

WMA STATEMENT ON FORCED AND COERCED STERILISATION

Adopted by the 63rd WMA General Assembly, Bangkok, Thailand, October 2012

The WMA recognises that no person, regardless of gender, ethnicity, socio-economic status, medical condition or disability, should be subjected to forced or coerced permanent sterilisation.

A full range of contraceptive services, including sterilisation, should be accessible and affordable to every individual. The state may have a role to play in ensuring that such services are available, along with private, charitable and third sector organisations. The decision to undergo contraception, including sterilisation, must be the sole decision of the individual concerned.

As with all other medical treatments, sterilisation should only be performed on a competent patient after an informed choice has been made and the free and valid consent of the individual has been obtained. Where a patient is incompetent, a valid decision about treatment must be made in accordance with relevant legal requirements and the ethical standards of the WMA before the procedure is carried out. Sterilization of those unable to give consent would be extremely rare and done only with the consent of the surrogate decision maker.

Such consent should be obtained when the patient is not facing a medical emergency, or other major stressor.

The WMA condemns practices where a state or any other actor attempts to bypass ethical requirements necessary for obtaining free and valid consent.

Consent to sterilisation should be free from material or social incentives which might distort freedom of choice and should not be a condition of other medical care (including safe abortion), social, insurance, institutional or other benefits.

The WMA calls on national medical associations to advocate against forced and coerced sterilisation in their own countries and globally.