> development which has begun at that point is a continuing process which exhibits no sharp demarcation and does not allow a precise division of the various steps of development of the human life.

I hope that the judgment of Canada's Supreme Court on the Borowski case will be equally objective and unequivocal in its estimation of the evidence.

One's position on abortion cannot be construed and thereby dismissed as being simply a matter of personal opinion or belief. Rather, in and of itself, the medical evidence is concrete. It is objective. It is compelling. Life is an uninterrupted continuum which begins at conception and ends at death. Without doubt, abortion brings about the cessation of a living human being during the process of its development along that continuum.

The performance of an abortion must contend with this incontrovertible fact. For those who value human life, it can only be justified on grounds of self-defence in those rare instances when another life, that of the mother, is in demonstrable danger, and where there is no other acceptable medical procedure to obviate that danger.

Consequently, while each Member is free to make up his or her own mind, this free vote should not be viewed as one Member's beliefs, values or opinions against those of another, with the added implication that one opinion is just as good as another. On the contrary, a Member's opinion on a matter of such fundamental significance as this can only be valid if the facts are there to support it.

Facts are facts, Mr. Speaker, whether you accept them, reject them, or ignore them. You cannot have your list of facts while I have mine. The biological and physiological evidence concerning the unborn child will simply not allow us the expedient and fallacious post-enlightenment liberal separation between the public world of fact on the one hand and the private world of values on the other.

• (1710)

The medical facts support those who are committed to the value system that upholds the unborn as a living human being deserving of legal protection. It is incumbent upon those who would argue otherwise, that is, those espousing a pro-choice or gestational approach to abortion, to supply the requisite, concrete evidence in support of their own particular beliefs, values or opinions. To refuse to do so, I submit, is pure hypocrisy and intellectual dishonesty.

Therefore, in the light of what I have sought to outline, both the gestational and the pro-choice options must be rejected as completely unacceptable to those concerned to uphold the sanctity of human life. The reasons are self-evident.

First, the pro-choice option leaves the issue of abortion to be decided by the woman in consultation with a qualified medical practitioner. Of course, this begs the obvious question as to precisely what it is the woman is being given the freedom of choice to do. The obvious answer is that she is free to terminate the life of the developing foetus. Such an action flies in the face of all the medical data concerning the foetus. Furthermore, if the growing evidence concerning post-abortion syndrome is considered, the pro-choice position does a terrible disservice to the well-being of the mother herself.

The motion before us, the so-called middle ground, is in fact a gestational approach. It would allow an abortion in the early stages of pregnancy where continuation of the pregnancy threatens the woman's physical or mental well-being. While the exact time limit to be placed upon this early stage is yet to be determined, it is unlikely that it would be much less than 12 weeks and, in all probability, it would be closer to 18 to 24 weeks. Henry Morgentaler has stated 24 weeks as his preference.

Given that Statistics Canada figures show that 89 per cent of current abortions take place before 13 weeks and that 96.5 per cent occur before 17 weeks, and given the fact that the term "mental well-being" is extremely broad in scope, the motion, as a gestational approach, effectively functions as abortion on demand in the vast majority of instances.

Furthermore, this motion would also allow abortions at a later stage in the pregnancy should the continuation of the pregnancy endanger the woman's life or seriously injure her health. This, of course, is virtually the same as the former abortion law under Section 251 of the Criminal Code and shares all of its obvious deficiencies. Why, it may be asked, would we want to re-enact legislation that the Supreme Court has recently struck down?

Consequently, neither the pro-choice nor gestational options will do. Indeed, they completely bypass all medical evidence concerning the nature and status of the foetus. They are but thinly guised legislative means of allowing the women, doctor, and legislator to abdicate their responsibility and ignore the evidence.

It has been argued by some, for example the Hon. Member for York Centre (Mr. Kaplan) and the Canadian Abortion Rights Action League, that a restrictive abortion law is unconstitutional. Indeed, some have claimed that only a gestational approach or even a pro-choice direction would be acceptable to the Supreme Court.

This argument, I submit, is completely false. It is largely based upon the opinion of Justice Bertha Wilson who suggested that the commencement of Parliament's interest in the foetus, it seemed to her, "would fall somewhere in the second trimester".

Judge Dickson, however, said: "The precise point in the development of the foetus at which the state's interest in its protection becomes 'compelling' should be left to the informed judgment of the legislature which is in a position to receive submissions on the subject from all the relevant disciplines".

By way of further contrast, Justice Beetz, in giving his judgment, cited favourably United States Supreme Court Justice O'Connor's opinion in *City of Akron vs. Akron Centre for Reproductive Health*, to the effect that "the state's interest