

At a Red Deer College Nursing Association forum on abortion held earlier this year, another woman told of her own experience with abortion . . . (she) vividly described the post-abortion difficulties she had experienced—massive haemorrhage, several subsequent miscarriages and great emotional conflict.

She spoke of the numerous support groups forming throughout the United States (where abortion on demand has been legal for 15 years) for women who are experiencing similar difficulties. Rather than helping, abortion is hurting women, she said. Smith currently operates a home for unmarried pregnant teenagers and counsels pre- and post-abortion women.

Dr. Philip Ney a clinical psychiatry professor at the University of Calgary's department of psychiatry has reviewed the medical literature on the effects of induced abortion. He has also researched and published several articles that deal with the personal and social implications of the procedure.

In his most recent paper, *Mental Health and Abortion—Review Analysis and Recommendations*, (March 1, 1988, . . . Dr. Ney cites recent studies which are, "turning up an alarming rate of post-abortion complications such as pelvic inflammatory disease (with its subsequent infertility), depression, and a host of problems that may occur in the following pregnancy".

After a detailed review of studies on the mental health complications of elective abortions, Dr. Ney concludes: "When the psychologically harmful effects of abortion and its medical complications are considered, it is reasonable to state that elective abortion is more harmful than helpful to mental health".

In addition to his research activities, Dr. Ney has treated women suffering from psychiatric complications of abortion.

Women who have aborted may also be placing the mental health of their existing or future offspring at risk.

In an earlier article, *A Consideration of Abortion Survivors*, published in *Child Psychiatry and Human Development*, Vol. 13 (3), Spring 1983, Human Sciences Press, Dr. Ney calls attention to the plight of Children who, aware of their mother's abortion(s), "have considerable conflicts regarding their existence." He presents evidence which suggests that these children may exhibit psychological difficulties similar to children who live through disasters, accidents or illness or whose siblings died of the same.

"The knowledge they have been chosen to live creates peculiar psychological problems which may retard their development, subject them to an increased risk of abuse, neglect, existential guilt, as well as the possibility of becoming parents who have difficulty relating to their children," states Dr. Ney.

It is interesting at this point to consider the recent ethical dilemma of "pregnancy reduction"—the procedure whereby one or more unborn babies are eliminated while letting the other(s) survive. Currently, pregnancy reduction is largely confined to in vitro fertilization or fertility drug induced pregnancies where all lives may be lost due to pre-mature births. It is reasonable to conclude, based on Dr. Ney's findings, that survivors of this procedure would be among those at high risk of experiencing psychological difficulties.

So-called "survivors" are not necessarily restricted to persons whose mothers have experienced abortion, for as Dr. Ney said, "When up to 50 per cent of North American pregnancies end by induced abortion, it is reasonable to consider a live newborn as a survivor."

He adds, "We might wonder what happens in the future when abortion survivors hold in their hands the fate of those aged or enfeebled parents and professionals who regarded them so callously when as unborn children they were so vulnerable.

Perhaps the most disturbing aspect of the effects of induced abortion on mental health is the possibility that permissive abortion may be contributing to the problem of child abuse.

We all know of the dangers and problems associated with child abuse today.

In another article, *Relationship Between Abortion and Child Abuse*, (published in the *Canadian Journal of Psychiatry*, Vol. 24, 1979), Dr. Ney cites studies which indicate a higher rate of child abuse among mothers who have previously had an abortion. He offers this explanation: "Once bonding is

interrupted in the (first pregnancy), there are long-lasting psychological changes which makes it more difficult for a good bond to develop in subsequent pregnancies. For this reason, it is possible that abortion contributes to bonding failure, an important cause of child battering."

That is why I say we all have a part in this. It is all important to our society and is something for which we must all be held responsible. Certainly we all have a responsibility to ensure that abortions decline instead of increase.

Mr. Don Boudria (Glengarry—Prescott—Russell): Mr. Speaker, I preface my remarks by saying that I regret that we do not have before us a legislative initiative. Instead, we are speaking on a motion. Notwithstanding the results of this motion, there may or may not be legislation. The law we had and which we followed was effectively abolished on January 28, 1988, by a Supreme Court decision. Although this law, which came into effect in 1969, was not very valuable because it did not adequately protect human life, nevertheless it did make a statement merely by the fact it was there. Today we have a complete legislative vacuum, a vacuum which has existed now for some six months.

I do not want to spend my time tonight criticizing the Government. Instead, I would like to concentrate on the issue at hand. I would like to speak to the issue of life and to the issue of abortion which we are called upon to discuss tonight.

● (2020)

I make my remarks perhaps being in an unusual, some would say unorthodox, position of being the only Member of Parliament who has changed his mind, or who has admitted publicly to having changed his mind, on this issue. First, perhaps I should explain to the House and to Canadians why I changed my mind on abortion.

This is the second very intense moral debate that we have had in the House of Commons since I came here. The first one was the debate on capital punishment. Today, we are discussing abortion. On the issue of capital punishment I took a position. The more I spoke of the position I took the more I was convinced that I was right.

I also took a position with respect to abortion. However, the more I spoke of my position, the more I attempted to defend it in front of constituents and in front of others, the more I was convinced that what I stood for was wrong. On April 11, 1988, I stood in this House and admitted that the position I had taken was wrong. I apologized to my constituents for having taken such a position. I sought to correct the wrong that I had myself created.

[*Translation*]

Mr. Speaker, as you no doubt know, since you are a Member of Parliament like us, after an MP changes his mind in this debate, many Canadians approach him and express their opinion. When a Member stirs controversy, as I did by changing my mind, needless to say, I got the attention of many Canadians. Those who agreed with my position said so; those who disagreed certainly did not fail to say so.