

*Government Orders*

with regard to the security of the person under Section 7 of the Charter of Rights and Freedoms.

• (1630)

The right to security of the person includes a right of access to medical treatment and protection from significant delays in seeking medical treatment. Replacing the requirement of hospital committees to that of only one physician does not change the issue of access since there is absolutely no guarantee that all physicians in Canada would apply the same standard criteria in assessing the health of a pregnant person.

There is also no guarantee that a physician's moral and religious values will not dictate his or her assessment of the need for an abortion. There are no standards or guidelines for all of Canada's physicians to follow, except for, and I quote: "generally accepted standards of the medical profession". Whatever that may mean, they can and do differ from province to province and from territory to province.

As a result of such legislation women certainly do not have equal access before the law, and nor is the law applied equally to all as is required by Section 15.

The interesting thing is that the government had an opportunity to do something here. It is likely that the Supreme Court would accept legislation that would ban abortions after 22 weeks of pregnancy except for medical reasons dictated by the expectant mother's condition or that of the unborn child. Indeed, this has been recommended by both the Law Reform Commission of Canada and the Canadian Medical Association. But this is not what the government has given us. Anyone who wants one can get one. That I submit is not the effect of this bill, even if that is its intention.

The question of access, as we have seen, is not addressed. Indeed, it appears that because the bill is silent on access this crucial issue will be thrown back to the provinces and territories, creating 12 different scenarios at a minimum.

I think the thing that is perhaps the most abhorrent about this legislation is that to secure an abortion women in most cases will have to lie. They will have to fabricate a situation for their doctors to ensure that they fall within the definition of a threat to health; physical, mental, or psychological health. What does that mean?

What does it mean medically, and what does it mean practically?

This bill places the onus for the decision squarely with the doctors. Although the Minister of Justice this morning and the Minister of National Health and Welfare this afternoon, in discussing the bill both spoke of a decision between a woman and her doctor, the bill does not say that. The concept of consultation is intrinsic to the woman's right to choose. Clearly she can accept or reject a doctor's recommendation. No one is suggesting anything other than that. But to leave her out of the specifics of the legislation implies a denial of her right to be a full participant in that decision.

The legislation raises more questions. Does it meet the requirements of the security of the person delineated by Section 7 of the Charter of Rights and Freedoms? Does it meet the minimum requirements relating to time again set down by the Morgentaler decision? What about women living in remote rural areas whose only access may be a doctor who, as would be his or her right, does not choose to perform abortions? The legislation does not even address this situation.

What about women who convince a doctor that their mental, psychological, or physical health will be impaired by bearing a child? In particular, if they insist that it is their mental or psychological health that is in danger, will this contention, true or false, entered into their permanent medical records come back to haunt them at some future date? The ramifications for the female population of the process may indeed be more detrimental to their health than pregnancy or abortion.

The vast majority of people find abortion abhorrent, and so it is. It goes against every human inclination to protect the helpless. But it is equally abhorrent to the majority of Canadians to force a woman to bear a child when she finds the situation untenable. Few people quarrel with abortion in the context of rape or incest, but there are other situations equally tragic for women; the mother who has neither the financial nor emotional resources to support another child, the teenager frightened out of countenance and unable to cope with the responsibility and equally unable to seek support from her family, the abused wife with nowhere to turn, the woman who does not see parenthood as an option, the woman who is responsible in her sexual life but whose