

*Criminal Code*

tightening of regulations in respect of this procedure.

It seems to me that the bill does not in any way change existing conditions. If it does anything, it will further restrict the carrying out of a therapeutic abortion. It will in practice be much more difficult to have a panel of three doctors, apart from the attending physician, agree to a request by the attending physician to carry out a therapeutic abortion. In my opinion the reason is a very human one. The attending physician is responsible for the health of his patient for eight or nine months during her pregnancy; he becomes sympathetic toward her and her problems and is more amenable to her request for a therapeutic abortion if her condition in any way warrants it. Under the new act a panel of three doctors appointed by the hospital board will have to certify that the health of the patient of the attending physician would be endangered if the pregnancy were allowed to continue. Therefore the procedure will be considerably more cumbersome than in the past. Physicians are by nature most reluctant to agree to a therapeutic abortion, and in my opinion the indications for this procedure will lessen as time goes by.

● (9:00 p.m.)

There has been considerable concern that the provision with respect to a woman's mental health being affected might provide an avenue by which large numbers of abortions would be carried out, amounting almost to abortion by request. I certainly do not feel this will happen since there is in general little psychiatric indication for abortions even in the case of unmarried women. There has been some thought I believe in the minds of many people that the opening of what are considered more relaxed abortion laws will prevent so-called back street butchery. There is nothing in this bill that will materially change the number of abortions performed in other than recognized institutions. Most women who seek illegal abortion will not in any way be accommodated by this new bill, so that if there is any idea that the number of illegal abortions will be reduced, I believe it has no basis. It might be of some interest that the problem of abortion will likely recede in the future because with the wide dissemination of birth control knowledge and devices, the instances of unwanted pregnancies will likely diminish. In short, the bill does not really change what has been the accepted custom in the carrying out of this therapeutic procedure.

I would like to point out that the wording of the bill in this section leaves something to

[Mr. Ritchie.]

be desired and, unless amended, will create hardship and uneven application to many people living in remote areas. Section 237 states that this procedure can only be carried out in a hospital accredited by the Canadian Council on Hospital Accreditation. This is a quality control of a voluntary nature whereby hospitals endeavour to upgrade their standards. The hospital may not be accredited for many reasons, such as fire regulations, etc., having nothing to do with the ability to carry out this procedure. Also, many hospitals can never be accredited because they are too small or there is just not enough medical personnel to meet the requirements of the accrediting body. Yet, these same hospitals in outlying areas must care for patients, and unless the act is amended to include these hospitals hardship will exist. I believe that in these cases the minister of health, in conjunction with the College of Physicians and Surgeons of the provinces concerned, should specify where this procedure may be carried out.

The other point which I feel will cause considerable hardship is the requirement for a panel consisting of three qualified medical practitioners, together with an attending physician, which will mean that a minimum of four doctors will be involved. Many small communities do not have this number of physicians. It is expensive for patients to be moved to larger centres, and in some cases it might be quite dangerous to their lives or health. Unless the legislation is amended to allow for the variations of conditions where these anomalies may arise, hardship will develop. Here again I believe that the minister of health of the province concerned, in conjunction with the College of Physicians and Surgeons, would be the logical group to make provisions to meet these situations.

I am inclined to favour the section on homosexuality. I do not believe that homosexuality is deterred by criminal proceedings and I think that in practice homosexuality cannot be controlled in this manner. I do not believe that people with this bent are criminals in the accepted sense, and I think that homosexual acts in private between consenting adults can be accepted by our society as reasonable. In practice, society is already condoning much of what the section implies. However, I do feel that we must carefully and rigorously apply the law in the matter of homosexuality where attempts to seduce young people are involved and in any case where sexual deviation may endanger the general public. I do not think this section will