

based on the new legislation, which will again drag women through the courts on this issue?

Mrs. McDougall: Mr. Speaker, in the past there have been civil actions, both under the old Criminal Code provisions and also in a world in which there was not legislation. We are here to legislate, that is our job as parliamentarians. In fact, we were essentially directed by the court to legislate. Legislation that has the will of Parliament behind it will provide a more stable framework. That stability does come from the two venues that I talked about; first of all, the entitlement that therefore should lead to a position in the provinces whereby access can be provided with the backing of Parliament and, second, although I recognize that there will be civil suits, no doubt, again I think that they will be lessened in an atmosphere when Parliament has spoken as well as the courts.

Ms. Langan: Mr. Speaker, I thank the hon. minister for her response, although I may not share her view. I would like to ask two questions. One, how will that help the women of Prince Edward Island? Second, yesterday I had the opportunity to ask the Minister of National Health and Welfare a question with regard to federal government "interference" in the provinces on the question of access. I asked him if the government would not consider intervention if a whole province refused, for example, to undertake open heart surgery, heart surgery or cancer treatment. The federal government would have something to say under the Health Act. The minister did not choose to answer my specific question. I wonder if this minister could possibly answer.

Mrs. McDougall: Mr. Speaker, I would not, in any way, try to interfere with the prerogatives of my colleague under the Canada Health Act. I do believe that with the kind of legislation that we are presenting today it will be more difficult for a province, within its own jurisdiction, to justify to the women of that province that it is not prepared to provide access.

Throughout the country now we do see people seeking medical services in other provinces for particular reasons because of the kind of expertise that builds up in particular areas. So, I think that it would be very rare for the Minister of National Health and Welfare to suggest that every province has to provide every medical service

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to the ultimate of its sophistication. Our job is to ensure that under the Canada Health Act, we have a universal and accessible system with the principles as outlined in the act.

Mr. Young (Beaches—Woodbine): Mr. Speaker, I have a question. As I read the legislation, it appears to place the onus of responsibility on the doctor. There has been a great deal of concern expressed to me since the legislation was introduced last Friday that under certain circumstances many doctors may feel extremely reluctant to perform that kind of operation on a woman in case of litigation. A young woman may go and see a doctor who happens to hold a pro-life position and the doctor will refuse to perform that operation. That young woman may then go to another doctor who may feel, under another set of circumstances, that such an operation is indeed justified. What happens to that second doctor under these circumstances? Would that not lead to other litigation in the courts and the Chantal Daigle case all over again?

• (1610)

Mrs. McDougall: Mr. Speaker, I think that that is reaching very hard into the kinds of behaviour that people show. That is why I said in my statement that both women and medical practitioners must exercise their judgment in this case. No one can force a doctor or anyone else to perform an operation that that doctor does not want to perform. That will not change under this legislation. It did not change when there was no law. So if a woman seeks to exercise her choice under the bill that we have presented, then medical practice, which has standards from its own association regarding the performance of any kind of surgery will be there to support the doctor that the woman seeks out.

I would also say that this is not new either. The medical association has established standards of practice. This will give it the legislative framework which essentially supports standards of practice and we have to rely on behaviour and judgment.

I come to this House saying that women have judgment. I believe that doctors have judgment and that they have the capacity and the ability to choose. I have always argued that those are the important reasons to give women choice. I have not altered my opinion. I think