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**STATUS OF HUMAN RIGHTS IN THE REPUBLIC OF ICELAND
FOR THE 54TH SESSION OF THE
UNIVERSAL PERIODIC REVIEW**

The European Centre for Law and Justice (ECLJ) was founded in 1998 and is a non-governmental organization dedicated to promoting and protecting human rights around the world. The ECLJ also holds Special Consultative status before the United Nations Economic and Social Council. This report discusses the status of human rights in the Bolivarian Republic of Iceland (Iceland) for the 54th session of the Universal Periodic Review (UPR).

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Background

1. Iceland is an island country located in the Atlantic Ocean and has a population of approximately 399,000 people.¹ The population is predominantly Christian, with approximately 69.9% of the population identifying as Evangelical Lutheran, 15.3% as other, 6.1% as Catholic, 2.9% Reykjavík Free Church, 6.1% belonging to no religion.²

2. Iceland's last review was held on January 25, 2022.³ As a result of the review, Iceland received 230 recommendations, 218 of which it accepted.⁴ It was recommended by the Philippines, and supported by Iceland, that the government "[t]ake immediate and effective steps to combat discrimination against persons with disabilities, particularly persons with Down syndrome, strengthen public awareness campaigns to uphold their rights, and provide comprehensive support and assistance to persons concerned and their families."⁵ Additionally, while no recommendations were made regarding assisted dying, we are concerned about recent efforts to legalize this abhorrent practice. No recommendations were made regarding religious freedom. In our last report, we expressed concern over Iceland's abortion laws, particularly the targeted abortion of preborn babies with Down syndrome.

Legal Framework

Abortion

3. Under Article 65 of the Constitution of Iceland, "[e]veryone shall be equal before the law and enjoy human rights irrespective of sex, religion, opinion, national origin, race, colour, property, birth or other status."⁶ Further, under Article 76, "[f]or children, the law shall guarantee the protection and care which is necessary for their well-being."⁷

4. Under Article 4 of Iceland's Termination of Pregnancy Act, No. 43/2019:

Any woman who so requests shall have the right to have her pregnancy terminated up to the end of the 22nd week of pregnancy. In all cases, pregnancy shall be terminated as soon as possible, and preferably before the end of the 12th week of pregnancy.⁸

5. Additionally, under Article 8 of this same law:

Before a pregnancy is terminated, the woman shall have the opportunity to receive information and counselling from a physician, a nurse, a midwife and a social worker, as necessary. Furthermore, the woman shall be informed of the potential risks associated with the procedure (cf. Article 5 of the Patients' Rights Act, No. 74/1997), by the physician who carries out the procedure or a physician with special qualifications in the field of the termination of pregnancy. Following termination of the pregnancy, the woman shall have the opportunity of a supportive conversation.

All information and counselling provided in relation to the termination of pregnancy shall be given in an impartial manner and be based on tried and tested knowledge, with respect for human rights and with human dignity as the guiding principle.⁹

6. Additionally, Iceland is a party to the International Covenant on Civil and Political Rights (ICCPR).¹⁰ Under Article 6 of the ICCPR, “[e]very human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”¹¹

7. Iceland also has a responsibility to protect the lives of preborn babies under other international agreements, such as the UN Charter, the Universal Declaration of Human Rights (UDHR), and the 1994 Cairo Conference on Population and Development.

Assisted Suicide

8. Under Article 71 of the Constitution of Iceland, “[e]veryone shall enjoy freedom from interference with privacy, home, and family life.”¹²

9. Article 213 of the Penal Code of Iceland states that “[a]nyone who takes the life of another person at his/her urgent request shall be subject to imprisonment for up to 3 years.”¹³ Article 214 states that “In case a person be conducive to another person’s committing suicide he/she shall be subject to [imprisonment for up to 1 year] or fines. In case this be done for a selfish purpose the penalty shall be imprisonment for up to 3 years.”¹⁴

10. As a party to the ICCPR and the Convention on the Rights of Persons with Disabilities (CRPD), Iceland is required to protect human life. Article 6 of the ICCPR requires that no human being be arbitrarily deprived of his life.¹⁵ Article 10 of the CRPD requires that “States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.”¹⁶ Additionally, the CRPD requires States Parties to recognize “the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support.”¹⁷

Abortion

11. In our last report, we expressed concern over both the expansion of access to abortion and the number of preborn babies with Down syndrome being aborted. We recommended that Iceland reform its laws to protect all human life, including preborn babies with Down syndrome. Unfortunately, nothing has changed, and the practice of killing preborn babies remains prevalent in Iceland.

