Abortion Rights Coalition of Canada

Coalition pour le droit à l'avortement au Canada

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Position Paper # 5

The Canadian Abortion Provider Shortage: Now and Tomorrow

Since the Morgentaler decision of 1988, there are no laws restricting the provision of abortion services in Canada, and in theory, abortion is treated as any other medically necessary procedure. Unfortunately for millions of women, access to abortion does not meet the standards of the *Canada Health Act*. Fundamentally, this deficiency is due to the shortage of trained medical professionals able to provide women with safe and legal abortions and abortion-related care in this country.

Geographical and Political Barriers

As the world's second-largest country, based on land-size, one of the defining characteristics of our nation is also one that creates one of the largest barriers for comprehensive medical care. While most Canadians live within 250 km of the US border, abortion services are mainly restricted to larger urban centres. Consequently, in urban and suburban parts of Canada, women must travel easily 50 km or more to find an abortion provider and obtain services. In more remote areas, these distances quickly run into the hundreds of kilometres or more.

Currently, first-trimester abortion services are available in all provinces and territories with the exception of PEI and Nunavut. However, only 17.8% of hospitals in the country offer abortion services, according to a study by the Canadian Abortion Rights Action League. The reasons for this small number are many, but a major factor is often a shortage of providers, especially in smaller communities and northern areas. In Canada, about half of abortion procedures are performed in "private" abortion clinics, but clinics are located only in larger cities. Outside major cities, most women depend on hospitals. If a hospital is willing to provide abortions (many are not), they need to find a willing provider in their community. Smaller communities often have no doctors able or willing to perform abortions, because of the stigma still attached to abortion, fear of being known and targeted in a small community by local anti-choice activists, and the lack of abortion training offered at Canadian medical schools. In addition, doctors at Catholic hospitals (outside Quebec at least) are not allowed to perform abortions, and, as hospitals amalgamate, the Catholic anti-choice doctrine usually dominates new hospital policies. About 12% of all Canadian hospitals are Catholic.

Lack of Mid-Trimester Providers

Mid-trimester procedures are available in only a handful of sites across the country. Only 9% of abortions in Canada take place between 12 and 20 weeks of gestation, with a mere 0.4% of abortions occuring after 20 weeks. Most women who terminate their pregnancies after 12 weeks are doing so for various compelling reasons. Frequently, women have mid-trimester procedures because they did not have access to accurate pregnancy results, or access to first-trimester abortion services. Other women may be in desperate social circumstances, such as an abusive relationship, or they may be very young teenagers who have delayed abortion care because they were in denial about the pregnancy.

All too often, a woman may be faced with an unexpected fetal diagnosis, such as a serious birth defect, which may jeopardize the health of the mother or the child should the pregnancy be carried to term. Abortions under these circumstances are termed "genetic terminations". Given the nature of maternal screening, these defects are usually only found during the second trimester of pregnancy. While the decision to terminate such a pregnancy can be difficult, this process is often compounded by the lack of trained and willing providers in this area. After about 14 weeks gestation, and especially after 20 weeks, mid-trimester procedures become more complicated surgical procedures. Because of the lack of providers, the need outstrips the supply in Canada—many women must travel to the United States to have abortions after 20 weeks gestation.

Conscience Clauses and Religious Refusals

In Canada, most abortion providers are Family Physicians or Obstetrician/Gynaecologists. Although Ob/Gyn's are specifically trained and obliged to provide women with reproductive healthcare, only an estimated 20% will provide abortions in their career. Most Family Physicians in Canada either do not perform abortions, or they perform only a handful a year for their regular patients. Again, this is a result not only of the ongoing safety fears for the physician and her family and lack of training, but also the lack of prestige, financial reward, and institutional support associated with being an "abortion doctor."

The major cause of abortion is unplanned pregnancy, so a major determinant of abortion rates is access to contraception. Even though most physicians choose not to perform abortions, all primary care physicians have the opportunity to provide women with effective contraceptive options, thus reducing the need for women to seek abortions. Unfortunately, some physicians restrict women's access to both contraception and abortion under the guise of a "moral imperative", often rooted in their religious beliefs. Such doctors not only refuse to perform abortions, they may even refuse to refer women for abortion. Furthermore, an increasing number of medical students are organizing to assert their right to refuse reproductive health care to their patients on the basis of personal beliefs.

ARCC believes that all women should have access to all aspects of reproductive health, including contraception, and accurate, unbiased referrals to legitimate abortion providers. We also assert that it is unprofessional for a physician to refuse an appropriate referral or request for fertility control.

The Future of Abortion Care

Canada is facing a health care crisis as the physician population ages, the demand of the health care system increases, and as the number of medical school and residency spots fails to adequately compensate for these changes. Abortion care is one area of medicine experiencing a similar crunch. Currently, 1 out of 3 Ob/Gyn's is over the age of 50, and 7% plan to retire by 2006. In family medicine, 5% plan to retire and an additional 1.6% plan to leave practice by the end of 2006.

Medication abortion, which is discussed in more detail elsewhere, has the potential to greatly ease the impending provider shortage. In a recent Canadian study, 52% of family physicians would consider providing medication abortions should Mifepristone become available. It also goes without saying that family physicians have a role to play in ensuring barrier-free access to information about fertility control and contraceptives.

ARCC will continue to work with other organizations, including Medical Students for Choice, to ensure that as abortion providers retire, there are enough trained professionals who are ready and willing to replace them, thus ensuring that future generations of women have access to safe, comprehensive medical care.

Sources

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