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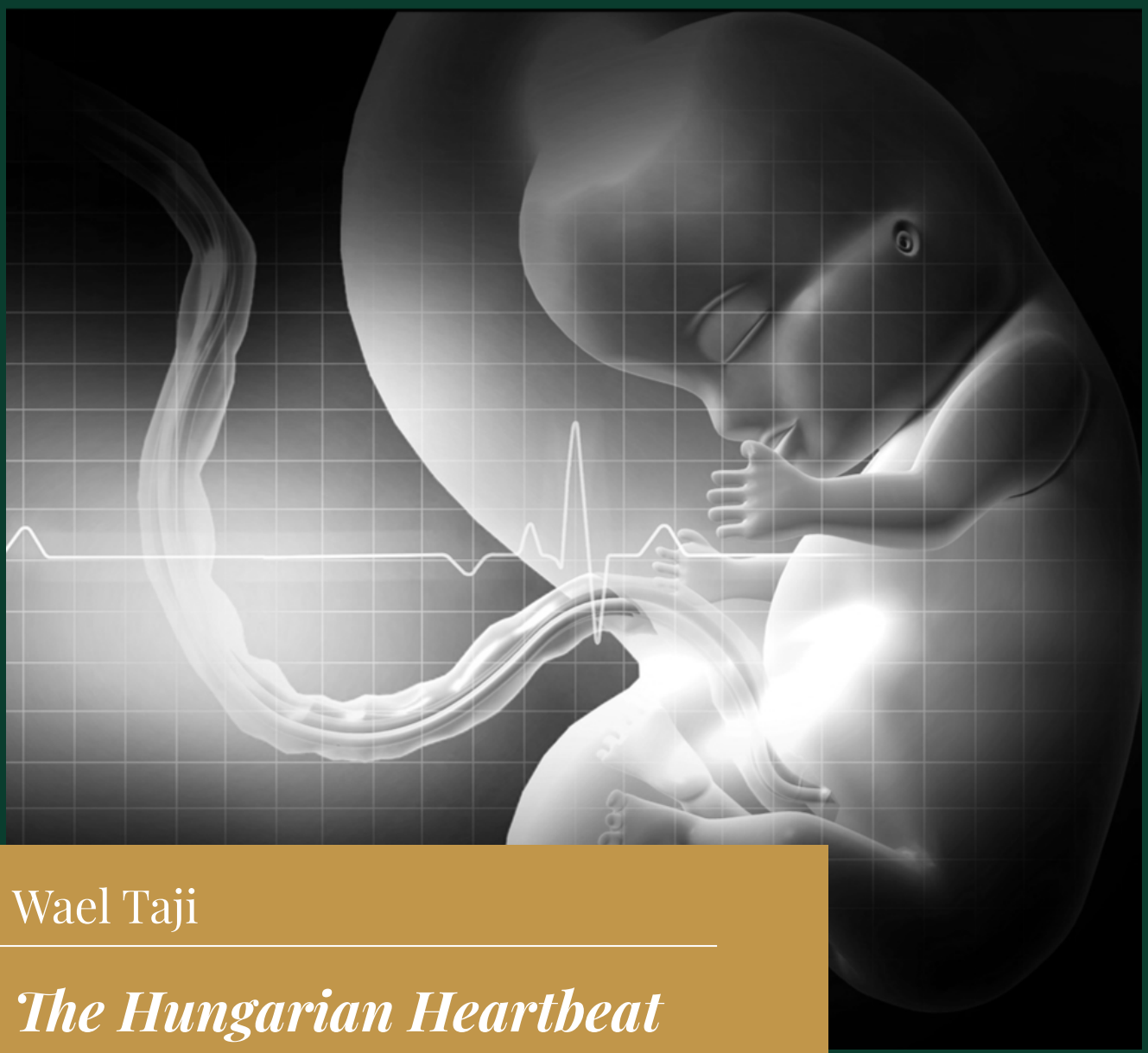

Wael Taji

The Hungarian Heartbeat Decree

The Ethics of a Misunderstood Ordinance

The Hungarian Heartbeat Decree: The Ethics of a Misunderstood Ordinance

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Abstract: *This research report analyzes a governmental regulation implemented in Hungary known as the Szívhangrendelet (lit: 'heartbeat decree') which has been earmarked for elimination as part of the program of policy priorities implemented by Hungary's Tisza government, elected in April of 2026. The paper argues that, while the Szívhangrendelet has been labeled an abortion-restricting measure by leading figures in domestic health policy, it is in fact a relatively innocuous nudge policy that serves to guarantee a higher standard of medical information for prospective patients seeking abortions, and furthermore, has saved at least some lives. In light of these facts, this paper recommends the Tisza government maintain the policy.*

Keywords: Szívhangrendelet, abortion, nudge policy, ethics, informed consent

Editorial note on terminology and use of Hungarian terms:

This analysis focuses on a governmental regulation that is properly known in the Hungarian language as the "Szívhangrendelet" (lit: heartbeat decree). This regulation has been referred to in a highly inconsistent manner internationally; it has been called a ***"foetal heartbeat rule"*** [1] by the Guardian, a ***"fetal heartbeat abortion law"*** [2] by Deutsche Welle, and even described as

[1] Weronika Strzyżyńska: Hungary tightens abortion access with listen to 'foetal heartbeat' rule. The Guardian, 2022. 13th September. Url: https://www.theguardian.com/global-development/2022/sep/13/hungary-tightens-abortion-access-with-listen-to-foetal-heartbeat-rule.
2 Elizabeth Schumacher: Hungary enshrines 'fetal heartbeat' abortion law. DW.com, 13th September 2022. Url: https://www.dw.com/en/hungary-enshrines-fetal-heartbeat-abortion-law/a-63105339.

