A Special Report to Celebrate the 15th Anniversary of the Decriminalization of Abortion

Protecting Abortion Rights in Canada

☑ LEGAL ☑ SAFE ☐ *ACCESSIBLE*

CARAL
CANADIAN ABORTION RIGHTS ACTION LEAGUE

Ottawa, 2003

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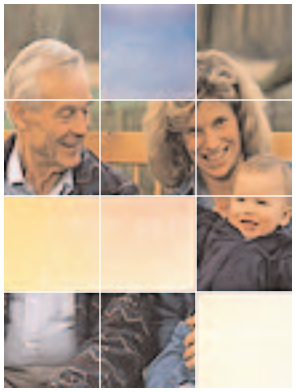
Credits

- Published by the Canadian Abortion Rights Action League (CARAL)- April 2003
- Writing and analysis by Timothy Wilson.
- Design and Layout by DESIGN**it**.CA

Introduction



In January 1988 the Supreme Court of Canada made an historic decision that, at the time, made our country the envy of the world, because it clearly articulated the essence of what many had been arguing for years: any law that restricted a woman's right to life, liberty, and security of person - as guaranteed under the *Canadian Charter of Rights and Freedoms* - was unconstitutional. This was the "Morgentaler Decision".

The Morgentaler Decision struck down Bill C-150, (passed in 1969), which had "legalized" abortion, but only upon the approval of a Therapeutic Abortion Committee (TAC). For nearly 20 years, this requirement had had the effect of denying abortion access to millions of Canadian women.

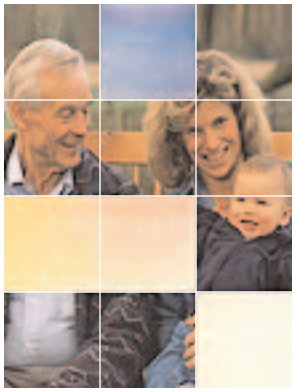
Three years after the historic Morgentaler Decision of 1988, the Conservative government of Brian Mulroney attempted to pass a regressive bill designed to, yet again, restrict access to abortion. The bill stated that unless a medical practitioner deemed that the health or life of a woman was threatened by her continued pregnancy, abortion was to be an *indictable offence,* thus potentially criminalizing thousands of women and their doctors. In their wisdom, Canada's Senate defeated this bill. Abortion had now been acknowledged by Canada's Supreme Court and government for what it was, is, and always has been: a medical procedure. As such, abortion was to be covered under the *Canada Health Act* (CHA, 1984), and all women, regardless of age, economic status, or place of residence, were to have access to the procedure based on the Canada Health Act's five principles of accessibility, comprehensiveness, public administration, portability, and universality.

Finally it seemed the air had been cleared, and that women could exercise their constitutional right, free from the moral manipulations and legal and political stonewalling that had coloured the debate for so long.

Sadly, in 2003, fifteen years later, this is still not the case.

How do we know? We sent out written questionnaires to hospitals, asking them about the abortion services they provide. We also sent a survey to Planned Parenthood affiliates across the country. But how do we *really* know? We put ourselves in the place of the thousands of women every year who call their local hospital seeking an abortion. A CARAL researcher, representing a young woman with a not uncommon profile (20 years old, 10 weeks pregnant, recently moved to the area, no current family doctor, a Canadian citizen with healthcare) called local hospitals across the country and tried to schedule an appointment for an abortion.

Introduction



Why this three-pronged approach? Because it is notoriously difficult to get information about abortion services in Canada, especially now, at the beginning of the 21st century, because of the climate of fear that has poisoned the country since the violent protests, clinic bombings and shooting of doctors in Canada and the U.S. Previous studies on the availability of abortion services in hospitals have concentrated on the eligibility of those hospitals to provide the procedure. To date, no empirical data has been collected on the availability of abortion in response to a request from a woman calling her local hospital. There was, therefore, an urgent need to gather reliable data on the actual situation facing Canadian women as they sought these services.

