part of the ethical codes of physicians, nurse, midwifes, and pharmacists

must inform a patient in a timely manner of their decision and refer the patient to another physician of the same profession, and then they must report their conscientious objection to the supervisor or employer (5,6).

According to the census from 2011, Croatia has 4 253 000 inhabitants, with 87.97% Catholics, 4.42% Orthodox, 1.28% Muslim, 0.27% Protestant, 0.02% Jewish, and 2.22% atheists (7). The data on the number of births and abortion practices in Croatia are regularly monitored and published in the Statistical Yearbook of the Croatian National Institute for Public Health. There were 36 866 births and 8362 abortions registered in Croatia in 2015. The abortion rate per 1000 women of fertile age in 2015 was 8.6. There were 3002 legally induced abortions. There were 1366 (45.5%) abortions requested by women aged 30-39 with children and 226 (7.5%) by young girls aged under 19 years. The highest number of legally induced abortions, 380 of them, was recorded in Primorje-Gorski Kotar County, followed by 315 in Istria County, 271 in Osijek-Baranja County, and 244 in Varaždin County. Hospitals with the highest numbers of legally induced abortions were Varaždin County Hospital with 557 abortions, Rijeka University Hospital Center with 478 abortions, Pula County Hospital with 290 abortions, and Osijek University Hospital Center with 262 abortions (8). In comparison, the estimated abortion rates per 1000 women of fertile age in Eastern Europe for the period between 2010 and 2014 was 42, in Southern Europe 16, and in Western and Northern Europe 18. The estimated annual number of abortions in Eastern Europe was 2.6 million, in Southern Europe 0.8 million, in Northern Europe 0.3 million, and in Western Europe 0.1 million. The abortion rate per 1000 women of fertile age in 2010-2014 was 38 in married women and 15 in unmarried women (9).

In recent years in Croatia, the issue of conscientious objection has been part of public debate. In 2013, a nurse in a county hospital in Croatia refused to participate in an abortion as a conscientious objector. As a consequence, she was dismissed from her job by the hospital director. She was later reinstated (10). In 2015, the Croatian National Health Insurance Institute decided to place the "morning after" pill on the market, and numerous pharmacists raised the issue of conscientious objection once more in the public debate (11). This issue was also raised by a presidential candidate in the election debate. The candidate stated that it was a well-known fact that gynecologists in Croatia had conscientious objections to performing abortions in public health care clinics, but not when they worked in private clinics, where they continued to perform abortions (12). The head of the Croatian Gynecological Society demanded an apology from the candidate because of these insinuations (13).

KNOWLEDGE LANDSCAPES AND QUALITATIVE ANALYSIS OF DIGITAL MEDIA

The Knowledge Landscapes is a concept under development, which tries to describe a multi-directional knowledge communication among many participants using modern and traditional technologies especially in the area of science and health care. The landscapes of communication in today's society are complex. The participants come from different backgrounds and motivations including interest groups, serious participants, but also insincere actors (14). There are focal points that shape knowledge landscapes, coherent and concentrated contexts supported by matching knowledge. There also isolated landscapes and black holes where knowledge is distorted and where incorrect and misleading information is distributed (15,16).

Through the quality analysis of digital media, we wanted to investigate the knowledge landscapes connected to the issue of conscientious objection and abortion in the Croatia.

We decided to apply discourse analysis to the issue of conscientious objection and abortion in Croatia. In discourse analysis, a discourse is a conceptual generalization of conversation within each modality and context of communication (17).

There are many approaches to discourse analysis and many theories related to these approaches. We based our analysis on the methodology proposed by Vuletić in his book "Public Discourse Challenges of Modern Healthcare" (18), because Vuletić's approach was created for discourse analysis related to public health issues and abortion and conscientious objection is an important public health issue. Vuletić based his methodology on the methodology proposed by Czarnawska with the influences of Foucault, de Saussure, and Bohm (Table 2).

For our analysis, we used only resources available in the digital arena as, nowadays, one can get accessible information from different sources in Croatia on the Internet. Scientific journals in Croatia have their online editions and full-text articles are also available from several digital online databases. The Croatian daily newspapers also have

their online editions. All discussions that take place in the off-line arena are also held in the online world.