"Hungary's heartbeat bill" [3] by the Hungarian Conservative. It is the position of the author that some of these terminological referents are simply unclear, while others are dangerously misleading.

The Szívhangrendelet is, properly speaking, a ministerial decree issued by the executive branch of government. In terms of its practical function within the legal system, it is analogous to an administrative regulation promulgated by a U.S. executive department or agency, rather than to an act of Parliament (or Congress).

To avoid unwanted terminological confusion, we will consistently use the Hungarian term "Szívhangrendelet" (where "szívhang" is "heartbeat" and "rendelet" is "regulation") to refer to this decree. Occasionally, "Rendelet" may be used in abbreviation.

1. Background and Context: the Szívhangrendelet

The Szívhangrendelet (or 'heartbeat decree') refers to a Minister of the Interior Decree (29/2022 - IX.12.)[4] signed by Minister for the Interior Sándor Pintér that was published on September 12, 2022, and entered into force three days later on September 15.

The decree's solitary function was to amend the official application form used for the request of a termination of pregnancy, adding an additional requirement for clinicians (but not patients) that hirtherto did not exist. Given that the standard procedure for pregnant women to procure abortions in Hungary completion of the aforementioned application form, this change therefore became a mandatory part of the general procedure for obtaining an abortion in Hungary. The new requirement added to the form was as follows:

"The presented medical report records that the healthcare provider presented the pregnant woman with a factor indicating the functioning of fetal vital functions in a clearly identifiable manner." [5]

Before continuing, it is important to establish in clear terms the procedure for abortion procurement that pre-existed the Rendelet, prior to September 2022. Official sources attest to the fact that abortions can be performed until the 12th week of pregnancy, or up until the 18th week of pregnancy for those seeking to procure an abortion who are below the age of 18.[6] The Act LXXIX of 1992 on the Protection of Fetal Life[7] provides conditional allowance for the termination of

3 Lili Zemplényi: Hungary's Heartbeat Bill: Hungarian Abortion Law Amended After 30 Years. The Hungarian Conservative, without date. The Hungarian Conservative, Url: https://www.hungarianconservative.com/articles/culture_society/hungarys-heartbeat-bill-hungarian-abortion-law-amended-after-30-years/

4 29/2022. (IX. 12.) BM rendelet a magzati élet védelméről szóló 1992. évi LXXIX. törvény végrehajtásáról szóló 32/1992. (XII. 23.) NM rendelet módosításáról. Url: https://jogkodex.hu/jsz/2022_29_bm_rendelet_1400934

[5] Author translation from original (Hu): A bemutatott orvosi lelet rögzíti, hogy az állapotos nő számára az egészségügyi szolgáltató a magzati életfunkciók működésére utaló tényezőt egyértelműen azonosítható módon bemutatta. Url: https://jogkodex.hu/jsz/2022_29_bm_rendelet_1400934

[6] See for example: https://help.unhcr.org/hungary/maternity/#access-to-abortion

[7] 1992. évi LXXIX. törvény a magzati élet védelméről: https://net.jogtar.hu/jogszabaly?docid=99200079.tv

pregnancies after the 12th week. These allowances for 'late' abortions are conditional upon the presence of 'extreme' factors, including (but not limited to) the following:

- the pregnancy is the result of a criminal offense,
- if the pregnancy is endangering the health of the mother, or
- the fetus is likely to have serious disability or impairment.

To simplify: both prior to and after September 2022, abortion access was effectively unimpeded for women before the 12th week of pregnancy, and for under-18s before the 18th week of pregnancy, under applicable Hungarian law and decree. These facts are important to bear in mind for the purpose of our analysis.

