

Criminal Code

carry out this type of operation. When this bill passes, perhaps they will have to do it. How does the minister propose getting around this? I can name hospitals that will not carry out abortions. It is only fair and proper that the minister tell us how he proposes to get around that problem.

Mr. Turner (Ottawa-Carleton): Mr. Speaker, under the rules I can only answer that question by asking the hon. member a question. Will the hon. member accept a question?

Mr. Rynard: I am always glad to receive a question from the Minister of Justice (Mr. Turner), Mr. Speaker.

Mr. Turner (Ottawa-Carleton): Was the hon. member here earlier in the day when I spoke directly on this question and assured the house that, within the terms of what I said, there was no criminal obligation or responsibility on the medical profession to force them to participate in or perform a therapeutic abortion? I also said that in so far as there was any civil obligation or liability, this did not arise in any way from clause 18. In other words, the bill does not purport to encroach in any way upon the relationship between the hospital and the doctor, the doctor in a hospital and the patient, the nurse and the doctor, doctor and the nurse, and so on. Is the hon. member aware of the fairly full treatment I gave to that question earlier in the day?

Mr. Rynard: Yes, Mr. Speaker. I am also aware of the abortion cases that are sent from one hospital to another. It is in this respect that I think the minister is closing the door. I ask, what is he going to do about it? Does the minister propose that this be paid out of medicare hospitalization? In Russia, only about 4 per cent of these cases are eligible for that type of treatment. The next thing will be the licensing of prostitution.

Mr. Turner (Ottawa-Carleton): Oh, no.

Mr. Rynard: The minister does not believe that. Would the minister like me to tell him what the score is in England? I do not think he has read what the situation is there. I will put it on the record so he will understand the problem. The extract I shall read to the house illustrates very effectively what the problem is in this regard.

This article was written by Dr. Lewis and is to be found in the *British Medical Journal* for January 25, at page 241. Dr. Lewis writes about an angry lady who wanted a hysterectomy for prolapses and could not get one.

[Mr. Rynard.]

There is no exaggerating, she could not get a hysterectomy because the hospitals were filled with patients requiring abortions. This article reads:

Lewis points out that when the abortion law was changed the gynecologists did not expect a very great change in their practice. They thought that there would be a slightly more liberal attitude to the problem. He continues: "How wrong we were. I am afraid that we did not allow for the attitude of, firstly, the general public, and, secondly, the general practitioners."

I suggest to the Minister of Justice that he, also, can be awfully wrong in this respect. The article continues:

In 1958, 1,600 abortions were notified in England and Wales; the estimated number for 1968 is 35,000.

I hope the minister listened to those statistics.

One curious feature of the present pattern is that only 45 per cent of the patients are married. Since far more married women become pregnant than single ones, it is hard to see why medical indications should be so much more frequent in the unmarried.

That is the type of permissiveness to which the minister is opening the door by this bill.

The whole character of the gynecologist's work in outpatients has changed, says the author, because he has to deal with two, three or four requests at every session; often it takes longer to refuse than to grant the request. "And I have made no mention of the large numbers of pregnancies that are being terminated in registered nursing homes for reasons of convenience and financial gain, masquerading as legal operations under the new act." He feels that this state of affairs will continue, and that it is unrealistic to expect a small section of the community, the gynecologists, to adopt a moral attitude completely at variance with that of society as a whole.

This is the area in which society is sick. That is why I point out to the minister that we should be dealing with prevention rather than trying to cope with the problem after it has been created.

Mr. Deputy Speaker: Order, please. I am sorry to interrupt the hon. member, but it is six o'clock. Prior to calling it six o'clock, in view of the fact that the hon. member will be continuing his remarks after the dinner adjournment I might remind him that we are dealing with a specific amendment and sub-amendment which ask that no hospital be obliged to establish a therapeutic abortion committee. I invite the hon. member to restrict his remarks as much as possible to that specific matter. It being six o'clock, the sitting stands suspended until eight o'clock.

At six o'clock the house took recess.