

## IFHRO Position

IFHRO believes that medical ethics and human rights demand that no person should be subjected to forced and/or coerced sterilisation.

Health workers have an obligation to respect the right to self-determination<sup>1</sup> and to obtain informed consent<sup>2</sup> for any medical procedure. They also have a responsibility to respect a patient's dignity, privacy and autonomy and their right to make decisions over all matters related to sexual and reproductive health, including family planning, without coercion, discrimination, violence, or threats of adverse consequences if they refuse consent.

Health workers performing sterilisation against the will of the patient or without appropriately obtained informed consent are in violation of medical ethics.<sup>3 4 5 6 7</sup>

Forced and coerced sterilisation are forms of violence that harm physical and mental health, constitute violations of the right to the highest attainable standard of physical and mental health<sup>8 9 10 11</sup>, the right to liberty and security of person<sup>12</sup>, the right to freedom from torture and cruel, inhuman, or degrading treatment<sup>13</sup>, the right to freedom from arbitrary interference with privacy and family<sup>14</sup>, the right to found a family<sup>15</sup>, and the right to equality and non-discrimination.<sup>16</sup>

Sterilisation should be available, accessible and affordable for every individual, within the full range of all contraceptive methods. The decision to undergo sterilisation is the sole and unique decision of the individual concerned, based on informed choice. Health workers should respect the decision of the individual concerned and not be guided by coercion, opinions, minimum or maximum number of children, considerations or decisions of the person's partner, spouse or other family member, government official or any other person.

Informed consent should be obtained before the scheduled sterilisation procedure and not in situations of pain or stress such as labour or abortion or during a medical emergency procedure.

Informed consent involves a process of communication between a health worker and the patient; safeguards for an appropriate communication include language interpretation if needed, and appropriate oral and written documentation and authorization by the patient. Consent to sterilisation should be free from material or social incentives and should not be a condition of other medical care, social, insurance or institutional benefits. No threats – such as withholding other forms of medical care, including abortion services – should be made to the person for refusing to consent to the procedure.

IFHRO recommends that global and national professional associations of health workers support members and institutions that expose the practice of forced or coerced sterilisation, initiate or are involved in investigations in health care settings where forced and/or coerced sterilisation is suspected and take initiatives for the protection of whistleblowers.

IFHRO recommends that national Governments and health institutions review their legislation, policies, and guidelines to ensure conformity with standards of international law and professional ethical principles and guidelines set out by international professional bodies,<sup>17</sup> set up monitoring mechanisms for the prevention of forced and coerced sterilisation and mechanisms for complaint investigation where forced or coerced sterilisation is alleged, and provide a mechanism for compensation to individuals who have been sterilised without informed consent.

## Background

Worldwide many people rely on sterilisation to control their fertility. A sterilisation procedure performed safely, complying with medical and ethical standards after the full informed choice of the patient is an acceptable option of contraception for people who wish to have no more children.

However in recent years, cases of coerced and forced sterilisation have been reported in countries across the globe. Persons have been forcibly sterilised without knowing the procedure had been performed or they had not been given the opportunity to consent. Others were coerced into sterilisation by financial or other incentives, denial of medical services, or by being misinformed or otherwise compelled to undergo the procedure.

In Africa, recent cases of forced sterilisation were documented by the International Community of Women Living with HIV/AIDS. The organisation found that since 2008 women living with HIV/AIDS had undergone forced or coerced sterilization by tubal ligation. Practices of forced and coerced sterilisation performed on women living with HIV/AIDS have also been recently documented in Chile<sup>18</sup>, Dominican Republic<sup>19</sup>, Mexico<sup>20</sup>, South-Africa<sup>21</sup> and Venezuela.<sup>22</sup>

In Europe cases of forced and coerced sterilisation have been documented against women of ethnic minorities. In 2005, the Czech Ombudsman issued a report in which he reviewed more than 80 allegations of forced and coerced sterilisation of women, most of whom are members of the Roma minority.<sup>23</sup>

These and other practices are a breach of medical ethics and a violation of human rights. Forced and coerced sterilisation are severe violations on a persons' ability to make childbearing decisions and represent a severe affront to reproductive rights affecting many persons, their relatives and communities worldwide.

Sometimes condoned in the name of a public health "rationale" such as population control or prevention of HIV in infants, these practices are in fact carried out on the basis of discriminatory stereotypes such as the inability of certain types of people, often the disenfranchised, to be fit parents. Among the many populations disproportionately affected are persons living with HIV, Romani or indigenous persons, persons with mental health problems or intellectual disabilities, transgender persons, persons who use drugs, and other vulnerable groups.