12. During Iceland’s last review, it supported a recommendation from the Philippines to “[t]ake immediate and effective steps to combat discrimination against persons with disabilities, particularly persons with Down syndrome, strengthen public awareness campaigns to uphold their rights, and provide comprehensive support and assistance to persons concerned and their families.” Unfortunately, as discussed below, Iceland has not taken steps to uphold the rights of individuals with Down syndrome but instead allows them to be killed before they are even born.

13. In Iceland, approximately 80-85% of women undergo prenatal screenings. While these screenings are helpful in assessing the health of the baby, they are being used to potentially diagnose babies with Down syndrome, which is then used as justification for an abortion.¹⁸ As a result, only two to three babies with Down syndrome are born in Iceland every year.¹⁹ What is also troubling is that this is touted as a revolutionary way to eradicate Down syndrome. The truth is that Iceland has not found a way to eradicate Down syndrome, but instead, just exterminates every preborn baby who may possibly have Down syndrome.

14. Additionally, noninvasive prenatal testing (NIPT) for chromosomal disorders, like Down syndrome, only indicates the likelihood of disorders, it cannot diagnose them.²⁰ These tests have known limitations and, in some cases, can produce more false positives than true positives.²¹ In fact, one study found that among low-risk women (women under the age of thirty-five), the positive predictive value for screening for Down syndrome is below 50%.²² This means potentially five out of every ten positive screenings are expected to be false positives. As a result, perfectly healthy preborn babies are routinely killed under completely false test results. The screenings themselves, with their unclear results and implications, often do not bring peace or clarity; they bring anxiety and confusion.²³ Even further confusion comes from the advertising, which often makes NIPT seem like a diagnostic tool with an almost perfect test rate.²⁴ These tests are important, and when used in the right way, can help families prepare for the baby they are about to welcome and care for. In no way should these tests be the determining factor of whether a preborn baby is allowed to live or be killed.

15. In our last report, we also noted that expanding access to on demand abortions up until the 22nd week of pregnancy will undoubtedly lead to more preborn babies being killed. Unsurprisingly, this has happened. In 2020, there were 969 abortions carried out, compared with 1,035 in 2022, 1118 in 2023, and 1147 in 2024.²⁵ This shows that Iceland is failing to uphold its obligations under the 1994 Cairo Conference on Population and Development, which calls upon U.N. Member States to have an affirmative commitment to “reduce the recourse to abortion.”²⁶ As demonstrated through Iceland’s expanding access to abortion and the increase in the numbers of abortions that have occurred since then, Iceland is not reducing the recourse to abortion but is instead increasing it.

16. Abortion contravenes numerous fundamental human rights documents. These documents affirm the dignity of human beings and establish that nothing can violate the rights provided by them. For instance, the UDHR states that “recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.”²⁷ Further, the ICCPR states that “[e]very human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”²⁸ Unfortunately, Iceland has denied these rights to preborn babies and preborn babies with Down syndrome.