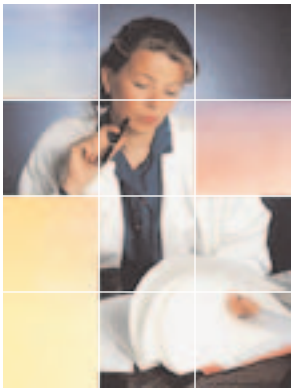
It is particularly difficult to assess demand - our Planned Parenthood survey sheds light on this - and to quantify what a woman's experience is when requesting an abortion, something elucidated most clearly in our caller's experiences.

Past studies, such as those conducted in 1973 by Doctors for the Repeal of the Abortion Law (DRAL), and in 1986 by Loyola University's Raymond Tatalovich, provided data on the number of abortions as correlated to the number of hospitals with the capacity to perform the service. These studies did not, however, show how capacity correlated with demand. With the removal of abortion from the criminal code in 1988, the TACs were dissolved, and one would assume that, with abortion now a decision made between a woman and her doctor, abortion access would increase. That didn't happen. Many hospitals stopped doing abortions altogether. In fact, in a 1990 study, Tatalovich determined that the number of Canadian hospitals performing abortions had actually *declined.*

Over the years, CARAL's concern about declining access to abortion services has increased, based in large part on the many stories we hear from Canadian women. It is empirically obvious to us that women in all parts of Canada are finding it increasingly difficult to obtain an abortion at a hospital in or near their community. Long waiting lists, the lack of a provider, and hospital policy are some of the reasons most commonly stated. In some cases, there is a discrepancy between what hospitals say they provide and what they actually do provide. There are often "gatekeepers" to the information women need in order to access abortion services. Only the most forceful of women are able to overcome such institutional roadblocks. This is what we have been hearing with increasing regularity over the past few years. In short, the purpose of this three-pronged study is to quantify what CARAL and thousands of Canadian women already know.

There is a dearth of reliable information on the availability of hospital abortion services in Canada. So, with what we have been hearing, it is now more crucial than ever to reveal the true face of abortion provisioning in this country.

Methodology



The scope of this study is limited to hospital services and referral procedures. Other barriers to abortion services (e.g. reciprocal billing issues, training, violence, etc.) will be the basis of further investigations. The methodology used in this study was designed to provide:

- a comprehensive accounting of the number of general hospitals in each province and territory that actually provide abortion services, and
- an indication of the extent and types of difficulties women face in obtaining both information on abortion services and access to an abortion provider.

Sampling of Hospitals

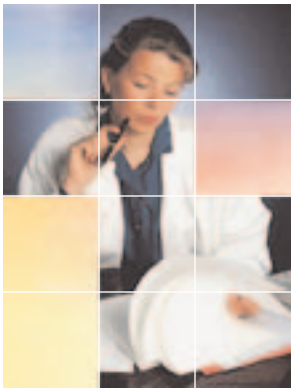
CARAL obtained hospital names and contact information from The Canadian Almanac and Directory (2000). The hospitals contacted were those listed in the Almanac under General Hospitals, Private Hospitals and Federal Hospitals. Catholic hospitals were contacted in Ontario and Quebec; however, Catholic hospitals were not contacted in the other provinces or in the territories. We considered it unnecessary to call all of these hospitals because Catholic hospitals generally have a policy of not providing abortion services. Nevertheless, Catholic hospitals in all provinces and territories were included in our statistics when we counted the total number of hospitals in Canada. For the data analysis, we excluded long-term care facilities and military hospitals because they would not provide us with any information. As well, accessibility is defined by CARAL as "when a hospital provides abortion services".

CARAL encountered some difficulty in data collection - this is made evident as the findings are revealed. However, with regard to the written questionnaire, confidentiality was definitely a concern. Across the country we were told by hospitals that they did not want to provide us with information about their policy on abortion services for fear of their safety. In one instance, when we called a hospital asking for the return of our written questionnaire, the CEO told us he could not answer our survey "for security reasons".

Written Questionnaire

The written questionnaires were sent to the hospitals in Ontario and Quebec in the fall of 2000, and to the hospitals in the remaining provinces and territories in the summer of 2001. A reminder letter asking the hospitals to return the completed questionnaires was sent to the hospitals in Ontario and Quebec during the summer of 2001, and to the remaining provinces and territories during the fall of 2001.

