

As an elected official my consistent position has been that I am personally opposed to abortion, but I feel that it is fundamentally important that women not be deprived of the right to choose. I have always said that I am not for abortion on demand and have refused to be labelled as pro-choice because I simply do not agree with the position so well enunciated by those members who feel that no legislation is necessary except for legislation which makes access to abortion mandatory in every town and rural district in Canada.

The proposed law provides the opportunity for women to choose whether or not to have a child based on a reasonably thoughtful process, and in conjunction with the medical profession. While it does not legislate access, it does improve access. The law makes abortions illegal except when they are performed by a medical doctor who has reached the medical opinion that the woman's health or life is likely to be in danger. Health is interpreted as physical, mental or psychological.

In the first place, I do not think that there are any reasons that women have abortions that cannot be considered as health reasons that would qualify under these provisions. Women do not undertake the decision to have an abortion lightly. Women do not have abortions for socio-economic reasons. Some women have abortions because their particular socioeconomic positions are so stressful that an additional child would make their personal situation so intolerable that they could not cope.

The law requires doctors to develop the medical opinion. This must be in accordance with the standards of their profession. We have received a preliminary report from the Canadian medical profession describing what they are. I was pleased to read these and will listen to the presentation of the CMA with great interest at the legislative committee. I think they are very reassuring to many people.

First of all, the CMA interprets abortion as the act of termination of the pregnancy before foetal viability. The CMA has stressed that beyond the stage where the foetus is capable of an independent existence the termination of pregnancy is indicated only under exceptional circumstances. They also say that it should not be used as an alternative to contraception. They say the patient should be provided with the option of full and immediate

counselling services in the event of an unwanted pregnancy. They say a physician should not be compelled to participate in the termination of a pregnancy, and that a physician whose moral or religious beliefs prevent him or her from recommending or performing an abortion should inform the patient of such so that she may consult another physician. Many people have concerns about the fact that under this legislation abortions could conceivably be in the latter stages of pregnancy. Doctors in Canada will not do abortions too late in the pregnancy without very severe reasons.

The legislation does not currently set a mandatory deadline for an abortion but medical standards do. Similarly, the concerns about counselling, as I have already mentioned, have been addressed. There is a flexibility in the approach that can adjust to future medical developments. At present, amniocentesis can only be done at the twentieth week and a confirmatory amniocentesis and subsequent abortion can take up to the twenty-second week. Medical science could shorten that timespan considerably in the future.

With respect to the question of access, the law will certainly improve the situation. It makes abortion illegal except where a medical practitioner believes that the continuation of the pregnancy would, or is likely to, threaten the life or the physical, mental or psychological health of the patient. I suspect that particularly given the previous Morgentaler decision, it will be very difficult for any provincial government to prohibit doctors performing a legal medical procedure, or to limit funding to only abortions approved in hospitals. That is an issue I want to explore in the legislative committee.

I very much object to the idea of doctors or nurses being forced to participate in abortions against their will, or a hospital board being forced to provide abortion services in a hospital against its will. Abortion does not represent an ordinary medical service. There are many people in Canada who have deeply held moral convictions on this issue that must be respected. This law, however, makes it much more possible for individual medical doctors to provide this service in clinics. The law is necessary to establish a national standard and to clearly state that the decision to authorize an abortion is based on medical reasons after a consultation with the patient.

Government Orders