Assisted Suicide

17. Since Iceland’s last review, the government has been exploring the possibility of legalizing assisted suicide. In 2023, a survey was conducted by the Ministry of Health and found that 56% of physicians, 86% of nurses, 81% of licensed practical nurses, and 84.4% of patient associations are in favor of legalizing assisted suicide.²⁹ Then, in March 2024, the Liberal Reform Party discussed a draft bill to allow for people with incurable illnesses and dealing with unbearable pain to be killed with the assistance of a physician.³⁰ Thankfully, while

the bill was discussed among members of the Liberal Reform Party, it never formally came before a parliamentary committee.³¹

18. While the survey showed that there appears to be support for legalizing assisted suicide, the Icelandic Medical Association remains firm in opposing efforts to legalize assisted suicide. Additionally, many individuals involved in palliative care also remain opposed to legalizing assisted dying. This is because individuals involved in palliative care are responsible for providing pain management and support and believe that allowing for assisted suicide is in direct opposition to their mission. Indeed, they are correct. End-of-life care should be focused on making individuals as comfortable as they can be, not hastening their death. Furthermore, Iceland's Ministry of Health should be unequivocally condemned for attempting to justify assisted suicide through a popularity survey, reducing a profound human rights issue to a mere opinion poll rather than upholding the inherent dignity and protection owed to every person. Human rights are not determined by popular vote, they are God given and grounded in universal, non-negotiable commitments.

19. Assisted suicide is in contravention of numerous international agreements like the ICCPR, UDHR, and the CRPD. Again, the ICCPR states that “[e]very human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”³² Further, general comment no. 36 on Article 6 of the ICCPR states:

The right to life has crucial importance both for individuals and for society as a whole. It is most precious for its own sake as a right that inheres in every human being, but it also constitutes a fundamental right, the effective protection of which is the prerequisite for the enjoyment of all other human rights and the content of which can be informed by other human rights.³³

20. There are also numerous problems with allowing assisted suicide. The practice can be abused to the disadvantage of the elderly and disabled. Recent medical research has indicated several issues present in countries where euthanasia is legal.³⁴ For example, many laws have ambiguous, nonphysical criteria for euthanasia, confusing doctors when they make determinations approving euthanasia.³⁵ Research also identifies difficulties for determining the patient's state of mind and the voluntary nature of the act in the field.³⁶ The unknown nature of mental health progression creates another issue: it is difficult to judge whether treatment or natural means will cause the mental issue to improve.³⁷ It is entirely possible that if these mental health issues are treated, the suffering individuals will no longer wish to be killed.³⁸ Additionally, much of assisted suicide is conditioned on someone experiencing irremediable suffering, but “how is suffering defined and when is it irremediable?”³⁹ These questions have no clear answers. All human life is sacred, not just healthy human life. If Iceland were to legalize assisted suicide, the only outcome would be deaths of hundreds and even thousands of people who are elderly and sick. End of life care must focus on helping the individual be as comfortable as possible and not involve the deliberate killing of the individual.

Recommendations

21. We urge Iceland to protect all human life and recognize the inherent dignity of every human, including preborn babies. We request that Iceland reform its laws on abortion to protect the life of everyone from conception till death, regardless of whether the individual is considered “healthy.” No preborn baby should be killed, especially those who may be born

with a medical condition or disease. No country can claim to uphold human rights while allowing death as a solution to a “possible” disability.

22. We also urge Iceland to protect the lives of individuals reaching the end of their lives. Iceland has yet to legalize assisted suicide, and we hope that it will resist any future efforts to legalize it. Instead of hastening the death of individuals who are old or sick, health care should focus on palliative care and ensure that the individuals are as comfortable as possible. Upholding the right to life includes making sure that no one feels that their only option is suicide.

¹ Björn Mathíason, *Iceland*, BRITANNICA, <https://www.britannica.com/place/Iceland>.

² *Id.*

³ *Universal Periodic Review – Iceland*, OHCHR, <https://www.ohchr.org/en/hr-bodies/upr/is-index>.

⁴ *Infographic – Iceland*, OHCHR, <https://www.ohchr.org/sites/default/files/documents/hrbodies/upr/sessions/session40/is/2022-12-23/Iceland.pdf>.

⁵ OHCHR, UPR of Iceland (3rd Cycle – 40th Session) Thematic List of Recommendations, <https://www.ohchr.org/sites/default/files/documents/hrbodies/upr/sessions/session40/is/2022-12-23/Iceland.pdf>.

⁶ CONS'T OF THE REPUBLIC OF ICELAND art. 65, https://www.government.is/library/01-Ministries/Prime-Ministrers-Office/constitution_of_iceland.pdf.