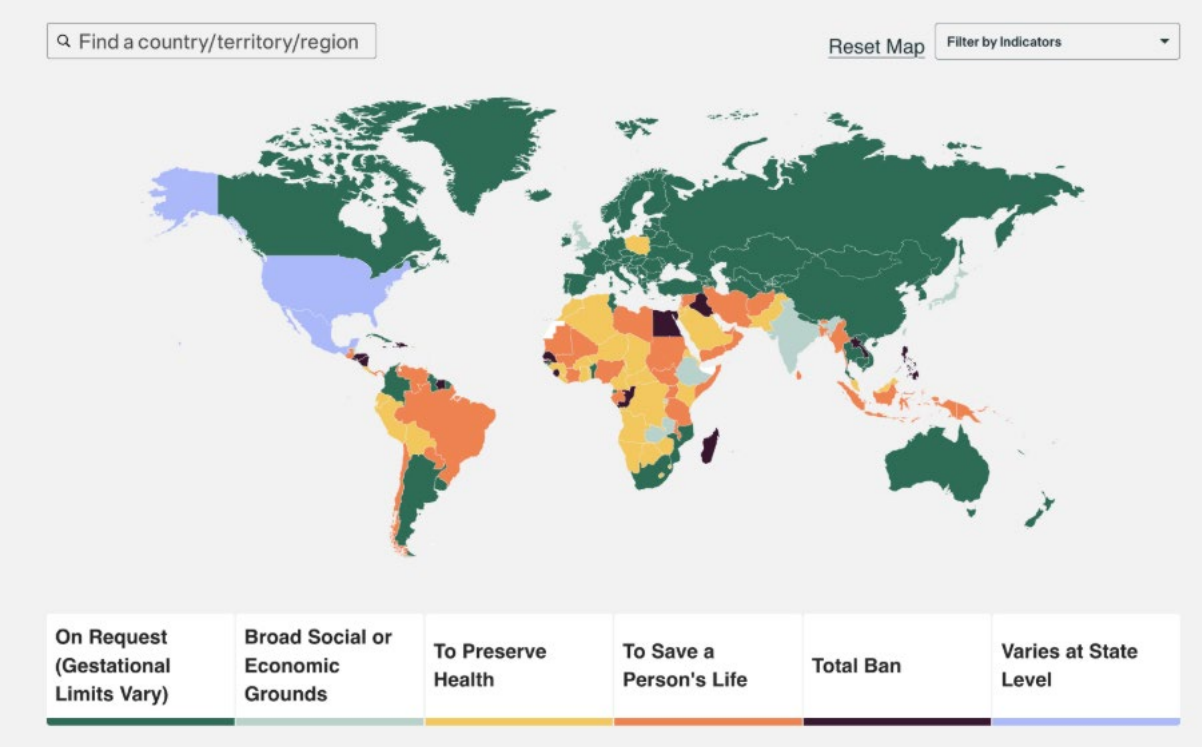

Image 1: Global map of abortion accessibility in legislation, produced by the Center for Reproductive Rights. Hungary can be clearly seen as 'green' in line with nearly all other European countries, indicating the same or similar level of legal access to abortion. Source: https://reproductiverights.org/maps/world-abortion-laws/

Additionally, it is important to establish that the procedure for obtaining an abortion in Hungary was (prior to and after the Rendelet) and remains a multi-stage process. The first step upon which the rest are predicated is the initial gynecologist visit to determine the presence of pregnancy. After this, the steps that follow are described by liberal outlet 4liberty.eu like so:

"After the visit to the gynecologist, two obligatory consultation appointments must be attended, with a minimum of a 3-day waiting period between them. Then the institution (state hospitals or private clinics) that will carry out the surgery is chosen. Only after all of this can someone get an appointment for the actual abortion procedure. Medical

abortion is outlawed in Hungary; therefore, surgical procedures remain the only option. On paper, these abortion policies seem to conform to the EU average." [8]

At this juncture, the core facts should be clear. Abortion was (and remains today) a licit and accessible medical procedure regulated by Hungarian law. Procuring an abortion is a stepwise process, involving consecutive stages of prospective patient interaction with gynecologists, mandatory consultations with the Family Protection Service (Családvédelmi Szolgálat), and hospital visits to undergo the procedure. The Center for Reproductive Rights, an international NGO headquartered in New York City, ranks Hungary in the top category (green) in terms of abortion access, classifying abortion access in Hungary as "available on request".[9]

1.1. The Szívhangrendelet: from facts to miscommunication

As mentioned earlier, the Szívhangrendelet implemented in September 2022 had one essential function. It required, via stipulations introduced into the application procedure for women seeking abortions, that medical professionals (whether obstetricians or gynecologists) provide the pregnant patient with a clear presentation of the fetal vital signs of the unborn child whose termination they had requested.

Much has been made out of "the clear presentation of fetal vital signs" in retrospect. Yet the singular change inaugurated by the Rendelet was that healthcare providers now had to ensure that their patients (pregnant women seeking abortions) had been presented with an indication of the vital signs of their unborn child, in a way that was "clearly identifiable" (to rephrase: *comprehensible*) to them.

In this regard, the Szívhangrendelet was far more 'low-key' than comparable laws or regulations internationally. In 2011, Texas passed a sonogram law that required an ultrasound before abortion, a display of the image, a verbal explanation, and an audible rendering of the fetal heartbeat; this law was challenged by abortion providers as medically unnecessary, but the Fifth Circuit upheld it in *Texas Medical Providers Performing Abortion Services v. Lakey.*[10] Similarly, a Kentucky mandatory ultrasound law in 2017 required doctors to display and describe ultrasound images and make the fetal heartbeat audible before abortion, *even if the woman objected.* It was challenged by multiple rights groups on the basis that it served no medical purpose; in 2019, a federal appeals court allowed it to stand.[11]

Yet in concrete procedural terms, **neither these laws nor the Rendelet constituted an abortion ban or an infringement on abortion access**. From a viewpoint detached from semantics and ideological valence, the Szívhangrendelet was **not inherently pro-life** in any sense except for the

8 Dorka Berkes: Abortion in Hungary: Pretence of Accessibility. Liberty.eu, 7th November 2022.. Url: https://4liberty.eu/abortion-in-hungary-pretence-of-accessibility/.
9 Centre for Reproductive Rights: World's Abortion Laws, Url: https://reproductiverights.org/maps/world-abortion-laws/.
10 Embryo Project Encyclopedia: Texas Medical Providers Performing Abortion Services v. Lakey (2012). Url: https://embryo.asu.edu/pages/texas-medical-providers-performing-abortion-services-v-lakey-2012.
11 ACLU: Federal Court Allows Kentucky Forced Narrated Ultrasound Law to Stand. Url: https://www.aclu.org/press-releases/federal-court-allows-kentucky-forced-narrated-ultrasound-law-stand-0.

intentionality behind it; it was merely an ordinance that gave pregnant women seeking abortions something closer to *informed consent* than they would have had otherwise (later in this report, we will discuss the fortunate influence of the Rendelet on the sanctity of life that emerged as a result of this strengthening of informed consent). While the **intention** of the Rendelet may have been pro-life in nature, the **function** of the Rendelet was not to place additional restrictions upon abortion. It is therefore striking that contemporary Hungarian discourse toward the Rendelet describes it in hostile, anti-feminist, anti-woman, and anti-modern terms.

Hungary's Heartbeat Regulation (Szívhangrendelet)	
Intent (what did it aim for)	Defending unborn life.
Function (what did it do)	Improve the quality of information available to mothers seeking an abortion.
Method (how did it do it)	Required doctors to verify fetal life signs for mothers seeking medical abortion before moving to the procedure.
Effect (what happened as a result)	Some women changed their minds and decided not to proceed; others did not.

Table 1: A breakdown of the Szívhangrendelet in terms of its intent, its function, its method, and its effect (Author).

