

Position Paper # 9

Hospitals versus Clinics: Comparisons of Abortion Care

Abortion may be the only "medically required" surgery (under the *Canada Health Act*) that is better delivered in clinics than in hospitals, generally speaking. However, about one-third of abortions in Canada are still performed in hospitals.

Hospitals	Standalone Clinics ¹
Disadvantages	Advantages
Only about 16% of hospitals in Canada perform abortions	Clinics only in (most) major cities in Canada
Most hospitals only do abortions up to 12-14 weeks; some may have policies that reduce access such as limited operating room availability	Few or no policy restrictions; most clinics do abortions up to at least 16 weeks, and some go up to 22 weeks
May be subject to politics or lack of providers, with abortion services at risk of being withheld, restricted, or discontinued	Stable existence, most clinics protected by dedicated private ownership
Possible long wait lists (up to 6-8 weeks at some hospitals)	Short wait lists
Little or no counseling available	Full counseling provided
Doctor's referral often required	No doctor's referral required (patients make own appointments)

¹ A few clinics are hospital-based, i.e., a dedicated clinic located inside or adjacent to a hospital. Such clinics are not meant to be included here, because they usually enjoy advantages of both standalone clinics and hospitals, with fewer of the disadvantages of either. These clinics include, for example, the C.A.R.E. Clinic in Vancouver, the Women's Services Clinic in Kelowna, the Termination of Pregnancy Unit in Halifax, and the Pregnancy Options Program in London.

Hospitals	Standalone Clinics ¹
General anesthesia used, usually (slightly higher medical risk)	Local anesthesia used (shorter recovery time; less expensive)
Usually no medical support services offered in conjunction	Birth control, aftercare, and other reproductive health services available
Patients may encounter anti-choice medical staff, or sterile, non-supportive environment with little privacy	Supportive pro-choice environment and staff
Abortions done at generally twice the cost to taxpayers	Abortion care more cost-effective
Hospital websites often provide no information about abortion whatsoever	Websites are welcoming, with FAQs describing various procedures, aftercare options, what women should expect after an abortion, and other resources
Advantages	Disadvantages
Hospitals present throughout the country, not just in urban areas	Abortion clinics economically feasible only in large urban centres
All abortions funded	Most abortions funded
Better security from protesters	More vulnerable to protesters
Abortions for genetic reasons and high-risk pregnancies available at some hospitals, including third trimester abortions for fatal fetal abnormality	“Elective” abortions only
Training centres for new abortion providers, especially for second trimester abortions	Often underused or not promoted as training centres by medical schools
Immediate access to emergency care for complications	Must transport patients with complications to nearest hospital