⁷ *Id.* art. 76.

⁸ TERMINATION OF PREGNANCY ACT, NO. 43/2019 art. 4, <https://www.government.is/library/04-Legislation/Termination%20of%20Pregnancy%20Act%20No%2043%202019.pdf>.

⁹ *Id.* art. 8.

¹⁰ *Ratification Status for Iceland*, OHCHR, https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=78&Lang=EN.

¹¹ International Covenant on Civil and Political Rights art. 6, *adopted* Dec. 16, 1966, 999 U.N.T.S. 171, <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>.

¹² CONS'T OF THE REPUBLIC OF ICELAND art. 71, *supra* note 6.

¹³ General Penal Code (Act No. 19/1940 of February 12, 1940) art. 213, <https://www.wipo.int/wipolex/en/legislation/details/2437>.

¹⁴ *Id.* art. 214.

¹⁵ ICCPR art. 6, *supra* note 11.

¹⁶ Convention on the Rights of Persons with Disabilities art. 10, *adopted* Dec. 12, 2006, 2515 U.N.T.S. 3, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>.

¹⁷ *Id.* pmbl.

¹⁸ *Declining Birth Rates of Children with Down Syndrome in the Nordic Countries*, UNRIC, <https://unric.org/en/declining-birth-rates-of-children-with-downs-syndrome-in-the-nordic-countries/>.

¹⁹ *Id.*

²⁰ Bridget Balch, *Prenatal Screenings Can Lead to False Positives, Heightened Anxiety*, AAMC (Apr. 14, 2022), <https://www.aamc.org/news/prenatal-screenings-can-lead-false-positives-heightened-anxiety>.

²¹ *Id.*

²² Dr. Tara Sander Lee, *Death by Uncertainty: False Positives in Prenatal Testing*, NC FAMILY (May 16, 2022), <https://ncfamily.org/death-by-uncertainty-false-positives-in-prenatal-testing>.

²³ Bridget Balch, *supra* note 20.

²⁴ *Id.*

²⁵ Iceland, ABORT REPORT, <https://abort-report.eu/statistics/iceland/>.

²⁶ International Conference on Population and Development, *Report of the International Conference on Population and Development*, ¶ 8.25, U.N. Doc. A/CONF/F.171/13.

²⁷ Universal Declaration, Preamble, G.A. Res. 217 (III) A, U.N. Doc. A/810 (1948).

²⁸ *Id.*

²⁹ *Iceland – Assisted Dying: Slow but Steady Progress*, LIFSVIRTING (Dec. 9, 2024), <https://lifsvirding.is/index.php/greinasafn/104-assisted-dying-slow-but-steady-progress>.

³⁰ *Id.*

³¹ *Id.*

³² ICCPR art.6, *supra* note 11.

³³ *General Comment No. 36*, CCPR/C/GC/36, <https://digitallibrary.un.org/record/3884724?v=pdf>.

³⁴ Madoka Kono, Nana Arai & Yoshiyuki Takimoto, *Identifying Practical Clinical Problems in Active Euthanasia: A Systematic Literature Review of the Findings in Countries Where Euthanasia is Legal*, 21 PALLIATIVE AND SUPPORTIVE CARE 705, 708 (2023), <https://doi.org/10.1017/S1478951522001699>.

³⁵ *Id.* at 708.

³⁶ *Id.* at 708-09.

³⁷ *Id.* at 709.

³⁸ Ryan Anderson, *Four Problems with Physician-Assisted Suicide*, THE HERITAGE FOUND. (Mar. 30, 2015), <https://www.heritage.org/health-care-reform/report/four-problems-physician-assisted-suicide>.

³⁹ Roland M. Jones, & Alexander I. F. Simpson, *Assisted Death for Prisoners and Forensic Patients: Complexity and Controversy Illustrated by Four Recent Cases*, 48 BJPSYCH BULLETIN, 300, 302 (2024), https://www.cambridge.org/core/services/aop-cambridge-core/content/view/S2056469424000238?utm_source=copilot.com.