



Position Paper #8

Problems with Hospital Access to Abortion

From 1969 until 1988, abortion could only be accessed in hospitals with the approval of three doctors on a Therapeutic Abortion Committee (TAC). This requirement effectively denied abortion services to millions of Canadians, because TACs presented arbitrary and discriminatory obstacles to those 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.¹

In 1988, the Supreme Court of Canada changed all that by declaring unconstitutional a law that restricted women'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.²

Many private clinics exist because of the lack of adequate hospital services providing abortion. Indeed, about 75% of all abortions in Canada are performed at clinics – 67,268 occurred at clinics in 2021, while only 20,217 abortions were done in hospitals.³ Further, only about 16% of hospitals in Canada offer abortion services – which are mostly limited to aspiration or surgical abortion. Clinics provide the vast majority of medication abortions using the pill combination Mifegymiso.

One reason that few hospitals provide abortions is because some are run by Catholic administrations, which refuse to provide abortion care despite the hospital being a public

¹ *Criminal Code*, 1970, section 251 (now repealed) <https://www.westlawcanada.com/blog/insider/digest-of-the-week-a-look-back-at-morgentaler-38/>. See also: <https://www.arcc-cdac.ca/media/position-papers/60-History-Abortion-Canada.pdf>

² *R v Morgentaler* (1988) 1 SCR 30. See also: <https://www.arcc-cdac.ca/media/position-papers/60-History-Abortion-Canada.pdf>

³ <https://www.arcc-cdac.ca/media/2020/07/statistics-abortion-in-canada.pdf>

institution. Yet, there are over 129 Catholic healthcare institutions in Canada that serve the wider public,⁴ not just Catholics – many of whom do not align with Church views on abortion. 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. However, it depends on location, the policy of the provincial College of Physicians & Surgeons (or Territorial policies), provider skills and availability, and hospital policies and capacity. The limits are:⁵ Newfoundland & Labrador: 15 weeks; Nova Scotia: 16 weeks; New Brunswick: 16 weeks; PEI: 13 weeks; Quebec: 23 weeks; Ontario: 24 weeks; Manitoba: 20 weeks; Saskatchewan: 20 weeks; Alberta: 24 weeks; BC: 24 weeks; Yukon: 15 weeks; Northwest Territories: 20 weeks; Nunavut: 13 weeks.^{6,7} (Three centres, one each in BC, Ontario, and Quebec do provide rare later abortions after 24 weeks, usually for fatal fetal abnormality.)
- **Location of hospitals:** While Quebec, Ontario, and BC have quite a few hospitals that provide abortions, certain provinces only have one or several – usually in the larger cities. This requires patients to travel far for their appointments, which may be expensive or hard to accommodate.^{8,9}
- **Referrals:** Many hospitals still require a referral from the patient’s physician, while clinics do not. This requirement can stretch out the process for the patient, requiring them to take more time off work. It would also be difficult to obtain a referral if the patient’s doctor was anti-choice or if they had no family doctor.
- **Wait times:** Waiting times for an appointment at a hospital can vary considerably, depending on location and time of year. While people can usually access a clinic within one to two weeks, hospitals may have waits up to 5 or 6 weeks, especially for later abortions.¹⁰

⁴ <https://www.ctvnews.ca/health/abortion-accessibility-in-canada-the-catholic-hospital-conflict-1.5911306>

⁵ It is not always clear whether these limits are measured by gestational age (GA), i.e., the current age of the embryo/fetus, or by the start of last menstrual period (LMP). The GA may be up to 2 weeks less than LMP.

⁶ <https://www.arcc-cdac.ca/media/2020/08/list-abortion-clinics-canada.pdf>

⁷ <https://nafcanada.org/abortion-coverage-region/>

⁸ <https://www.arcc-cdac.ca/media/position-papers/07-Access-Rural-Remote-Areas.pdf>

⁹ <https://policyoptions.irpp.org/magazines/august-2022/abortion-access-canada/>

¹⁰ <https://policyoptions.irpp.org/magazines/august-2022/abortion-access-canada/>

- **Cost:** Currently, abortions are covered in hospitals by provincial healthcare in all provinces and territories.¹¹ Yet, in New Brunswick, Saskatchewan, Nova Scotia, and the three territories, abortions are not covered if they are performed in private clinics (although only New Brunswick currently has a private clinic). For those not covered by provincial health care, hospital charges can be quite high, depending on the province and the gestational age – ranging from at least \$1000 to several thousand. This does not include missed work or travel costs.
- **Other barriers:** People 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, some people seeking information from particular hospitals have been told that the hospital does not perform abortions, when in fact they do. In some cases, abortion seekers 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 the 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 to know whether a nearby hospital is an option for the procedure. Further, provinces may be reluctant to provide information on where abortions are available 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 for safety reasons – to conceal the names of facilities providing abortion. As a result, people have to rely on privately-run hotlines or websites to find information.

¹¹ <https://www.arcc-cdac.ca/media/position-papers/03-Clinic-Funding-Overview.pdf>