

Abortion

about the long term effects of that operation on their health and are in constant fear that their anonymity might not be preserved.

Mr. Speaker, for all those reasons, this in my view is an issue that has been there for years and that will remain with us. But we should not forget that although this Parliament, is responsible for the drafting of the Criminal Code, the responsibility rests with the provinces to enforce that Code. I would therefore consider it very much ill-advised to support the Bill at this point, because it must be kept in mind that enforcement is a provincial responsibility, and I do not believe at this point it would be appropriate to get involved in the debate.

[*English*]

Mr. Bob Horner (Mississauga North): Mr. Speaker, the purpose of Bill C-208, which we have before us today, is essentially to recognize that the decision to terminate a pregnancy fundamentally belongs to the woman concerned in consultation with her physician. This Bill would abolish therapeutic abortion committees and allow qualified medical practitioners to perform abortion without having to obtain prior authorization from such committees.

● (1730)

I welcome the opportunity to add a few words to this debate which was introduced by the Hon. Member for Burnaby (Mr. Robinson). This Bill proposes to amend the Criminal Code and make abortions available on request to any pregnant woman.

I do not think that Private Members' Hour is the appropriate place to be considering an amendment to the Criminal Code on such a significant issue. I would like to tell you why, Mr. Speaker.

I wish to stress that it is essential that we ensure that any decision to amend the Criminal Code as proposed will be taken only after full examination of all the issues, and with full understanding of what is involved.

In 1955 the federal Government appointed a committee to study the operation of the abortion law, to conduct a fact finding study to determine whether the procedure provided in the Criminal Code for obtaining therapeutic abortions was operating equitably across Canada. Federal and provincial government Departments co-operated with the committee and provided assistance in assembling and analysing existing information. The committee and its research staff undertook several surveys and made a large number of site visits.

For example, the committee visited 140 Canadian hospitals of various sizes both with and without therapeutic abortion committees. These site visits enabled the committee to obtain information on the operation of the abortion procedure, and the reasons for decisions not to establish therapeutic abortion committees from more than 1,000 individuals connected with the hospitals. Information was obtained on the operation of hospitals with and without therapeutic abortion committees in order to analyse their role in the abortion procedure.

The completed questionnaires returned to the committee represented 77.4 per cent of the hospitals which were considered to be eligible in terms of provincial requirements to establish therapeutic abortion committees. Surveys were also conducted of hospital staff, as well as physicians and patients. A total of 4,912 interviews were conducted with patients in the period of February to May, 1976, in 24 hospitals, in 8 provinces; all 1,196 obstetricians-gynaecologists were included in a survey because of their direct involvement in the abortion operation, as well as a random sample of 3,839 family doctors. Gallup polls were also conducted to obtain insight into the public attitude toward the topic. The committee made a number of findings on matters with and related to its terms of reference.

First, and this is very important, it found no consensus for major changes in the existing Criminal Code provisions with respect to the abortion law in Canada. There was no consensus for major change.

Most Canadians were neither in favour of removing abortion from the Criminal Code, nor of refusing therapeutic abortions under any circumstances. Further, the Badgley report observed that the law was not operating equitably throughout Canada. There were sharp disparities in the distribution and accessibility of therapeutic abortion services, and unreasonable pressure on some physicians in hospitals. The burden of the equitable operation of the abortion law was seen to fall on women who were less well educated, who had lower incomes, and who lived in smaller centres of rural areas with no direct access to abortion services.

The committee found that the 1969 amendment to the abortion law had resulted in a sharp reduction in illegal abortions. In addition, there was a substantial reduction in deaths resulting from attempted, self-induced, or other illegal abortions. Provincial regulations, and the practices of hospitals and the medical profession rather than the abortion law itself were observed to have led to the inequities of its operation. The issue of abortion causes divisions within the Canadian populace like almost no other issue today.

I am a member of the justice committee, together with the Hon. Member for Burnaby. I respect the concern of the Hon. Member that he evidently bears for this issue, and I commend his effort in this area. But I must reiterate that I believe that this is not the proper occasion for bringing forward an amendment to the Criminal Code dealing with such a sensitive issue.

Mr. Bill Gottselig (Moose Jaw): Mr. Speaker, I welcome the opportunity this afternoon to speak on Private Member's Bill C-208. At the outset, I wish to state that I certainly do not support the position put forward by the Hon. Member for Burnaby (Mr. Robinson). In my remarks, I intend to give the reasons why I do not support this position.

Abortion is an issue on which fundamentally differing and opposing views are strongly and genuinely held by many