Where does this hostility toward the Szívhangrendelet come from? To a certain degree, it may be the fault of Fidesz-aligned forces that pushed narratives about the Rendelet to the national audience.

On September 13, 2022, an article appeared in the Magyar Nemzet promoting the ostensible life-saving nature of the Rendelet to its readership; its running title was "where there is a heartbeat, there is life".[12] On the same date of September 13, concurrent with the promulgation of the Rendelet, another article appeared in the Mandiner media outlet with the title: "Many children could be saved thanks to this" - Hungarian pro-lifers on the government's decision".[13] None of this rhetoric is inherently objectionable: in retrospect, it merely showed that pro-life voices looked at the Rendelet with immense optimism.

Unfortunately, these expressions of optimism in many ways rebranded the Szívhangrendelet (which at its core is an innocuous governmental decree that neither pro-life nor pro-choice camps should ideologically dismiss out of hand) as a 'pro-life intervention'. This is a probable factor in the generalized animosity toward the Rendelet that has emerged from the liberal mainstream in the wake of the 2026 Hungarian election.

12 Márk Kreft-Horváth: „Ahol szívdobbanás van, ott élet is van". Magyar Nemzet, 13th September 2022.. Url: https://magyarnemzet.hu/belfold/2022/09/ahol-szivdobbanas-van-ott-elet-is-van.

13 Gergely Vágvölgyi: „Sok gyermek menekülhet meg ennek köszönhetően" – magyar életvédők a kormány döntéséről. Mandiner, 13th September 2022.. Url: https://mandiner.hu/hirek/2022/09/eletvedelem-magzatvedelem-eletvedok-reakcioi.

1.2. Opposition to the Szívhangrendelet under the Tisza administration

On April 12, 2026, a new political party, the Tisza Party led by Péter Magyar, came to power in the most decisive election result in the history of Hungarian democracy.[14] On May 13, Dr. Zsolt Hegedűs was appointed a member of Magyar's cabinet as Hungary's new Minister of Health.

During his committee hearings prior to assuming the appointment, Dr. Hegedűs spoke about the Szívhangrendelet, stating of it that "politics has **raped** the [medical] profession."[15] Hegedűs also erroneously referred to it at least once as the "Szívhangtörvény" (that is, the ***Heartbeat Law***).[16]

To qualify, it is important to note that Hegedűs was attacking here not only the Rendelet itself, but also the manner of its imposition, as a ministerial decree without open consultation with the professional medical college of Hungary, or other working groups. This appears to have some basis in reality: the Rendelet was politically implemented by a former Hungarian health minister into a mandatory item of healthcare documentation and provider conduct (the legitimacy and normalcy of this regulatory *modus operandi* will be discussed in detail below). Hegedűs promised to initiate an open professional consultation on the Szívhangrendelet, and did so, forwarding 42 questions to the Department of Obstetrics and Gynecology of the Hungarian College of Health Professions.

On June 2, Hegedűs published the questions and answers attached to a Facebook post; given the government's 'social media-first' attitude to state communications, this can arguably be considered an official statement.[17] The post contains irrelevant details not salient to the Rendelet itself, such as information about the regular use of technologies that render the fetal heartbeat audible being potentially harmful to the developing child (for unborn children on the verge of medical termination, this seems to be a moot point).

Strangely, part of the post hinged upon the use of Doppler (an ultrasound method using sound waves) being potentially unsafe for routine use during the embryonic period, citing guidelines from the ISUOG (International Society of Ultrasound in Obstetrics and Gynaecology).[18] While it is true that Doppler ultrasound may be used by doctors when verifying fetal life signs for mothers seeking an abortion, as part of the process instantiated by the Szívhangrendelet, it is not mandated or required by the regulation; other means can be used instead. Moreover, the risks cited by the Health Minister were related to the "routine use" of the Doppler method; given that the Doppler method itself is not by law a routine procedure as part of the abortion process, this body of criticism seems detached from the facts.

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14 Gergely Szakács: Magyar's parliamentary majority in Hungary increases after final count. Reuters, 18th April 2026.. Url: https://www.reuters.com/world/magyars-parliamentary-majority-hungary-increases-after-final-count-2026-04-18/.

15 Nikolett Németh-Halász: Hegedűs Zsolt a szívhangrendeletről: A szakmát megerőszakolta a politika. Telex, 11th May 2026.. Url: https://telex.hu/belfold/2026/05/11/hegedus-zsolt-miniszteri-bizottsagi-meghallgatas-parlament-egeszsegugy.

16 Ibid.

17 The comments: https://www.facebook.com/drhegeduszsolt/posts/pfbid02gSkVxNXvuNqA6A1hsMRzLkmwhWjdGR4tDbnGFmUJk9u5UNA8KryYzcJ52T3GRvNdl?rdid=L3MlrNnKFFzVPdTT

18 ISUOG.org: Safety statement on the use of Doppler. Url: https://www.isuog.org/resource/isuog-safety-statement-on-use-of-doppler.html.

Minister Hegedűs's 42 questions were not neutral; in tone and telos they resemble a prosecutorial cross-examination more than a fact-finding questionnaire. The professional responses were similarly unequivocal. An overall conclusion can be gauged from the questions and answers: that the Szívhangrendelet attempted to influence women's behavior, that it did not receive a bioethical consultation, and that no data to support its retention existed.[19]

In the rest of this report, we will do what Dr. Hegedűs did not do: seek to understand the Szívhangrendelet from first principles using logical reasoning and relevant professional knowledge.

2. Behavioral science, choice architecture, and government policy

To understand how regulations like the Szívhangrendelet are designed, or intended to work, we must delve briefly into the behavioral science of human decision-making.