We used "conscientious objection and Croatia" as keywords, in both English and Croatian, to perform our search. First, we searched the Web of Science, Current Contents, and PubMed databases and "Hrčak" portal of scientific journals in Croatia, to identify scientific papers. We also performed a Google search to expand our selection of documents to those that were not included these databases. We also searched the internet portals of two prominent daily newspapers with a large number of readers in Croatia, *Večernji list* and *Jutarnji list*.

Our search of PubMed, Web of Science, and Current Contents yielded only one result, ie, a paper from 1994 dealing with the issue of conscientious objection in military service and two letters to the editor on abortion and conscientious objection published in *Liječnički vjesnik* (the oldest medical journal in Croatia) in 2015.

The search of the "Hrčak" portal yielded one paper published by a lawyer about conscientious objection and abortion from 2015, 6 articles dealing with conscientious objection and military service, and one paper in a theological journal on the topic of Caritas as an organization.

TABLE 2. Steps of discourse analysis related to public health issues, according to Vuletić (18)

Questions	Aspect	Focus
The "social context and healthcare context" in which the discourse is generated		
Why do certain issues come into the focus of discourse?	The conditions of the social and organizational environment, which provoke the emergence of a discourse (material, health care, and spiritual elements of a culture).	The socio-cultural groups in a community Values Social life The health care environment Behavior
Analysis of the "main actors" of a discourse		
Who are the "main actors" involved in the creation of discourse?	The "main actors" who have an active role and influence on discursive practice and special interests and who display certain patterns of behavior.	The "energy" that leads to the discourse created by tension between legislation that govern the discourse from the outside on the one hand, and ideology, culture, and traditionalism, which form a pattern of behavior and govern discourse from within, on the other. The "attractors" generate the persistent behavior of a certain social group within the community, which is created by self-organization and developed in a certain direction.
The interpretative level of analysis of a public discourse		
What type of text can be found related to a certain public discourse? What are the content and main themes that emerge from the texts?	Analysis by deconstruction: Text of debates and conflicts, which can be found in the media or are created by observations and interviews.	The text itself (cognitive, emotional, and hierarchical aspects and meaning).
The level of evaluation of a public discourse		
What did the community gain from the emergence and development of a certain public health care discourse? What is the outcome of discourse practice?	Benefits or drawbacks for the community of the emergence and development of a certain public discourse.	The outcomes of the public discourse.
Analysis of dialogical aspects of public discourse		
Can public discourse, which usually begins as confrontation, be transformed into a dialogue?	Management of a discourse (directing the discourse of power and dominance into a dialogical discourse that creates something new from the opposed views).	The possibility of creation of dialogical aspects in public discourse within the culture of society.

The Google search in English yielded a total 34 documents that had some connection with Croatia and conscientious objection and abortion. Most documents were reports from non-governmental organizations (NGOs). There was one book titled *The Right to Abortion - a Comparative Approach Concerning Croatia, the Federal Republic of Germany and US* published by Dalida Rittosso in 2008 in the USA, and a student paper *Conscientious Objection and Access to Lawful Abortion in the Council of Europe System - Does Conscientious Objection Undermine Legal Abortion* from 2014 *Rights?* by M. Hellgren Franzén from Lund University, published in 2014.

When a Google search was performed in Croatian, we found 60 documents, mainly from NGOs and news portals. We found two articles in *Liječničke novine* (the journal of the Croatian Chamber of Physicians), one from 2014 and the other from 2015. We found one article from the journal of Croatian Catholic Physicians' Society from 2008, and one lecture on the society's page. We also found the information that the Croatian Medical Academy had organized a symposium about conscientious objection practices in the EU in 2011. When the portals of the two daily newspapers in Croatia were searched, we found 39 articles dealing with conscientious objection and abortion in *Večernji list*, and 20 articles in *Jutarnji list*.

Our discourse analysis of the material found online led us to the following observations.

The "social context and healthcare context" in which the discourse on abortion and conscientious objection is generated in Croatia

The discourse about conscientious objection and abortion in Croatia is usually generated when a certain case or situation dealing with the issue of abortion and conscientious objection is brought to the attention of the public, as it was in the previously mentioned case of the nurse who refused to participate in an abortion as a conscientious objector and as a consequence was dismissed from job by the hospital director.

