

APPENDIX "SS"

CANADIAN WELFARE COUNCIL
STATEMENT ON ABORTION TO THE
HOUSE OF COMMONS STANDING
COMMITTEE ON HEALTH AND WELFARE

The Canadian Welfare Council welcomes the opportunity to present a Statement on Abortion to the Committee, as a sequel to the Council's Statement on Family Planning submitted on April 21, 1966.

The Council's concern with abortion is directly related to its concern with family planning. Both flow from its objective of promoting social policies which will help to protect and strengthen family life. Public health and welfare programs designed to place the required information and means for family planning within the reach of all Canadians will, we believe, encourage responsible parenthood and help to prevent unwanted pregnancies leading to abortions. The Council therefore heartily endorses the decision of the government to seek deletion from the Criminal Code of Canada of any reference to contraception and so remove a legal barrier to responsible family planning programs. As the Committee knows, the government has acted in accordance with the Committee's recommendation and of many organizations, including the Canadian Welfare Council, which appeared before it. As this statement is written the necessary legislation is before the Senate in the form of Bill S 22 and the Council urges that its passage be given the highest priority.

Our starting point in relation to abortion is that it is, per se, undesirable. It is repugnant to many responsible people because it involves the destruction of a potential human life; to some it is, on religious or moral grounds, utterly impermissible. The majority, however, are prepared to accept the doctrine of the lesser evil and recognize that, in certain circumstances, it is preferable to deliberately terminate a pregnancy than to allow it to continue. This has been recognized, in limited and unclear fashion, by the existing Criminal Code. The fact that three private members' bills on the subject were referred to the Committee for study reflected the opinion of the elected representatives of the peo-

ple that these provisions should be carefully reviewed.

Since the Council undertook the study of abortion legislation dramatic developments have occurred in the form of the Committee's interim report to the House and the introduction of Bill C 195 by the Minister of Justice. The Council is therefore in the position of reacting to these developments rather than producing proposals *de novo*. With two reservations noted below the Council supports the amendments contained in Bill C 195 which have the effect of clarifying and slightly extending the conditions under which abortion will be legally permissible. The crucial requirements of the bill in its present form are certification by the therapeutic abortion committee of an accredited hospital that, in its opinion, continuation of the pregnancy would or would be likely to endanger the woman's life or health and the subsequent performance of the necessary procedure in that accredited hospital by a qualified medical practitioner. We believe this approach will commend itself to most Canadians—that the difficult task of determining when a potential life may endanger an actual life will be placed in the hands of a profession whose central purpose is the preservation of life. At the risk of labelling the obvious, the Council also notes with approval that the proposed legislation is permissive, not mandatory. Under the law, no woman will be required to undergo an abortion, no hospital will be required to provide the facilities for abortion, no doctor or nurse will be required to participate in an abortion.

We believe, however, that the proposed amendments are unnecessarily restrictive in two respects, which can produce inequities especially affecting people living in rural and frontier areas. These are that every therapeutic abortion committee must be comprised of at least three qualified medical practitioners and that the institution be accredited by the Canadian Council on Hospital Accreditation. Granted the desirability of having every hospital so accredited, we question the principle of legally requiring a status conferred by a private body when the basic operating authority for a hospital is a government agency.

Surgery of an even more complicated nature is permitted in non-accredited hospitals licensed by the relevant body. We therefore suggest that abortion be permitted in any hospital duly licensed by the appropriate jurisdiction, and that, where it is not feasible to create a therapeutic abortion committee of at least three medical practitioners, the legislation permit an abortion to be performed by a qualified medical practitioner with the written concurrence of at least one other medical practitioner who has independently examined the patient.

It seems clear from medical testimony already given before the Committee that doctors, as a professional group, approach abortion reluctantly, as a remedy of last resort. The fact that one doctor alone cannot make a legal decision to abort, combined with the authority conferred upon the provincial Minister of Health to require the production of any information relating to the circumstances of an approved abortion, creates important safeguards against abuse.

It may be objected, in relation to the modifications proposed above, that there should be no difficulty in bringing a patient to the type of hospital required by the legislation, in view of the relative ease of air transportation in Canada. We believe there are two rejoinders to this. One is that storms or fog can make flying from remote areas impossible for periods of time which may be crucial in a medical emergency. The other is that the cost of flying any distance may be a serious deterrent to a poor person seeking medical help, unless governments are prepared to pay the costs involved.

We assume that the term health as used in Bill C-195 includes mental as well as physical health, as defined by the World Health Organization. The Minister of Justice has indicated that the proposed therapeutic abortion committees may consider both physical and mental health and medical testimony before the Commons Committee suggests that they will. Psychiatry, as the treatment of mental illness, is a recognized area of medical specialization. Mental health services are standard components of departments of public health and mental hospitals are a health resource in every province. For example, a hospital abortion committee may properly find that the continuation of a pregnancy resulting from rape or incest (actual or alleged) or the risk of deformity in the child

would constitute a serious threat to the mental health of the mother.

The extent of the illegal abortion problem in Canada is a matter of dispute. Without much greater knowledge than we have of who seeks abortion and why, it is impossible to predict the effect of the proposed legislation on the problem. The Council is, however, inclined to the view that, in itself, it will not significantly reduce the incidence of illegal abortion among two important groups—the essentially healthy unmarried mother and the married woman who already has several children and insufficient income to maintain an adequate standard of living. The expected persistence of these problems emphasizes the importance of preventive measures. The Canadian Welfare Council has a special concern with the prevention of unwanted pregnancies because many of its member agencies have to cope with their consequences. The care of unmarried mothers and of their children is increasing pressures on the limited resources of child welfare agencies. A high proportion of the work of family service agencies is devoted to the problems of family stress and breakdown caused or intensified by the gap between family income and family needs. The Council therefore strongly advocates more adequate programs of family life education and premarital counselling as means of enabling Canadians to make more responsible choices in relation to parenthood. It is especially necessary that skilled counselling and adequate supportive services be available to the woman who finds herself with an unwanted pregnancy, to help her consider alternative solutions to the desperate choice of an illegal abortion.

The Council also commends the Committee's awareness of the need for further study, utilizing the experience of other countries. Such studies will obviously require a variety of expertise and involve a number of jurisdictions. The Council will welcome the opportunity to consider, with the appropriate authorities, how its knowledge and resources might be usefully applied to such studies. Areas already suggested to the Committee include the following:

- (a) Morbidity and mortality rates associated with abortions, the effectiveness of various techniques and physical and emotional effects of abortion on the woman.

(b) The effectiveness of preventive methods, such as sex education, family planning and family life education.

(c) The effectiveness of alternatives to abortion, such as counselling, psychiatric, financial assistance and social services.

(d) The impact on abortion rates of liberalizing abortion laws.

(e) The legal position of voluntary sterilization in Canada.

(f) Reasons for the numbers of illegal abortions.

To these the Council would add studies of the social consequences of various types of

abortion legislation both permissive and restrictive. Such studies should fully consider the social context of this legislation in different countries. Specific laws may work well in one country but not in another because of differing social conditions.

Finally, the Council wishes to congratulate the Committee on the leadership it has shown in relation to the difficult issues raised by a study of abortion. In reviewing the proceedings of the committee we have been genuinely impressed by its deep concern with and its critical awareness of the many facets of this problem.

January 29, 1968