The behavioral sciences constitute an interdisciplinary grouping of fields encompassing psychology, neuroscience, economics, genetics, sociology, and more. The *telos* of the behavioral sciences, fundamentally, is in deepening our understanding of the causes (both proximate and ultimate) of human behavior and decision-making.

It is from the behavioral sciences that we derive the concept of the 'nudge', and the theoretical body that surrounds it. Nudge theory is a theoretical framework that seeks to understand how the environmental context into which an individual is placed when making a decision influences his or her decisional outcome. More broadly, it is a field of inquiry that studies how the 'architecture of incentives' (choice architecture) in situ pushes us in one direction or another when it comes to making the final decision.

Both 'nudge' and 'nudge theory' as terms ascended to prominence after 2008, when Thaler and Sunstein's critically acclaimed book *Nudge* was first published. The definition of a nudge, as used by Thaler and Sunstein, is as follows:

"A nudge, as we will use the term, is any aspect of the choice architecture that alters people's behavior in a predictable way without forbidding any options or significantly changing their economic incentives. To count as a mere nudge, the intervention must be easy and cheap to avoid. Nudges are not mandates." [20]

To simplify: a nudge is an "behavioral non-price intervention"[21] that influences the choice architecture of an individual in a particular context or setting, that gently incentivizes (without force, coercion, or bribery) them to take a particular path rather than another. Inflicting physical

[19] Zsófia Hanga Aradi: Hegedűs Zsolt a szívhangrendeletről: Nem a szakma mondta azt, hogy bizonyítottan szükséges a szívhang hallhatóvá tétele. Telex, 2th July 2026. Url: https://telex.hu/belfold/2026/06/02/hegedus-zsolt-szivhangrendelet-politikai-dontes-szakmai-aggalyok.

[20] Richard H. Thaler – Cass R. Sunstein: Nudge: Improving Decisions about Health, Wealth, and Happiness. Yale University Press, 2008.

21 John A. List – Matthias Rodemeier – Sutanuka Roy – Gregory K. Sun: Judging Nudging: Understanding the Welfare Effects of Nudges Versus Taxes (working paper). Becker Friedman Institute for Economics at UChicago, 2023. Url: https://bfi.uchicago.edu/wp-content/uploads/2023/05/BFI_WP_2023-66.pdf.

or psychological pain upon people who don't do what is desired of them from the viewpoint of the state is, inherently, outside of the boundaries of what nudge theory studies and describes.

A successful and real-world example of nudge theory in application is provided by Thaler and Sunstein in chapter 11 of their book, entitled: "How to increase organ donations". That chapter concludes that the best way to optimize for organ donation rates at the level of state decision-makers is to make organ donor status opt-out, rather than opt-in. That is to say: by modifying the public health system such that all people are organ donors by default, but can opt-out upon request, any country can dramatically improve the survival rate of transplant candidates, or of patients brought into ER for critical surgeries (due to greater donated organ availability) without violating the rights of individuals to 'opt out' of organ donation.

One can already begin to see here a parallel (albeit an opaque one) with the Hungarian Szívhangrendelet, and the ideal situation described by Thaler and Sunstein. An intervention is made at the state level, which affects only the choice architecture experienced by individuals in specific situations. That intervention leads to a greater collective good, which would not have been achieved in its absence.

The nudge intervention is not a punishment, a penalty, or even a legal limitation. It is a modification to the subjective experience of individuals in critical situations, with the intent of producing a better outcome for them and the rest of society.

2.1. Nudge theory in policy and lawmaking

Since 2008, the concept of the 'nudge' has been broadened, both in its application and its conceptual applicability. Behavioral scientists now classify casual, uncontroversial regulations like smoking bans in public places,[22] or the implementation of cellular messaging alerts for regular health checkups[23] as 'nudge policies' (although these are in some cases better understood as 'mandates').

During the COVID-19 pandemic, governments around the world adopted policies and legal restrictions drawn from nudge theory that were in some cases far more extreme and harsh than anything envisioned by Thaler and Sunstein in their seminal publication from 2008. Prohibitions on leaving one's domicile, or vaccination requirements to return to one's workplace, are examples of such strong measures that arguably cross the threshold of what we consider a 'nudge policy' into outright state coercion of the individual human person.

In the present day, governmental nudge research units operate around the world; these include the Behavioral Insights Team in the UK (formerly state-owned, now partially independent),[24] the Social and Behavioral Sciences Team formed in the White House under the Obama Administration,[25] the

22 Alberto Alemanno: Nudging Smokers The Behavioural Turn of Tobacco Risk Regulation. European Journal of Risk Regulation, 3/1. (2012), 32-42.

[23] Hiroshi Murayama et al.: Applying Nudge to Public Health Policy: Practical Examples and Tips for Designing Nudge Interventions. International Journal of Environmental Research and Public Health, 2023 February 23. 20(5):3962.

[24] E.g: https://www.bi.team/

25 Executive Office of the President National Science and Technology Council: Social and Behavioral Sciences Team Annual Report. 2015. Url:

Behavioral Economics Team of the Australian Government,[26] and many other departments and bureaus around the world that implement policy and regulation from a nudge-focused perspective.[27]

It is imperative that politicians and critics of the Szívhangrendelet who attack it on the basis of its intent (to provide a better quality of information to women seeking abortion that may 'nudge' the decision outcome) fully understand and appreciate that policies and regulations like this are not only normal; **they are utterly mundane**. It is the **exception, not the rule**, for nudge interventions to be subjected to a social consultation with the wider public, or with professional medical bodies.

2.2. The impact of nudging on a human life and human decisions: from birth to death

Nudging impacts us from the moment we are born until the moment we die. In essence, there is virtually no decision we can make in life that is free from the influence of pre-existing 'nudges' that are exerted on us from our environments.