Methodology



CARAL Hospital Access Project - Telephone Questionnaire

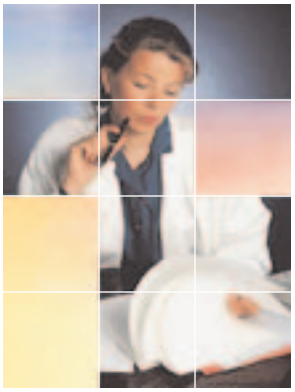
Hospitals in Ontario and Quebec were called during the summer of 2000, while hospitals in the remaining eight provinces and the three territories were called during the summer of 2001. The caller was a young woman claiming to be 10 weeks pregnant and considering an abortion. She called each hospital's main telephone number, told the switchboard attendant that she was pregnant and considering an abortion, and asked whether the hospital provided abortion services. She was able to divulge the following information over the phone: 10 weeks pregnant; recently moved to the area; no current family doctor; 20 years old; with healthcare; name when asked: "Sarah Jones"; and living in town with no family. Sometimes the switchboard attendant answered her question and other times she/he transferred her to another hospital employee (usually a nurse in the emergency room). If the hospital did provide abortion services, our caller asked what procedure she would have to follow to obtain an abortion, and recorded this information. If the hospital did not provide abortion services, our caller waited to see if the person she was speaking to referred her to somewhere where she could obtain an abortion, or where she could get more information about obtaining an abortion. If the person did not offer a referral right away, our caller asked for one. She recorded the referral information as well as the name and position of the person to whom she spoke. She also recorded any additional comments, such as how she was treated by the person(s) to whom she spoke, and whether they referred her to an anti-choice organization.

Planned Parenthood Survey

Local Planned Parenthood affiliates of the Planned Parenthood Federation of Canada (PPFC) are an important resource for women seeking information on abortion services at hospitals and clinics. As a result, a written survey was sent to 24 Planned Parenthood affiliates across Canada during the early fall of 2001. A reminder letter was sent later in the fall of 2001 asking the Planned Parenthood affiliates to return the surveys.

The survey was designed to ascertain: the demand for information on abortion services, whether they served an urban or rural area, how many doctors performed abortions in their area, and the referral process followed by the agency.

Methodology



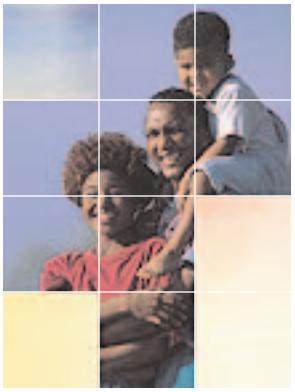
Data Analysis

A content analysis was completed on the information given during the telephone calls.

The quantitative data compiled included: the number of hospitals that provide abortion services, the number of hospitals that provided a referral without being asked, the usefulness of the referral (i.e. how useful it would be in finding a place to obtain abortion care), the attitudes of the people to whom the caller spoke, the overall number of calls which had to be made to get the information, and the number of people the caller had to speak with to obtain the information.

The qualitative information consisted of anecdotal information that describes what women encounter when seeking abortion care, including the process a woman would have to go through to obtain an abortion.

National Findings



Hospital Questionnaire

Written surveys were sent to 692 hospitals across Canada and CARAL received 295 responses, but not all hospitals completed the entire questionnaire. There were 288 hospitals which responded to the question regarding their provision of abortion services. Of these, 65 stated that they did and, 223, or over 75% claimed that they did not provide elective abortions.

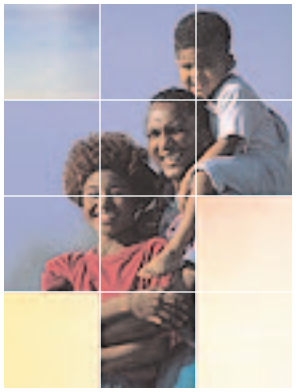
Of the 223 hospitals reporting that they did not provide abortions, only 188 responded to the question regarding referrals to another facility, 131 said that they did refer to hospitals that provide abortion services, with 32 claiming that they left it up to family physicians to refer women, and 25 saying that they do not provide referrals at all. Of the 60 hospitals responding to the question regarding the need for a doctor's referral to their facility, 28 said it was required and 32 allowed women to make their own appointment.

