



Abortion Rights
Coalition of Canada

Coalition pour le droit à
l'avortement au Canada

POB 2663, Station Main, Vancouver, BC, V6B 3W3 • info@arcc-cdac.ca • www.arcc-cdac.ca

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. TACs would be staffed by doctors who approved few or no abortions, or the hospital administration or board would disband TACs.

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 identified by every province as a medically required procedure to be covered by Medicare.

Hospital Access Today

In April, 2003, the Canadian Abortion Rights Action League (CARAL) published a study that showed a serious decline in access to hospital abortions (the survey excluded Catholic institutions). While the majority of all abortions in Canada are carried out in hospitals and paid for by Medicare, hospital services are disappearing in communities across the country. Today, only one in five hospitals perform abortions. (The complete report, *Protecting Abortion Rights in Canada*, is available at www.canadiansforchoice.ca/PDF/caralreport.pdf).

Some Barriers to Hospital Abortions

- The gestational limits for obtaining a hospital abortion vary from ten to twenty weeks. Currently only two hospitals perform the procedure up to 23 weeks.
- The wait for an appointment varies from 24 hours to six weeks.
- Many provinces list abortion on their "excluded list" for reciprocal billing under Medicare, which means that a woman's abortion obtained outside her home province may not be covered

- For women not covered by provincial health care, hospital charges range from \$250 to \$1,425.
- Age consent for a surgical procedure is another barrier in provinces like Saskatchewan where a young woman under 18 requires parental consent for an abortion.
- Women with no doctor or an anti-choice doctor face a serious problem where referral by a physician is required (in New Brunswick the procedure requires the approval of two physicians).

Other barriers to women seeking reliable information are anti-choice physicians, self appointed ‘gatekeepers’ such as receptionist or hospital staff who oppose abortion and take it upon themselves to interpret the *Canada Health Act*. This also impacts negatively on hospital staff who support a woman’s right to abortion but must live with anti-choice hospital policies. 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.

Improving Access

Women will continue to face barriers to abortion access until the number of hospitals performing abortions is increased and abortion is removed from their ‘excluded lists’ for reciprocal billing.