Some political philosophies or ideologies, such as libertarianism, instinctively oppose the concept of nudging at any level other than from within the immediate family or local community. These viewpoints are, on the global level, **extremely marginal,** and reflect quasi-utopian thinking. In every country around the world, people exist in frameworks that seek to influence their decision-making behaviors.

To be nudged is to be human. It is to be born, grow up, and come to understanding in a milieu that evolved over time for centuries before we ourselves ever had a conscious thought, via a language (or languages) and its concepts which equally are imposed upon us, in the sense that we do not self-originate, but rather inherit them.

We therefore must ask: is a regulation like the Szívhangrendelet inherently illegitimate, on the basis that it ostensibly seeks to alter the choice architecture of women in a moment of life crisis (seeking abortion)?

Clearly, we can see that many other nudge policies also exert influence on women in precisely the same situation. There are advertisements and sexual education curricula that tell young girls about the catastrophic consequences of becoming pregnant at an early age, which appear to belong to the same genre of policy as the Szívhangrendelet. The principal objection, according to the arguments provided by Health Minister Zsolt Hegedűs, is that the Szívhangrendelet was either overtly contradictory to bioethics, or lacked a necessary process of bioethical consultation. We will explore these arguments in the next section.

https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/sbst_2015_annual_report_final_9_14_15.pdf

[26] E.g: https://www.pmc.gov.au/beta

[27] Murayama et al. 2023.

3. Bioethics, informed consent, and free choice

Before evaluating the Szívhangrendelet on bioethical grounds, we first have to ask: what is bioethics?

Bioethics is not a single tribunal or a monolithic academic field. It is better understood as a field of moral and ethical reasoning with a set of shared concepts, rules, canonical texts, and accepted argumentative moves concerning human health, birth, living, and dying.[28]

Bioethics generally views the individual participation in healthcare-related decisions to be a sphere in which nudges should be maximally restricted. This is of course not possible, as biological research on human subjects approved by bioethics consultants will invariably involve nudges of its own kind on the research participant (i.e. participation fees, money, sometimes even overt pressure from clinicians to keep patients in long-term studies). Where bioethicists tend to agree though, is that state-driven medical coercion is generally unethical, although debate surrounding fringe cases in public health does exist.[29]

At the same time, another bioethics principle that is extremely important is that of informed consent. Bioethics may not have a unanimous opinion about whether or not unborn life constitutes life, or whether that entails that this life also deserves the same protections afforded to a born person. But it does have a unanimous attitude toward the necessity of obtaining patients' informed consent before entering into a medical procedure. The Oviedo Convention on Human Rights and Biomedicine, a foundational text in the canonical literature of contemporary bioethics, declares that informed consent is a fundamental requirement for medical intervention. The Convention states that:

"An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it. This person shall beforehand be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks. The person concerned may freely withdraw consent at any time."[30]

The Szívhangrendelet thus stands in an arguably unique and curious position from a bioethical perspective: it *is* undoubtedly a form of nudge policy, but at the same time its *function* is to do nothing more than provide the prospective patient with a certain standard of informed consent, by giving them the fullness of the facts as they stand prior to an abortion. It simply requires doctors to show the prospective patients the reality: that there is a living being inside their wombs, alongside the fetal life signs necessary to demonstrate this.

[28] Snead, O. C.: What It Means to Be Human. Harvard University Press, 2020.
[29] Johnson, T. – Abdool Karim, S. – Faure, M. et al. Coercing for public health: (when) is coercion ethically justified?. Monash Bioeth. Rev. 43, 225–228 (2025).
30 The text of the convention: https://www.coe.int/en/web/human-rights-and-biomedicine/the-oviedo-convention-and-human-rights-principles-regarding-health.

3.1. Was the Szívhangrendelet compatible with bioethical norms and standards?

As discussed before, the Szívhangrendelet had two essential features (one method, one function): it added a step to the multi-stage process of abortion procurement in Hungarian law, and this step itself was the requirement for doctors to ensure that patient decisions are made with a more fully informed consent than would exist otherwise.

Different camps can debate whether the *intent* of the Rendelet (implicitly understood to be the reduction in total abortion levels) was compatible with contemporary bioethical norms and practices. But in its *function* and *method* of application, the Rendelet can be defended as compliant with best practices in bioethics and medicine.

In fact, the informed consent argument was also used successfully in the case of the similar sonogram law implemented in Texas in 2011. In 2012, a lawsuit by multiple rights groups intended to overturn the sonogram law was struck down by the United States 5th Circuit Court of Appeals; the legal briefing of the court explicitly notes "The amendments challenged here are intended to strengthen the informed consent of women who choose to undergo abortions"[31] while rejecting the plaintiffs' claims objecting to the measure on the grounds of impediment to medical care and freedom of belief and expression. The following quotation from the brief is compelling:

"*As the Court noted, such information "furthers the legitimate purpose of reducing the risk that a woman may elect an abortion, only to discover later, with devastating psychological consequences, that her decision was not fully informed."* [32]

4. Discussion

Thus far, we have explained what the Szívhangrendelet is, we have placed it in a genre of regulation and policy which is widely recognized as acceptable (nudge policy) and we have addressed several claims that were leveraged against it on grounds such as health and safety, medical freedom, and indeed bioethical grounding. In this section, we will discuss broader objections to the Rendelet, using the descriptive and analytical framework we have developed over the course of this paper to understand it.

4.1. Claim 1: the Szívhangrendelet has failed

The Szívhangrendelet has been described by its opponents as a 'failed measure' that sought to 'restrict abortion access' in Hungary. While I have refuted the latter characterization earlier in this paper, evaluating the former requires us to ask some basic questions.