Although sterilisation may be carried out by individual health providers, it is ultimately the responsibility of governments to protect persons from such abuse and to support health workers in realising reproductive rights. There is lack of awareness among health workers that forced and coerced sterilisation are grave violations of human rights and international medical ethics and a clear misuse of medical expertise.

Health workers can and should play an important role by urging their governments to prohibit the practice of forced and coerced sterilisation and upholding medical and ethical standards in performing sterilisation and gaining informed consent.

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## Footnotes

1. WMA Declaration on the Rights of the Patient (latest 2005), par. 3a.
2. WMA Declaration on the Rights of the Patient (latest 2005), par. 3b.
3. WMA Declaration of Geneva (latest 2006)
4. WMA International Code of Medical Ethics (latest 2006)
5. WMA Statement on Family Planning and the Right of Women to contraception (latest 2007)
6. WMA Statement on Patient advocacy and Confidentiality (latest 2006)
7. WMA Declaration on the Rights of the Patient (Lisbon, latest 2005)
8. International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 12.
9. Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), Article 12.
10. Convention of the Rights of the Child (CRC), Article 24.
11. Convention on the Rights of Persons with Disabilities (CRPD), Article 25.
12. International Covenant on Civil and Political Rights (ICCPR), Article 9.
13. ICCPR, Article 7.
14. ICCPR, Article 17.
15. ICCPR, Article 23.
16. ICCPR, Article 26.
17. FIGO Guidelines on Female Contraceptive Sterilisation
18. Center for Reproductive Rights and VIVO POSITIVO, *Dignity Denied: Violations of the Rights of HIV-Positive Women In Chilean Health Facilities* (2010)
19. Human Rights Watch, *A test of inequality: discrimination against women living with HIV in the Dominican Republic* (2004), pp. 41 - 43
20. Tamil Kendall, "Reproductive Rights Violations Reported by Mexican Women with HIV", *Health and Human Rights in Practice*, 11(2), pp. 79 -84
21. Anna-Maria Lombard, "South-Africa: HIV-positive women sterilised against their will", City Press, 2010
22. UN Human Rights Council, *Intersections of Violence against Women with HIV/AIDS*, Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences, Yakin Ertürk, E/CN.4/2005/72
23. Gwendolyn Albert and Dr. Peter Hornnes, "Sterilisation and informed consent", *Healthcare professionals can play a part in improving awareness*, MIMS Women's Health, Vol4, No 3, 2009



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**The International Federation of Health and Human Rights Organisations** promotes the monitoring of health-related human rights, including the right to health. IFHHRO believes that there lies a huge potential in the health profession that could be mobilised for the promotion and protection of human rights, by applying medical expertise. To increase the involvement of doctors, nurses, paramedics and other health workers, IFHHRO stimulates international cooperation between health and human rights organisations in various countries. Our members are doctors' associations interested in human rights work, human rights groups paying attention to health-related rights violations, or organisations that have been especially created to mobilise health professionals for human rights protection.

***'...health will finally be seen not as a blessing to be wished for,  
but as a human right to be fought for.'***  
**Kofi Annan**

#### **CURRENT MEMBER ORGANISATIONS**

Action Group for Health, Human Rights and HIV/AIDS (AGHA)  
Aman-saulyk  
Association for Victims of Repression in Africa (AVRA)  
Centre for Enquiry into Health and Allied Themes (CEHAT)  
Commonwealth Medical Trust (COMMAT)  
Doctors for Human Rights  
EDHUCASalud  
Global Initiative on Psychiatry - Tbilisi  
Harvard Program of International Health and Human Rights  
Health Research & Human Rights Foundation (HRRF)  
Independent Medico-Legal Unit (IMLU)  
Johannes Wier Foundation  
Medici per I Diritti Umani  
Palestinian Physicians for Human Rights  
Physicians for Human Rights  
Physicians for Human Rights  
Physicians for Social Justice  
Save Congo  
Zimbabwe Association of Doctors for Human Rights (ZADHR)

Uganda  
Kazakhstan  
Congo  
India  
UK  
UK  
Peru  
Georgia  
USA  
Bangladesh  
Kenya  
Netherlands  
Italy  
Palestine  
Israel  
USA  
Nigeria  
DR Congo  
Zimbabwe

#### **CURRENT OBSERVER ORGANISATIONS**

Amnesty International  
British Medical Association (BMA)  
International Council of Nurses (ICN)  
International Federation of Medical Students' Associations (IFMSA)  
International Rehabilitation Council for Torture Victims (IRCT)  
Norwegian Medical Association (NMA)  
Ipas

People's Health Movement (PHM)  
South African Medical Association (SAMA)  
Turkish Medical Association  
Uganda Medical Workers Union  
World Medical Association (WMA)

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