Right to Life

This does not mean that the spirit behind the legislation is wrong or that even the law itself is wrong, but, rather, that it needs to be administered uniformly. Obviously, legislation such as this cannot be applied on the basis of geography. What is wrong in Hawkesbury in my riding cannot be right in Ottawa; and what is right in Ottawa cannot be wrong in Montreal. It is either correct or incorrect, and the same criteria in identical circumstances, in whatever city or community in Canada, should give an identical result.

As the Member opposite pointed out in his speech earlier, that is not the case right now. The laws are obviously applied very differently in some cities than in others. I do not believe that society wants, should advocate or in any other way state that abortions are an accepted means of birth control. That would be wrong. On the other hand, to pretend that they have not occurred in the past and shall not occur in the future, notwithstanding any law, would also be unrealistic. I am pleased to have had the opportunity to speak on this very difficult subject.

[Translation]

Mr. Charles-Eugène Marin (Gaspé): Madam Speaker, abortion is a subject on which many Canadians have views that are diametrically opposed. I understand the motives and the feelings underlying the decision by the Hon. Member for Grey—Simcoe (Mr. Mitges) to move this motion to amend the Constitution. Some people may think that the hour set aside for Private Members' Business is not necessarily the right time to consider an amendment to the Constitution on such an important issue. It is, however, an opportunity for us today to discuss the matter and to have some exchanges with Members on this important subject. We must ensure that any decision to amend the Constitution is taken only after examining all relevant aspects, once we have fully grasped the scope of the

Madam Speaker, I would like to take a few minutes to examine this very delicate and polarizing question. I will concentrate on the medical aspects. Medically speaking the physician is inextricably bound up with the question of abortion. His patients and the community ask him certain things and even go so far as to demand them. Like all citizens, the physician is governed by the laws of the land. He works in a hospital that either regulates abortion or prohibits it entirely. The physician's conduct is also governed by his own moral principles and by the ethical approach he takes to this situation. The order of physicians constantly monitors the ethical aspects from the medical point of view. Furthermore, the provinces each have a health insurance plan through which they can exercise financial control over these matters and thus indirectly control the practice of abortion as in the case of other areas of medical practice. What I have just said shows the complexity of this issue. A single opinion or decision cannot bring about a complete change in the abortion policy.

Naturally, the physician is subject to the pressures of many sectors of society. As the Hon. Members are probably aware, there have been changes to the Criminal Code in relation with abortion. Very militant groups have asked for abortion on demand. A number of physicians have apparently been influenced by these groups and by the fact that other countries and many American states have very flexible abortion laws. It is amazing to find such a change in attitude among physicians of whom many were initially very strongly opposed to more generalized abortions. Madam Speaker, I believe that there will never be abortion on demand because there will always be cases where abortion is refused even if we have very flexible laws and amenable physicians. However, since there is an increasing number of abortions, there will be a lot of serious problems, both medically and socially.

Indeed, an abortion can lead to medical complications. For instance, there have been cases where an interrupted pregnancy has caused the death of the mother. Permanent damage to the cervix can also endanger future pregnancies since they result in a risk of spontaneous abortion, miscarriage or premature labour.

On the other hand, if there were extended access to abortion services, we would have to examine the implications for the morale of hospital personnel, such as the anesthetists, the surgical nursing staff, the technicians, without forgetting the gynecologists themselves. Most of the latter would be working in a situation where they would have to perform many more abortions than at the present time. As physicians, their work is to protect, not to destroy life.

This could even lead to the point where some gynecologists would only practise abortions.

If, because of those legislative amendments, abortion became available on demand, gynecologists would become mere technicians who would not have to decide on the merits of an abortion.

If, on the other hand, certain criteria were established that would have to be met before a decision to abort could be taken, conscientious gynecologists would then have to spend a lot of time studying scores of cases. Even in such circumstances, there could still be women who, because of the influence of others, their own perseverance or additional funds, could obtain an abortion when other women could not.

The time needed for these abortions should also be considered. However, if the Act were to be made less stringent and if it were provided that the majority of abortions would have to be made outside major hospitals, because of the strict regulations enforced there, gynecologists would then abdicate their responsibilities as specialists.

Finally, if binding guidelines were to be established, it might very well be that certain smaller hospitals outside large urban centres would become mere abortion clinics.

Thirdly, despite expectations raised by more flexible legislation, the latter does not necessarily lead to fewer abortions. The explanation for that would be that apparently, from the moment abortion would be viewed as a socially acceptable treatment, some women who at present would not