[31] See: https://law.justia.com/cases/federal/appellate-courts/ca5/11-50814/11-50814-cv0.wpd-2012-01-10.html.
[32] See: https://cases.justia.com/federal/appellate-courts/ca5/11-50814/11-50814-cv0.wpd-2012-01-10.pdf?ts=1410995105.

It is true that in the years after the Szívhangrendelet was enacted, abortions per 100 live births continued to increase annually.[33] But does it logically follow that the Rendelet has therefore failed? Looking back at the analysis of the regulation provided in Table 1, I argue that this regulation – simultaneously a nudge policy on the one hand, yet also a mechanism for the facilitation of greater informed consent prior to the abortion procedure on the other hand – cannot be described as a failure unless we impute a fictional and unreal goal to it (i.e. restricting abortion access, which the Rendelet never did).

In my evaluation, annual abortion rates are not the target of the Rendelet. Its target is women who seek abortions *without fully understanding what it is they are doing*. Indeed, photographic evidence corroborating personal testimonies gathered from several mothers was presented in the Hungarian parliament by representatives of the Mi Hazánk party, giving us solid ground to affirm that the Rendelet *has* saved the lives of some children who are now born and growing up, who would otherwise have been dead on an operating table.[34] In the absence of a statistical evaluation of the data concerning doctor-patient interactions through the abortion process, we cannot determine the *direct* impact of the decree on abortions.

Can a regulation or policy which has saved at least some lives, and guaranteed a higher standard of informed consent for mothers navigating through the extremely fraught process of abortion, be described as a failure? I contend that the answer is no.

4.2. Claim 2: the Szívhangrendelet could lead to suicides

A particularly extreme argument made by Hungarian State Secretary Tamás Svéd is that the Rendelet's removal is necessary because it may lead pregnant mothers directly to suicide. State Secretary Svéd outlined a hypothetical scenario intended to illustrate the chain of causality by which the Rendelet could cause suicides in the following words:

"For example, the story of a raped minor girl, a girl who was forced to listen to her fetus's heartbeat, and who, under the resulting emotional pressure, abandons her original intention and gives up on having an abortion. But she cannot process the psychological burden placed on her, she breaks down and kills herself and her unborn child while still pregnant." [35]

The problem with this objection is that, unlike the *real cases* of babies who are alive and well thanks to the Szívhangrendelet changing the abortion intention of their pregnant mothers, this scenario is purely hypothetical. Furthermore, it lacks a scientifically credible chain of causality leading to the hypothesized outcome of suicide, and even in a situation where every step required prior to suicide takes place (the rape, the abortion request, the change of intent, the inability to process emotions

[33] Máté Pálos: Hegedűs vs. Rétvári: most akkor több vagy kevesebb lett az abortusz a szívhangrendelet óta? Lakmusz, 4th June 2026. Url: https://lakmusz.hu/2026/06/04/hegedus-vs-retvari-most-akkor-tobb-vagy-kevesebb-lett-az-abortusz-a-szivhangrendelet-ota.

[34] Éva Remenyiczky: Dúró Dóra: Életeket mentett a szívhangrendelet. Magyar Jelen, 15th June 2026. Url: https://magyarjelen.hu/belfold/31965-duro-dora-eleteket-mentett-a-szivhangrendelet.

[35] Remarks by State Secretary Tamás Svéd. Translated by author from original text published here: Dániel Bolcsó: Támadják az államtitkárt, mert szomorúnak tartja, ha egy anya megtart egy magzatot. Találják ki, mondott-e ilyet! Telex, 16th June 2026. Url: https://telex.hu/belfold/2026/06/16/szivhangrendelet-magzati-szivhang-sved-tamas-duro-dora-takacs-peter-abortusz.

specifically relating to the pregnancy, and then the mental breakdown) it is still by no means guaranteed that suicide will take place. In other words, even if this hypothetical situation were to unfold in reality as described, suicide is not predetermined as the necessary outcome.

The objection also fails to account for the *opposite* kind of trauma-induced suicidality: that which is described by post-abortion syndrome. While there is no firm consensus within the scientific establishment about post-abortion syndrome's validity as a diagnostic category, scientific research has previously affirmed its existence.[36] A multitude of individual testimonies also demonstrate the potential for severe psychological pain and trauma among women who have an abortion they later regret.[37] This kind of trauma could just as plausibly lead to suicides – a fact that is ignored by the side making the suicide argument to attack the Szívhangrendelet.

4.3. Claim 3: the Szívhangrendelet manipulates women to give birth to 'unwanted children'

The 'wanted child' versus the 'unwanted child' is a common distinction assumed in the pro-abortion literature. However, these are not Platonic, objective categories that can be scientifically determined from the outside; in reality, things are far less clear-cut than we might assume.

If the doctor showing fetal life signs to the mother seeking abortion under terms required by the Rendelet results in a change of mind, and that child is no longer aborted, then neither the media nor the current government have any authority to determine that this child is not wanted.

Furthermore, the question of whether parents 'want' their children or not is ultimately beside the point in relation to abortion. Under conditions of postpartum depression, many mothers feel unable to love or 'want' their newborn child; in the case of particularly difficult teenagers, parents may also regret having children, or no longer 'want' the child in question. These feelings of 'wanting' or 'not wanting' our children are not immutable, and they may change throughout the life course after a child is born. Moreover, as suspected cases of post-abortion syndrome may indicate, it is possible for a previously unwanted child to become wanted retroactively, *after* an abortion takes place. For a doctor to give a pregnant mother seeking abortion a last chance to recognize that the infant in her womb is alive, and optionally change her mind and orient her will such that she now 'wants' the child, is not only a standard example of nudge policy at work – it is also the most ethical thing that medical authorities can possibly do when facing a pregnant mother in what is obviously an extremely harrowing situation.