The main "attractors" involved in the creation of discourse on abortion and conscientious objection in Croatia

The main "attractors" in the discourse about abortion and conscientious objection in Croatia are journalists, patients, and NGOs. Physicians, nurses, or their professional organizations are rarely involved. The discourse is mainly governed by journalists and, sometimes, NGOs. Only one NGO performed a single piece of research that could be found on the issue of abortion and conscientious objection in Croatia (19). The main energy created in the discourse on abortion and conscientious objection in Croatia stems from ideology, culture, and traditionalism. Laws and bylaws that govern the discourse from the outside are less present.

The interpretative level of analysis of the public discourse on abortion and conscientious objection in Croatia

We found no scientific articles or research on this subject done by the scientific community in Croatia. Most texts were newspaper articles, written by journalists. Physicians were rarely involved in the discussions and if an article was found in a medical journal, it displayed personal views not based on any type of research. We found no texts written by physicians and nurses that used scientific discourse or any research using scientific methodology on the issue of abortion and conscientious objection in Croatia.

The piece of research performed by an NGO stated that conscientious objection was quite widespread among physicians in Croatia when it came to abortion and that there were no standardized procedures on how they were to express their conscientious objection. According to this report, some physicians expressed their conscientious objection verbally, and some health care institutions used written forms. Moreover, there was no central database of health care professionals' statements on conscientious objection. Another problem observed in this report was the cost of an abortion, which varied from hospital to hospital from 900 HRK to 3000 HRK (1 EUR = 7.5 HRK) (19).

The level of evaluation of public discourse on abortion and conscientious objection in Croatia

The community in Croatia has problems with how to implement conscientious objection. There is a lack of clarity about how one can express conscientious objection when it comes to abortion, which leaves room for the suspicion that this privilege is being misused. The main issues raised were as follows: how to express conscientious objection in written form and to whom, where the records about it should be kept, and how this influences a health care organization. Furthermore, the problem of same person relying on conscientious objection in public health

care institutions and then s performing abortions in private health care facilities after working hours was also raised. The problems are voiced, but offer no real solution for the problems. The outcome was finally the reaction from the Ministry of Health which stated that hospitals in the public health service network carrying out activities in gynecology shall ensure the provision of abortion (20).

Analysis of the dialogical aspects of public discourse on abortion and conscientious objection in Croatia

The management of the discourse on abortion and conscientious objection in Croatia is non-existent. The sporadic public discourse on abortion and conscientious objection usually results in a confrontation of juxtaposed views, leading to nothing new and never turning into a dialogue. A good management of public discourse should aim at transforming the confrontation into a productive dialogue.

Conclusion

Knowledge landscape connected to the issue of conscientious objection and abortion in Croatia has specific geography. The centers of gravity that shape the knowledge landscape are rarely representative of scientific or medical community. The centers of gravity that host some knowledge in this landscape are connected to newspaper articles and NGO research, where the quality of knowledge cannot be verified. This leaves the open question, are they really centers of gravity or isolated landscapes distorting the knowledge? There is a lack of scientifically sound and transparent source of knowledge on this issue of conscientious objection and abortion coming from the scientific community in Croatia. Even the official statistical data are a bit puzzling. Croatian statistics on abortion rates provides numbers that differ from the numbers in the entire region of Europe. Can these statistical data from the official sources be regarded as a center of gravity in the knowledge landscape, a coherent and concentrated context supported by matching knowledge? However, interesting facts also emerge from the existing statistical data. There is a trend of seeking an abortion among women who already have children. Why has this trend not been addressed in Croatia? Is there room for improvement in our health education practices? One can also see that public discussions related to conscientious objection and abortion in Croatia need to be more solution-oriented. Now, it seems that different views are juxtaposed, creating complex situations and generating conflicts, debates and public discussions creating isolated landscapes in the knowledge landscape geography. Here the knowledge is being determined and self-confirmatory, lacking tentativeness and re-evaluation.

The solution to the current situation should be based on sound research data on the practice of conscientious objection. Moreover, this solution should be based on honest professional self-regulation mechanisms that should leave no room for suspicion about the misuse of the privilege of conscientious objection. The Ministry of Health together with medical profession should help in the creation and implementation of feasible solutions when it comes to conscientious objection in Croatia. The organization of the health care system should allow everyone equal access to all services mandated by laws and by-laws in a transparent way, taking into account the personal beliefs of both medical professionals and patients. Conscientious objection practices and protocols should be clearly defined and implemented in order to avoid any misuse. As a starting point for these discussions, scientifically sound research into the values of the Croatian population should be performed in relation to everyday life and health care practices.

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