defined to include mental, physical and psychological health. The medical practitioner must determine, in accordance with generally accepted standards of the medical profession, whether there are health reasons to justify an abortion.

[English]

This legislation is fair to women for it enables women to consult the doctor of their own choice. It also removes the impediments which cause delays in obtaining lawful abortions under the old Section 251 and ultimately led to the section being struck down by the Supreme Court as being unconstitutional.

This legislation is also fair to the doctor. It requires the physician to apply normal medical standards and principles in making a determination as to whether any of the health grounds exist, and it also allows the physician to make that determination without onerous administrative obligations that could cause delay.

I would also say that doctors who, in the exercise of their medical judgment according to the standards of their profession, determine that a woman's health or life is threatened by a pregnancy, have no reason to fear potential criminal consequences of the legislation. We believe that this law is a reasonable solution which is sensitive to the differences of opinions among Canadians.

Under the proposed legislation, abortions may only be lawfully induced if they are performed by or under the direction of a medical practitioner. This provision obviously applies to abortions induced by medical practitioners, by drugs, or mechanical means. This provision also applies to abortions induced by persons acting under the direction of medical practitioners.

The bill does not apply to a drug, a device, or other means such as an a IUD or a "morning-after" pill that is likely to prevent the implantation of a fertilized ovum. Preventing implantation is not considered by the medical profession to be an abortion, and neither was it so considered under the old law.

It is well established that only doctors can practise medicine. However, it is conceivable that in certain cases a nurse or a medical technician may be called upon to act in this regard. Nurses, in these circumstances, are accountable to the physician. The section applies to any person who intentionally and knowingly induces an

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illegal abortion, whether it be the woman, a doctor, or anyone else inducing the abortion.

I might mention that in rendering persons subject to liability under the Criminal Code, the government wishes to emphasize society's interest in protecting the foetus and the necessity of medical supervision when an abortion is induced. Criminal liability should be imposed on all persons who act outside of the law.

• (1220)

[Translation]

Mr. Speaker, I would like to draw your attention to Clause 288 of the proposed legislation.

The purpose of this clause is to prevent persons lacking the required qualifications from supplying women with drugs or other noxious things to induce an abortion.

Its intent is also to prohibit such persons from supplying or procuring drugs or other noxious things.

[English]

I want to address some charter issues, if I can, Mr. Speaker. We are confident that this bill responds to the concern expressed by the Supreme Court in the Morgentaler decision. First, the bill creates no legally imposed delays or obstacles to obtaining a legal abortion, other than the necessity to consult other doctors. Under this legislation, a single doctor can reach the opinion that a woman's life or health would likely be threatened based on a normal consultation. Furthermore, there are no therapeutic abortion committees or accredited hospitals required. Unlike the old law, the same doctor who originally sees the patient may also perform the abortion.

Second, with this legislation, stress on the woman and the doctor is minimized. The doctor-patient relationship is respected and the normal medical standards are to be applied.

Third, health is now defined to include the consideration of physical, mental and psychological factors.

Fourth, the bill does as much as it can to ensure that lawful abortions are possible in all areas of the country including remote and rural areas.

Fifth, the clarification that preventing the implantation of a fertilized ovum is not considered to be an abortion and is not subject to the proposed legislation will make it clear that the state will not interfere with the