

*Criminal Code*

policy of the Canadian Medical Association. I want to read from a policy summary which was prepared by the Canadian Medical Association on the question of abortion. Their policy is as follows:

● (1800)

The Canadian Medical Association recognizes that there is justification for abortion on medical and non-medical socio-economic grounds and that such an elective surgical procedure should be decided upon by the patient and the physician(s) concerned. Ideally the service should be available to all women on an equitable basis across Canada. The Association has recommended the removal of all references to hospital therapeutic abortion committees as outlined in the Criminal Code of Canada. The Criminal Code would then apply only to the performance of abortion by persons other than qualified physicians or in facilities other than an approved or accredited hospital. The Canadian Medical Association is opposed to abortion on demand or the use of the procedure as a method of birth control emphasizing the importance of counselling services, family planning facilities and services, and access to contraceptive information.

That, Mr. Speaker, is the policy of the Canadian Medical Association which clearly calls for repeal of these provisions of the Criminal Code. Why do I advocate freedom of choice, and why is this not only my position but, as well, the official policy of the federal New Democratic Party? Before coming to the grounds for this, Mr. Speaker, I would like to read that policy as reaffirmed at the federal convention of the New Democratic Party in Regina in 1983. The policy reads as follows.

WHEREAS the NDP recognizes that it is a basic right for every woman to make her own decisions about maternity,

THEREFORE BE IT RESOLVED that the NDP reaffirm the existing Family Planning Resolution (1971) which asserts that an NDP government would:

- (a) remove Sections 251 and 252 from the Criminal Code;
- (b) pardon all qualified medical practitioners convicted under Sections 251 and 252 of the Criminal Code of Canada and drop prosecutions under these sections;
- (c) provide adequate facilities in hospitals or special clinics for sterilization and abortion procedures; and

BE IT FURTHER RESOLVED that the NDP act on this resolution by supporting campaigns launched by coalitions in Manitoba, Ontario and other provinces to establish free-standing medical clinics providing a wide range of gynaecological services including birth control counselling and abortions, fully covered by provincial health insurance plans.

What is the current law in this area, Mr. Speaker? As it stands now, the law provides that abortion is legal in Canada only when a hospital abortion committee certifies that a woman's life or health is likely to be endangered by continuation of the pregnancy. The Criminal Code provisions require that abortions be performed only in an approved or accredited hospital which has a therapeutic abortion committee of at least three doctors. The committee has to rule on these applications for abortions and none of the doctors on the committee are allowed to perform the operation. There are a number of very serious shortcomings in this law as it now stands, Mr. Speaker. First of all, no hospital, even though it may be publicly financed, is required to establish a therapeutic abortion committee. Thus, even though there are over 1,300 hospitals in Canada, only approximately 250 of those hospitals have indeed established therapeutic abortion committees.

Access to safe therapeutic abortion varies widely depending on where a woman lives in Canada. In the Province of Prince Edward Island, for example, there is no access whatsoever to

safe therapeutic abortion and women in that province who are seeking abortions must travel to other parts of Canada or, indeed, to the United States. Over 70 per cent of abortions in Canada are in fact performed by a very small number of large urban teaching hospitals. This effectively denies access to abortions to women in many parts of Canada including rural communities and other communities in which there are not therapeutic abortion committees.

As well, Mr. Speaker, even though a hospital may have established a therapeutic abortion committee, that committee is not in fact required to grant and perform any operations at all. Some 20 per cent of hospitals which have established therapeutic abortion committees in fact perform no abortions at all. No provision whatsoever is made for the many hospitals outside major cities which cannot find the means to staff such committees and perform abortions. A woman who is applying for an abortion is not allowed to appear before the therapeutic abortion committee and there is no right of appeal allowed whatsoever when a woman's application for an abortion is denied.

Back in the early 1970s a special committee chaired by Dr. Robin Badgley studied the existing provisions in the Criminal Code dealing with abortion. The Badgley Commission clearly documented what it described as sharp disparities in the distribution and accessibility of therapeutic abortion services, a continuous exodus of Canadian women to the United States to obtain this operation and delays in women obtaining induced abortion in Canada. There has been no effective action taken since the report of the Badgley Commission in 1977 to ensure that safe access is made available.

I would point out as well that the effect of the current provisions of the Criminal Code is to delay, in many cases, access to safe therapeutic abortions. It has been very clearly demonstrated that delays in this area can in fact result in the increased possibility of complications for the woman seeking an abortion. The bureaucratic hurdles which currently face a woman seeking a legal abortion result, on average, in a delay of some eight weeks from the time she first visits her doctor until the time the abortion is performed. As I said, the medical risks arising from these delays increase as the pregnancy advances. Thus, the current provisions of the Code do have an adverse impact on women.

Unfortunately, many of the women who seek abortions in Canada today are adolescents. In fact, one-third of those seeking legal abortions in 1976 were below the age of 20. I would strongly urge the Government to recognize that the most effective way of reducing the number of abortions in Canada is to promote access to safe contraceptives, to promote access to family planning counselling, to promote greater awareness of sex education in our schools, and to provide more money, not less, for research into effective forms of contraceptives, not just for women, but for men as well.

Those are the kinds of steps that can be taken to reduce the number of abortions in Canada, but instead of taking those steps the federal Government has cut back on funding to the Planned Parenthood Federation of Canada. The theory in this