



## **Position Paper #7**

### **Access to Abortion in Rural/Remote Areas**

Women and transgender people in rural or remote areas often face increased difficulty when they wish to terminate a pregnancy. This is due in large part to the distances between them and the abortion support services.

Until recently, options for terminating a pregnancy could be divided between hospital access and clinic access. Before 1988, all legal abortions were performed in hospital settings<sup>1</sup> (although Dr. Henry Morgentaler provided safe abortions in several illegal private clinics). After 1988, more private clinics opened outside hospitals. After the abortion drug Mifegymiso became available in 2017, medical abortion has increasingly become available outside abortion clinics, including women's clinics and general medical practices, and private doctors' offices.

Hospitals that do abortions and abortion clinics are primarily located in larger urban settings, and accessibility varies province to province. Less than 17% of Canadian hospitals do abortions.<sup>2</sup>

There are no private clinics in Nova Scotia, Manitoba, Saskatchewan, PEI, or the territories, and few outside large cities in other provinces. Hospital access is available in each of these provinces and territories, with Prince Edward Island being the most recent to offer access<sup>3,4,7</sup>. From 1988 until 2010, statistics showed a downward trend in abortions performed in hospital settings (from 91% to 43%) meaning that as services moved to clinics, more women had to travel to access services<sup>2,5</sup>. The decline in the proportion of abortions performed in hospitals represents at least a 58% decline in the number of abortions performed in rural areas. In British Columbia alone, rural areas have seen a steady decline of service providers<sup>6</sup>.

Provinces without clinic access may be limited to surgical abortion in hospital settings, unless they can find a doctor who prescribes Mifegymiso. As one BC study indicated<sup>6</sup>, rural hospital operating rooms are heavily booked and abortion cases often get bumped for more acute/urgent cases. As well, stigma and institutional pressure may make staff less willing to overcome logistical challenges to schedule abortions.

### **The Impact of Provincial Regulations**

How abortions are funded differs in a few provinces, as can the requirements for obtaining an abortion. Luckily, if abortion services in another province are closer to the patient's location, the costs are now covered (as of 2015) by reciprocal billing agreements between provinces. Clinic abortions are not funded in New Brunswick (for Clinic 554 in Fredericton), and only partially

covered at several clinics in Ontario. Some hospitals may also require a physician's referral, which presents additional difficulties to women with no doctor or an anti-choice doctor<sup>7</sup>. Further, some doctors or hospitals may require an ultrasound to be performed, and women may need to book a separate appointment at a different facility to do so.

Due to the lack of local access, women living in remote and rural areas are often forced to travel outside their community for an abortion<sup>8</sup>. It is an obstacle thousands of Canadian women face every year. The introduction of the abortion drug Mifegymiso in 2017 is expected to improve access in rural areas, although each province has so far made varying commitments to the provision of Mifegymiso. So far, five provinces provide universal cost coverage of the drug: Alberta, Ontario, Quebec, New Brunswick, and Nova Scotia. Four provinces offer coverage only to a few patient groups: BC, Manitoba, PEI, and Saskatchewan. Newfoundland and the three territories provide no coverage of Mifegymiso as of this writing.

### **The Emotional and Financial Impact of Limited Access**

Accessing information on abortion providers can be difficult for the general public. Finding out where services are available is especially difficult for women with no doctor, or an anti-choice doctor. This is exacerbated in conservative provinces like New Brunswick, where many doctors are anti-choice and funded abortions are only available in hospitals. Women may have to wait weeks unless they can afford to pay out of pocket at Clinic 554 in Fredericton. This division in financial coverage can negatively impact women who only live closer to a clinic rather than a hospital service.

When contacting hospitals or doctor's offices, women may encounter anti-choice "gatekeepers" who restrict information or refer women to pregnancy crisis centres opposed to abortion. The lack of information and the need for confidentiality is acute for women in rural and small communities.

Similarly, finding child care, negotiating time away from work, explaining the need to be away from home (often on short notice), and finding the funds to cover the cost of travel, accommodation and, in many cases, the cost of the abortion, is extremely stressful. For teenagers, women living in an abusive relationship or who are victims of incest, the risks are much greater. According to Dr. Henry Morgentaler, every week of delay increases the medical risks by 20 percent.

### **Improving Access**

In Canada, access to funded health services is guaranteed by the *Canada Health Act*. Though abortion is funded under provincial and territorial health plan, coverage falls short in New Brunswick and Ontario for surgical abortions, and in several other provinces for Mifegymiso. For women living in rural and remote areas to have safe and timely access to abortion, all provinces and territories must increase the number of clinics and hospitals that provide abortion, and commit to universal coverage of Mifegymiso. If you have been denied a referral for an abortion or have had pertinent medical information withheld from you, the National Abortion Federation has developed a patient's guide to action. See Reference 9 below.

## References:

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- <sup>1</sup> Kaposy C. (2010). Improving abortion access in Canada. *Health Care Anal* 18: 17–34. <https://www.ncbi.nlm.nih.gov/pubmed/18821017>
- <sup>2</sup> Shaw, Jessica (2006). Reality Check – a close look at accessing abortion services. [http://www.sexualhealthandrights.ca/wp-content/uploads/2015/09/reality-check\\_EN.pdf](http://www.sexualhealthandrights.ca/wp-content/uploads/2015/09/reality-check_EN.pdf)
- <sup>3</sup> National Abortion Federation (nd) *Abortion Coverage by Region*. <http://www.nafcanada.org/access-region.html>
- <sup>4</sup> Abortion Rights Coalition of Canada. *List of Abortion Clinics in Canada*. <http://www.arcc-cdac.ca/list-abortion-clinics-canada.pdf>
- <sup>5</sup> Norman WV, Soon, J.A., Maughn, N., Dressler, J. (2013). Barriers to Rural Induced Abortion Services in Canada: Findings of the British Columbia Abortion Providers Survey (BCAPS). *PLOS ONE* 8(6). <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0067023>
- <sup>6</sup> Dressler, J., Maughn, N., Soon, J.A., Norman, W.V. (2013). The Perspective of Rural Physicians Providing Abortion in Canada: Qualitative Findings of the BC Abortion Providers Survey (BCAPS). *PLOS ONE* 8(6). <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0067070>
- <sup>7</sup> Abortion Rights Coalition of Canada (2013) *The Struggle for Abortion Rights, Province by Province*. <http://www.morgentaler25years.ca/the-struggle-for-abortion-rights/access-by-province/>
- <sup>8</sup> Sethna, Christabelle and Marion Doull. (2007). Far From Home? A Pilot Study Tracking Women’s Journeys to a Canadian Abortion Clinic. *JOGC*. [http://www.jogc.com/article/S1701-2163\(16\)32560-9/pdf](http://www.jogc.com/article/S1701-2163(16)32560-9/pdf)
- <sup>9</sup> National Abortion Federation. (nd) *Has Your Physician Refused to Provide a Referral for Abortion Care? A Patient’s Guide to Action*. <https://5aa1b2xfmfh2e2mk03kk8rsx-wpengine.netdna-ssl.com/wp-content/uploads/patientguide.pdf>