

Abortion - the misconceptions of the

by Anne Stephen

The issue of abortion has been widely debated for many years. Often, only the moral ethics are discussed. The actual occurrence and procedure are usually neglected.

Because there are many aspects of this issue which are not discussed, there are scores of misconceptions, or just lack of information that exist.

In order to dispel the misinformation, organizations such as Planned Parenthood and Birthright were formed.

Planned Parenthood strives "to provide people with information to help them make informed decisions regarding sexuality," says Counselling Director Merri-Ann Peterson. They also offer "birth control, sex information, and pregnancy counselling."

The Director of Birthright, Georgeann Reimer says their purpose is "to help any pregnant woman carry through, and to give the support and the care they need. We also perform pregnancy tests, and help with the financial aspects. It's personal contact on a one to one basis."

Birthright is a "pro-life organization," says Reimer, while Planned Parenthood is "pro-choice," says Peterson.

Some people feel only "bad" women get pregnant and have abortions, but Peterson differs. "We get every age group, every race, religion, and socio-economic group. It can happen to anybody," she says.

As yet, there are no clinics that perform abortions in the province, but in Edmonton there are three hospitals which do: the Roayl Alexandra, the Charles Camshell, and the University Hospital.

The Alberta Society of Obstetricians and Gynecologists, headed by Dr. S.W. Devine, tried

to get a free-standing abortion clinic but was turned down by the Hospital Board. Devine says that with the establishment of such a clinic "the sick people don't compete for beds." He adds mandatory counselling should be included.

Each of the three hospitals has an abortion board which examines the cases. Each consists of three doctors who make the final decision about granting the abortion.

Reimer feels that for many cases, "it's a rubber stamp thing, the grounds for it are pretty liberal. Very few are ever refused; it's more or less on demand."

Each woman must see two doctors, and they both have to write letters explaining why she wants an abortion, how many weeks pregnant she is, and that the doctor supports her decision.

Peterson says "the screening is done mostly at the initial stages. When people say it's only rubber stamping, it's really the people who meet the requirements that get that far anyway."

to get a 2nd or 3rd abortion. "If you're 25 and married and planning on having children, it's difficult to have an abortion."

The most common procedures are the vacuum aspiration and dilation and curettage (D and C) techniques. "The complications are minimal if the procedure is done before the 10th week," says Devine. "The risks go up, arithmetically from 8 weeks up, because we're dealing with a fetus. The risk of hemorrhage, laceration (a bad tear), and infection goes up."

From the time a woman makes her first move to after the operation is finished, it could take three to four weeks, if she goes through Edmonton," says Peterson. The woman has to wait at least until 41 days after the first day of her last period because the pregnancy test will not be valid before then.

There is the chance the woman may be too late, in which case, "the doctor will say to go elsewhere (U.S. or to an illegal abortionist) or to carry through. If

successful in getting an abortion, or for any other reason, she tries to abort the fetus herself, she can go to prison for up to two years.

Section 25 of the Canadian Criminal Code says, *Every female person, who, being pregnant, with intent to procure her own miscarriage, uses any means or permits any means to be used for the purpose of carrying out her intention is guilty of an indictable offense and is liable to imprisonment for two years.* This does not apply to a) a qualified medical practitioner, other than a member of a therapeutic abortion committee for any hospital, who in good faith uses in an accredited or approved hospital any means for the purpose of carrying out his intention to procure the miscarriage of a female person, or b) a female person, who, being pregnant permits a qualified medical practitioner to use in an accredited or approved hospital any means described in paragraph (a) for the purpose of carrying out her intention to procure her own miscarriage. This is only valid if the therapeutic abortion committee has stated that in its opinion the continuation of the pregnancy of such female person would or would be likely to endanger her life or health...

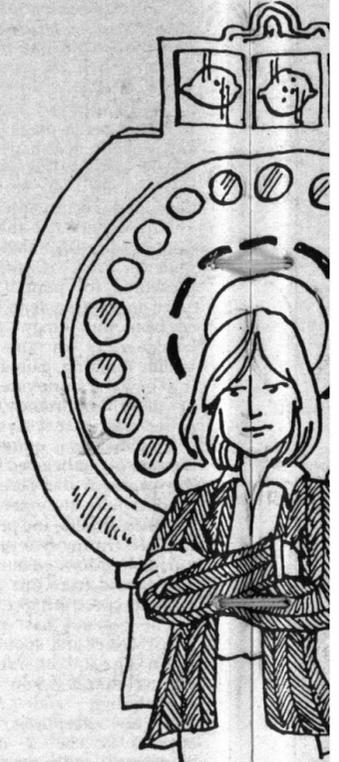
Devine says it is an "irony that a 14 year old can say she doesn't want an abortion, but the parent does, but she can't get birth control prescribed legally." Under our present laws, it is illegal for anyone under the age of 18 to purchase birth control.

Both Planned Parenthood and Birthright have had a wide age range of people coming in. Reimer says they have had calls from people as young as twelve, but "these are rare, 14 to 15 are

more common, 17-19 is the largest age group."

"We've had people from 11 to 45. The largest group is the 20-24 group, next is 15-17. The average age is around 20," says Peterson.

She adds there should be more education "not just about birth control, but education about responsible behaviour, to teach kids that sexual intercourse can



Education: not just about birth control, but responsible behavior

Devine replies, "I don't believe we have abortion on demand today, the doctor decides if the woman should (have an abortion) to protect her health."

All the abortions performed are therapeutic, to protect the woman's health.

Peterson explains some of the conditions for granting an abortion would be if there was any detriment to emotional or physical health. Some doctors also recommend them because of "social implications- if you're single, there's a stigma against having a child." She says it's hard

she can't, he will give her the address of an abortion clinic in the U.S.," says Devine.

Also, some time might be wasted in looking for a doctor. The woman "could go to her doctor, but she may be reluctant to do so," according to Reimer.

Peterson stresses that doctors "don't have to refer a girl (if they are pro-life), there are some doctors who will not make a referral."

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