A total of 76 hospitals responded to the question pertaining to an abortion policy, with 37 stating they did have such a policy and 39 claiming that they did not. Of the 37 with written policies, 25 were hospitals which provided abortion services, eight had policies prohibiting abortions but gave no reasons why, and four turned out to be Catholic run institutions. These results signify that of the 65 hospitals which indicated that they did provide abortions, only 25 or 38.5% had written policies to that effect. Also, although there was consistent emphasis on gestational limits and the use of qualified personnel, two policies placed conditions on the abortion, stating that it was only to be used after other alternatives were considered, or only as a "last resort".

The questionnaire also inquired as to the gestational limits for performing the procedure, and found that there was a great range: two hospitals performed abortions up to 10 weeks, 24 up to 12 weeks, nine up to 14 weeks, four up to 15 weeks, another four up to 16 weeks, nine up to 20 weeks, and only two hospitals performed the procedure up to 23 weeks, with an additional five hospitals saying that it was up to the doctor to decide.

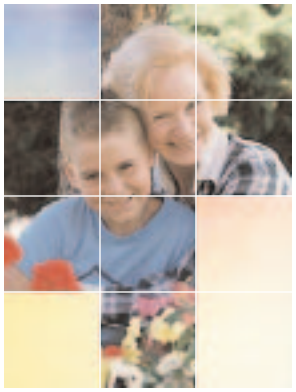
With respect to the speed of the provisioning, of 59 respondents, only 19 hospitals could perform an abortion within 24 hours of intake. Among the remaining 40 hospitals the waiting time for an abortion was as follows- two could perform the procedure in 48 hours, 22 in one to two weeks, eight required a two week wait, six required a three week wait and two hospitals made women wait an incredible four weeks for an abortion. Recent data has indicated that in some instances waiting periods for an abortion can now be as long as six weeks.

National Findings



A total of 62 hospitals responded to the question pertaining to counseling services with 45 responding to providing counseling and 17 claiming to have no counseling services at all. When asked if patients from outside of the community/province could obtain abortion services free of charge, out of 58 respondents, 47 said yes and 11 said no. The data obtained from answers to this question is not entirely reliable as we do not know if the respondent was referring to women from other communities or other provinces. As many provinces list abortion on "excluded lists" for reciprocal billing under Medicare, it is probable that the number refusing service may be higher if they were considering out of province clients. A more disturbing statistic was the amount charged by hospitals when women were not covered by provincial health care, charges which ranged from $250 to $1425.

Planned Parenthood Questionnaire



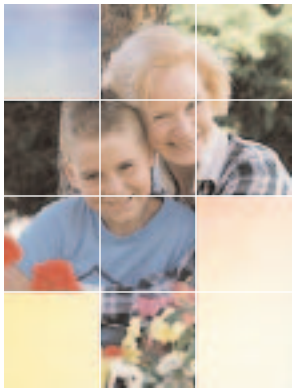
Measuring Demand

At total of 24 Planned Parenthoods were contacted with questions pertaining to requests for an abortion referral. Of these, 16 returned completed questionnaires - four were provincial offices and 12 were regional offices. Data obtained from these questionnaires is significant as it attempts, for the first time, to assess the demand for abortion services from women seeking information on pregnancy options. Amongst the 16 Planned Parenthood respondents, five are exclusively urban, two are exclusively rural, and nine service both. Importantly, 12 of the 16 recorded the number of calls they received regarding abortion services. There was a significant range in number of calls concerning abortion services, with the two rural offices claiming one or two calls per month, and one of the urban offices fielding 75 calls a month, with an overall average of 28.5 calls. Of total calls, abortion service related calls averaged 34.3 per cent of all calls; however, there was a significant range: for the two rural offices, only one or two per cent of calls concerned abortion services; whereas, some urban offices had 90 per cent of calls related to abortion services. With respect to the availability of an abortion provider, provincial Planned Parenthood offices averaged 6.1 doctors who perform abortions in their area, whereas regional Planned Parenthood offices stated an average of three doctors who perform abortions in their region.

