

*Criminal Code*

of opinion on a purely medical basis. If it could be established only on the life of the mother being endangered there would be much firmer solidarity.

—I know what life is, but I am not so sure about health... The term "health" is very ambiguous.

And further on, one can read on page 533:

—As for the doctor, he could give medical evidence concerning the life of the patient in such or such conditions, but it would be asking too much of the members of the medical profession to have them interpret the word "health".

Dr. Paul Christie says on page 475 of the brief submitted by the Anglican Church:

"The term "health" must in this case be subject to the broadest interpretation."

I believe that health as understood now by specialists in health and organic medicine, always involves social factors—

But for health reasons, for social reasons, for psychological reasons, a woman will be able to resort to abortion in order to free herself.

And Dr. H. Brody tells us on page 274:

—What these laws may do is give us a greater opportunity to find medical and psychiatric rationalizations... However, the interpretation of these reform laws will still remain in the hands of physicians. As stated by Howell "the law will again be unclear and dishonest".

Mr. Speaker, I could quote a host of doctors who say that "health" is a general term that is not defined in our statutes.

And to distinguish between "health" and "life", let us see what Dr. Douglas Cannell tells us on page 110 of the Proceedings of the standing committee on health and welfare:

The greatest proportion were done for psychiatric reasons; next to that was rubella; then cardiac disease, renal disease, malignant disease and a variety of others.

Today, medicine proves that it has overcome those problems which were formerly medical indications but which today are readily cured by medicine.

This is what Doctor Gray has to say on page 110:

—this type of mental illness may encompass almost any variety of mental illness, but the types which most commonly provide an indication for abortion are the depressive illnesses because of the risk of suicide.

And the risk of suicide is again another pretext to revert to abortion.

[Mr. Rondeau.]

Doctor Theodore Lidz, speaking of suicide, as reported on page 174, says as follows and I quote:

(as given in a brief presented by the Emergency Organization for the Defence of Unborn Children): ... When the psychiatrist says that there is a suicidal risk, in many instances he does not mean that at all, but feels that there are strong socio-economic grounds for therapeutic abortion. Since the only ground for abortion in many states is if it is felt there is threat of death, suicidal risk is thus established as the only legal way out of the situation.

On page 223, we find the figures given by Dr. Ford. I quote:

—Interruption of pregnancy for psychiatric indications is given as the commonest reason for therapeutic abortion in the United States. In one four-year study from 1960 to 1964 in the States, there were 80 therapeutic abortions per 15,000 deliveries, 77.5 per cent of these therapeutic abortions were done on psychiatric grounds. Another authority states that the incidence of therapeutic abortion on psychiatric grounds is 85 per cent.

A bit further, we read as follows:

One of the commonest ways for a patient to present for an opinion about therapeutic abortion is with the threat of suicide. There is nothing more likely to force the doctor's hand than this and I have little doubt that it has been used frequently as the reason for recommending termination. However, once again, the available opinions indicate a different story. The Royal College of Obstetricians and Gynaecologists report states that it is extremely rare for suicide to take place following refusal of termination for psychiatric reasons. Anderson, in a series of 90 patients, had 33 threatening suicide but only one in fact committed suicide a year later and the refusal of termination was only one amongst other factors. And Lindberg reported on 304 patients with 62 threatening suicide, but without any actual suicides.

Mr. Speaker, the scope of this bill and more particularly of the clause now before us is too wide and so we cannot approve it. We have to congratulate the hon. member for Gatineau (Mr. Clermont) who moved the amendment.

We received another very interesting evidence which refers to emotion, as a pretence to ask for abortion and, most of the time, it is emotional reasons which bring the women—

**Mr. Speaker:** Order. I regret to have to interrupt the hon. member who is to quote another evidence, but his time has expired.

● (8:20 p.m.)

**Mr. Roland Godin (Portneuf):** Mr. Speaker, I join with those who have spoken before me in congratulating the hon. member for Gatineau (Mr. Clermont) who moved the amendment.