4.4. What concerns remain?

We can surmise from the evidence provided above that the revocation of the Szívhangrendelet will have some tangible consequences. While the total impact on abortions is unknown (due to the only source of data being medical records in possession of the Health Ministry, which refuses to conduct

[36] Speckhard, A.C. – Rue, V.M.: Postabortion Syndrome: An Emerging Public Health Concern. Journal of Social Issues, 1992, 48: 95-119.

[37] See: Rebeka Nóra Ádám: Minden esetben az életet kell támogatni. Mandiner, 21th December 2023. Url: https://mandiner.hu/meta/2023/12/minden-esetben-az-eletet-kell-tamogatni.

quantitative data analysis on them), it is clear that those lives that *would have been saved* as a result of the Rendelet being in place, will instead be lost.

In turn, the improvements to the abortion procedure in terms of the provision of informed consent will also be lost. That is to say: women who seek an abortion will know *less* about the consequences of their decision than they otherwise would, due to the lack of demonstration of fetal life signs in a comprehensible manner.

Finally, this U-turn in policies and regulations that are in the broader genre or category of 'pro-family' such as the Rendelet will undoubtedly lead to consequences for Hungary's international reputation. What is in effect the 'streamlining' of the abortion process (through the elimination of a simple step that involves verifying that the woman understands what she is doing, and *to whom*) creates a significant gap between the rhetoric of the prime minister on the importance of the family and of child protection, and the reality of his government's approach to policy and regulation.

Do countries have a right to pass nudge policies? By international precedent, it would seem the answer is yes. Tisza has made an exception here and abnegated the right of its own government to 'nudge' citizens (by the specific means outlined in the Rendelet: enhancing informed consent) to make choices in this domain.

Will Tisza be consistent and stand by this? If they disavow their right to nudge people on topics like abortion, even with something as inoffensive as the Szívhangrendelet, then how will they approach other issues in social policy?

Furthermore, we might ask: is it compatible with the standards of the Western legal tradition for a new government that replaces a previous one to scrutinize every single regulation, law, or policy that sought to influence human behavior in alignment with a specific goal? Obviously not. If this was the norm, then we could not legislate or regulate on anything. The specific targeting of the Szívhangrendelet, therefore, is **outside of the norms and standards of governance in democratic European countries.**

Was there data to support the Szívhangrendelet in terms of abortion prevention, as a nudge? No. However, we cannot say that there is no data to support it **today. That data exists, in terms of every documented encounter between an abortion doctor and a patient**. The government (and health ministry) simply have to analyze it.

A recent highly sophisticated analysis about the effects of the Szívhangrendelet on the national level by Ágnes Szabó-Morvai has demonstrated that there is no statistical evidence that the Rendelet resulted in a decrease in the abortion rate.[38] While true, this does not tell us how many individual women benefited from the experience of having more accurate information about the lives inside their wombs that was given to them by the Rendelet itself. It also doesn't tell us how many of those women consequently changed their minds as a result; facts which require new analyses based on data that simply has not been collected.

[38] Ágnes Szabó-Morvai: Csökkent az abortuszok száma a szívhangrendelet hatására? Mutatjuk a számokat. Portfolio, 19th July 2026. Url: https://www.portfolio.hu/krtk/20260719/csokkent-az-abortuszok-szama-a-szivhangrendelet-hatasara-mutatjuk-a-szamokat-849800.

5. Conclusion

The Szívhangrendelet, indisputably, saved at least some lives. The fact that we have so few concrete examples of lives such saved is on account of the lack of data, which consists in individual incident reports of medical interactions between pregnant mothers and doctors, and that has yet to be extracted and analyzed. This lack of data makes it challenging for us to understand on the macroscopic level how much the Szívhangrendelet alone influenced abortion decisions among pregnant women.

The Rendelet's function was to ensure a certain standard of informed consent was afforded to the prospective patient seeking a termination of pregnancy. Insofar as this is true, to call it a failure or a success is fundamentally bizarre; it is the language of political circus, not of medicine or public health. The Rendelet would have been a failure, if doctors refused to comply with it and provide patients with the information that it compelled them to provide. It would have been a failure if it were not a clearly written, legally binding ministerial decree.

But it was all of those things. And in revoking it, the Tisza government is revealing intentions that are difficult to understand from Christian and non-Christian viewpoints alike. Our recommendation is that the current government maintain the Szívhangrendelet, which we view as an ethically grounded behavioral policy that strengthens informed consent for pregnant women seeking abortions, and requires that the presence of fetal life be verified and communicated to patients in accordance with principles of fundamental human dignity.

Statements of Support

We can agree with what is stated in the article from a medical and bioethical perspective.

On behalf of the leadership of the **Hungarian Association of Christian Physicians**:

- **Dr. Márta Balláné Molnár**, President, pulmonologist,
- **Dr. Péter Ferencz**, Vice President, retired obstetrician-gynecologist, specialist in preventive medicine and public health,
- **Dr. Ádám Gulyás**, Secretary General, university assistant lecturer, PhD student.

Tamás Tényi's Opinion

The paper places the heartbeat decree, introduced in Hungary in 2022, into a bioethical context. The logically structured, well-argued study accurately presents the history of the decree, refers to similar international practices, and carefully, impartially outlines the political and so-called 'revolutionary' frenzy that emerged around the decree following the government change in 2026 (discourse).

The paper considers the decree both as an element of so-called nudge policy and convincingly argues that the practice developed around the decree also achieves the fulfillment of informed consent. It counters misleading and incorrect claims in the political discourse regarding the negative consequences of the heartbeat decree (such as 'it can lead to suicide' or 'it manipulates women').

The calmly formulated paper, strictly within professional boundaries, has particular value in that it places the Hungarian political discourse into an international and broader bioethical context.

Pécs, July 11, 2026

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