



Abortion Rights  
Coalition of Canada

Coalition pour le droit à  
l'avortement au Canada

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## ***Position Paper #8***

### **Problems with Hospital Access to Abortion**

From 1969 until 1988, women could only access abortions in hospitals with the approval of three doctors on a Therapeutic Abortion Committee (TAC). This requirement effectively denied abortion services to millions of Canadian women, because TACs presented arbitrary and discriminatory obstacles to women seeking abortions. Most hospitals did not have TACs and so did not perform abortions. In other hospitals, TACs fell victim to anti-choice politics. Many TACs became staffed by doctors who approved few or no abortions, or the hospital administration or board would disband TACs.<sup>1</sup>

In 1988, the Supreme Court of Canada changed all that by declaring unconstitutional a law that restricted a woman's right to life, liberty, and security of person, as guaranteed under the *Canadian Charter of Rights and Freedoms*. Subsequently, abortion was designated by every province and territory as a medically required procedure to be covered by Medicare.<sup>2</sup>

Currently, about 75% of all abortions in Canada are performed at clinics. Many private clinics exist because of the lack of adequate hospital services provided to Canadian woman and transgender people.<sup>3</sup> In 2015, 23,561 abortions were performed in hospitals, while 76,543 occurred at clinics.<sup>4</sup> Only 16% of hospitals in Canada offer abortion services. One reason for this is that many hospitals receive donations or are sponsored by Catholic administrators, which refuse to provide abortion services despite the hospital being a public institution. Yet, there are over 100 Catholic healthcare institutions in Canada that serve the wider public, not just

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<sup>1</sup> *Criminal Code*, RSC 1970, c C-35, s 251. See also: <http://www.prochoiceactionnetwork-canada.org/abortioninfo/history.shtml>

<sup>2</sup> *R v Morgentaler*, [1988] 1 SCR 30. See also: <http://www.prochoiceactionnetwork-canada.org/abortioninfo/history.shtml>

<sup>3</sup> <http://www.arcc-cdac.ca/backgrounders/statistics-abortion-in-canada.pdf>

<sup>4</sup> [https://www.cihi.ca/en/ta\\_10\\_all/datatables/20120417\\_en.pdf](https://www.cihi.ca/en/ta_10_all/datatables/20120417_en.pdf)

Catholics.<sup>5</sup> Another reason is that after 1988, hospitals without working TACs (the majority) simply continued failing to provide any abortions, and most provincial governments made little or no effort to expand access.

### ***Some Barriers to Hospital Abortions:***

- **Gestational limits:** The gestational limit for obtaining a hospital abortion varies from 10 to 20 weeks, depending on location: Ontario: 24 weeks; Quebec: 23 weeks; Alberta: 20 weeks; BC: 20 weeks; Saskatchewan: 14 weeks; Manitoba: 16 weeks; Newfoundland & Labrador: 15 weeks; Nova Scotia: 15 weeks; New Brunswick: 16 weeks; PEI: 15 weeks (but must be performed out of province); Northwest Territories: 15 weeks; Nunavut and Yukon: 12 weeks (Yukon and NTW will pay for later term abortions out of province).<sup>6</sup> Even then, some hospitals may restrict the gestational period further.
- **Location of hospitals:** While Quebec, Ontario, and BC have quite a few hospitals that perform abortions, certain provinces only have one or two, requiring women to travel far for their appointments, which may be expensive or hard to accommodate.<sup>7 8</sup>
- **Referrals:** Many hospitals still require a referral from a woman's physician, while clinics do not, a requirement that can stretch out the process for the woman or transgender person and require they take more time off work; it would also be difficult to obtain a referral if the woman's doctor were anti-choice or if she had no family doctor.
- **Wait times:** Waiting times for an appointment at a hospital vary from 24 hours to 6 weeks, depending on location.<sup>9</sup>
- **Cost:** For women not covered by provincial health care, hospital charges range from \$450 to \$1,425 or more (depending on province).<sup>10</sup> This does not include missed work, medication (in some provinces), or transportation. Currently, abortions are covered in hospitals by provincial healthcare in all provinces.<sup>11</sup> Yet, in New Brunswick, Saskatchewan, Nova Scotia, and the three territories, abortions are not covered if they are

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<sup>5</sup> <http://www.theglobeandmail.com/news/national/canadas-catholic-hospitals-in-a-tough-spot-on-assisted-death/article29040629/> This article deals with Euthanasia, but as the Catholic church feels similarly about abortions, the comparison is fair regarding the question of funding and adhering to government standards of care.

<sup>6</sup> <http://o.canada.com/news/national/abortion-in-canada-breaking-down-the-law-policies-and-practices>

<sup>7</sup> <http://www.arcc-cdac.ca/postionpapers/07-Access-Rural-Remote-Areas.PDF>

<sup>8</sup> <http://globalnews.ca/news/1694095/abortion-access-varies-widely-across-canada/> This list includes clinics and hospitals.

<sup>9</sup> <http://womenscareclinic.ca/faq.html>

<sup>10</sup> <http://www.prochoiceactionnetwork-canada.org/articles/canada.shtml#access>

<sup>11</sup> <http://kensingtonclinic.com/faq/>

performed in private clinics (although only New Brunswick currently has a private clinic).

- **Other barriers:** Women seeking reliable information may encounter anti-choice, self-appointed gatekeepers, such as receptionists or hospital staff, who oppose abortion and take it upon themselves to deny services to patients. For example, women seeking information from some hospitals have been told that the hospital does not perform abortions, when in fact they do. In some cases, women are referred to Crisis Pregnancy Centres opposed to abortion. It takes courage, determination, and resourcefulness to find out where abortion services are available when faced with unfriendly or judgmental attitudes from hospital staff. Further, hospital staff who support a woman's right to abortion may be forced to violate their conscience and medical ethics to follow anti-choice hospital policies, such as pro-choice doctors working in a Catholic hospital.
- **Lack of information:** Many hospital websites, likely to avoid the nuisance of anti-choice protestors, also do not publicly post abortion under their offered services, making it difficult for women to know whether a hospital near them is an option for the procedure. Further, provinces may be reluctant to provide information on where abortions are performed in order to protect providers from anti-choice harassment and violence. For example, BC and Ontario have laws limiting the release of abortion-related statistics in order to conceal for safety reasons the names of facilities providing abortion. As a result, women and transgender people have to rely on privately-run hotlines or websites to find information.