

Criminal Code

number of children that people want to have, their sexual behaviour and the patterns of use of contraceptive devices.

As our country developed from a rural society into a highly industrialized state, different social expectations and improved standards of living have resulted in drastic changes in people's activities, in their expectations in life and in their attitude to planned abortion. Although attitudes in that respect are no longer what they used to be, there is no consensus on the present situation or the action to take in the future.

Since abortion may become an explosive subject, as this House has seen in the past two months, I humbly submit that the public has chosen to ignore that debate. It has not tried to find efficient and direct solutions to those deep differences of opinion. Some people have chosen to say: "Let us ignore the problem, it will disappear eventually". Other people with different views have retaliated and said: "These are our facts, this is what we must do".

Between those two positions, there is a whole range of deep feelings, which are not always easily expressed, but which recur steadily, whatever the region, the religion, the partisan considerations, the language spoken, and other social characteristics of the people concerned. Those opinions insist on the one hand on preserving the life and physical health of the mother, and are concerned on the other hand with the whole social environment of women and family situations. Each of these two attitudes, shared by a great many Canadian men and women, is based on a different notion of the family and the changing role of women within the Canadian society.

Madam Speaker, because the abortion issue is deeply rooted in moral principles, the professional ethic is highly charged with emotion. It will continue to be so, for there is no easy solution. As is the case for other major issues involving the concepts of life and death, the abortion issue is of concern to many people who would have preferred to avoid it.

It is one of the delicate choices which any woman of child-bearing age may have to consider. A large number of women who have had an abortion have been ostracized and have experienced pressures which have left them in a permanent state of anxiety. Which brings me to the second aspect of the general abortion issue.

In 1975, the Government of Canada established the Committee on the Operation of the Abortion Law. Among the members of this committee were Denyse Fortin Caron, Marion G. Powell and Robin F. Badgley, its chairman, who was asked to carry out a study to determine whether the Criminal Code provisions concerning therapeutic abortion practices were applied equitably everywhere in Canada. Madam Speaker, I am sure that, as a woman, you have read the Badgley report just as I have.

The Committee found that the abortion law was not equitably applied throughout Canada as all sorts of provincial guidelines and regulations had been added concerning the establishment of therapeutic abortion committees in hospitals. Moreover, hospital administrators and members of the medical

profession have different ways of interpreting the prescriptions for allowing this procedure. These factors have resulted in profound inequalities in the distribution and accessibility of therapeutic abortion services, regular trips by Canadian women to the United States to secure an abortion and long waiting periods for women who have an induced abortion in Canada.

Madam Speaker, these social inequalities do not result only from our abortion legislation. They reflect the manner in which Canadian society reacts to a delicate social issue which can lead to ostracism and fear.

No law can offer easy and effective solutions to those inequalities, as long as the matter is not addressed with more frankness and a deeper sense of social responsibility in the face of something that has affected over these last few years many hundred thousand Canadian women, a figure that is multiplied many times over if we include the partners and the families involved.

While the abortion legislation specifies the procedure to be followed, its assessment criteria are flexible enough to meet a diversity of needs and experiences of people from across the country. It is not the law nor its implementation that led to existing injustices and to significant inequalities in the access to therapeutic abortion from city to city, region to region and province to province—Canadians, their health care services and the medical profession are responsible for that situation.

The social cost paid by women who use abortion has been the tolerance of widespread, deep-rooted social injustice, and for some physicians and hospitals an excessive work burden.

Madam Speaker, abortion is a subject that a majority of people would rather avoid, whether it be the women involved, health care specialists or the public. But the problem is here to stay, only the dimension can change.

Finally, Madam Speaker, I appreciate and I recognize the value of the legislation put forward by the Hon. Member, but I share a conviction with most Canadian women, especially Quebec women I know, that a true family policy that would encourage pregnancy as opposed to abortion would solve the moral problem many people have with abortion.

• (1720)

[English]

Mr. Doug Lewis (Parliamentary Secretary to Deputy Prime Minister and President of the Privy Council): Madam Speaker, I am pleased to have the opportunity to speak on the Private Member's Bill of my colleague. As I read it, it would have the effect of allowing for the issuance of a certificate to enable an abortion only when the life of the female is in question, not when her life or health were endangered. I appreciate my hon. colleague's concern for the issue. I compliment him for the way in which he has always brought forward that concern. I know he is vitally interested in it.