Barriers to Access

The questionnaire also asked: what are some of the barriers that women in your area face around obtaining abortions? By far the biggest barrier seems to be travel, with 10 Planned Parenthood affiliates listing this as a problem. Having to travel outside one's community for an abortion is an obstacle thousands of Canadian women face, as abortion is not available in smaller communities, some provinces have limited access - or, in the case of Prince Edward Island and Nunavut, no access at all - and having to travel to obtain abortion services is time consuming, expensive, and conflicts with work and child care. Women in rural areas are particularly hard hit, not only because of the difficulty of travel, but also because they do not have follow-up services available in their locality. At times services in another province are closer, but there is often no certainty that the procedure will be covered under Medicare by their provincial government.

Planned Parenthood Questionnaire



Perhaps more disturbingly, nine Planned Parenthoods mentioned anti-choice doctors as barriers to abortion services. In some instances, women said they were unable to find pro-choice physicians in their area. When they encountered an anti-choice doctor, they were often given misinformation. Anti-choice doctors were noted for lying about abortion services, claiming that there was not enough time to do the abortion, or that a hospital might not provide services after eight weeks. Perhaps worst of all, anti-choice physicians were identified as refusing to refer women to an abortion provider, and sometimes delaying appointments for tests until the pregnancy was too advanced to be eligible for the procedure. Thus, the termination of a pregnancy - a procedure that is time-sensitive, that is acknowledged as a constitutional right, a procedure covered by the Canada Health Act - is frequently made difficult, if not impossible, by the very profession whose job it is to protect human health.

Another barrier mentioned by five respondents was the lack of information and the need for confidentiality. There was emphasis on the lack of knowledge on the following: access to services, health care coverage, and legal rights. The need for confidentiality, which is acute in small towns and cities, was mentioned as a barrier by four Planned Parenthood respondents. As well, three Planned Parenthoods mentioned long waiting periods as a barrier. Some hospitals, which at certain times of the year have waiting periods of two to three weeks for an abortion, can push women past the gestational limit and force them to complete the pregnancy or go further afield for a termination. Three Planned Parenthood respondents also mentioned hospital gestational limits as a barrier: access to late term abortions is an issue for some clients, and local hospital gestational limits force many women to leave town, adding time and expense. Finally, two Planned Parenthood respondents mentioned that bogus Pregnancy “Counseling” Centres can threaten access, with women mistakenly going to anti-choice pregnancy crisis centres for tests, and then being harassed and/or given false medical information on abortion.

Planned Parenthood Questionnaire

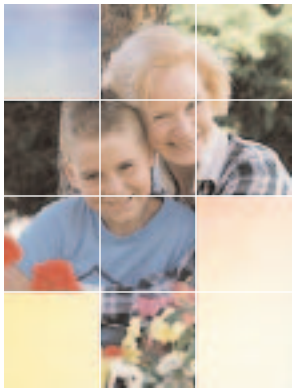
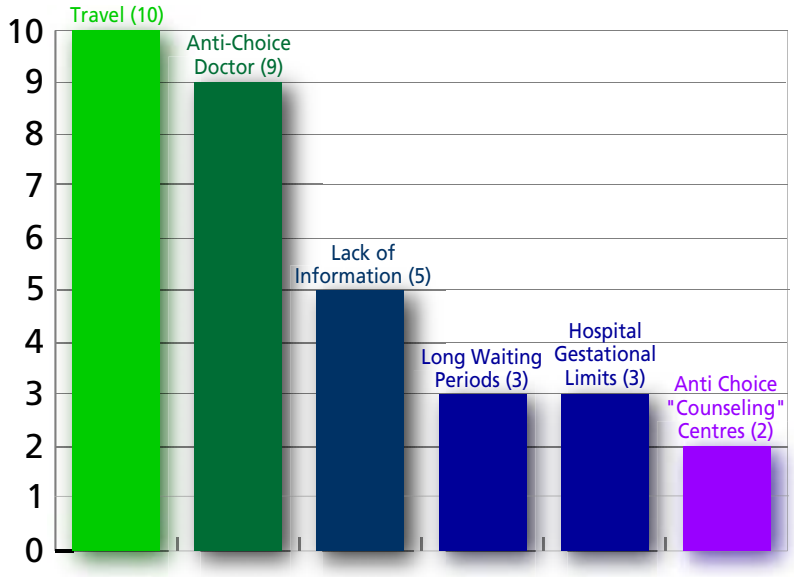


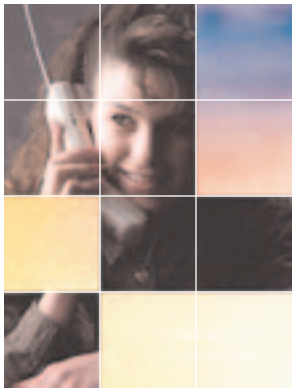
Figure 1, below, provides a graphic representation of frequency of various Planned Parenthood responses to the question: what are some of the barriers that women in your area face around obtaining abortions?

Figure 1: Barriers to Access: Planned Parenthood Survey
(n= 16 Planned Parenthood affiliates)



Respondents to the Planned Parenthood survey also mentioned that women face more general barriers. Examples include family or partner coercion, long waiting periods to get ultrasound referrals, the use of general anesthetic in hospitals rather than the less invasive Manual Vacuum Aspiration (MVA) procedure used in private clinics. At times women feel intimidated by the institutional nature of the hospital because of unfriendly or judgmental attitudes on the part of staff. Age of consent for a surgical procedure is another barrier in provinces like Saskatchewan where a young woman under 18 would require parental consent for an abortion. Also, many local hospitals offer limited abortion services of one day per week. The Planned Parenthood survey further revealed a case of one doctor charging a $25 booking fee (at times covered by the local Planned Parenthood); and in other jurisdictions, particularly New Brunswick, the overall lack of family doctors poses a serious problem regarding obtaining a referral.

Availability of Hospital Abortion Services



Lack of Information

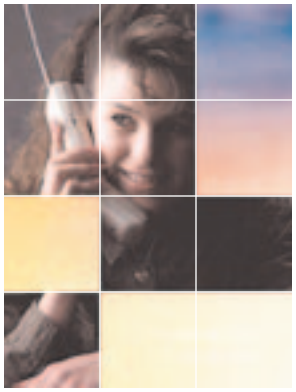
The difficulties in data collection on hospital services which was encountered by our caller speak directly to the barriers that Canadian women seeking access to abortion face on a daily basis. As stated at the beginning of this report, our caller's profile was fairly typical: 10 weeks pregnant, recently moved to the area, with no family or present doctor, 20 years old, with health care. She found it very difficult to obtain concrete answers from hospitals about their abortion services. In fact, most hospitals were vague, or refused to answer when asked if they provided abortion services, or where our caller might obtain such services. Of the 612 non-Catholic hospitals called, only 164, or 26.8 per cent, gave our caller the direct name and phone number of an abortion provider in town or nearby. Of those hospitals called in British Columbia, 95 per cent told our caller that she first needed to see her doctor in order to locate abortion services in her area. Overall, several hospitals (17 per cent) simply asked the caller to contact her family doctor or a walk-in clinic to determine where she could obtain abortion services. This is problematic insofar as some doctors are anti-choice and - as evidence has shown elsewhere in this report - enter into a patient relationship in bad faith, by judging the woman or even lying to her in order to deny her access to abortion.

Poorly Informed Staff

Being poorly informed was also a problem. Our caller found that 44 switchboard operators not only were uninformed, but also were unwilling to find out any information. However, on a slightly more positive note, 53 of the switchboard operators did look up information, or asked others for information that might help our caller. Incredibly, in some cases administrative staff and even CEOs of hospitals didn't know if services were provided, and, routinely, administrative staff were unaware of their hospital's policy on abortion care.

Further discrepancies in information reveal the general level of institutional ignorance. In six cases our caller was told by hospital staff that the hospital did provide abortion services, but written surveys completed by the hospital administration claimed that the hospital did not have services. Twice our caller was told by staff at Catholic-run hospitals that the hospital has abortion services, even though such hospitals do not provide elective abortions. Perhaps the Catholic hospitals have services for cases of foetal anomalies or space set aside if they have to merge with a general hospital.

Planned Parenthood Questionnaire



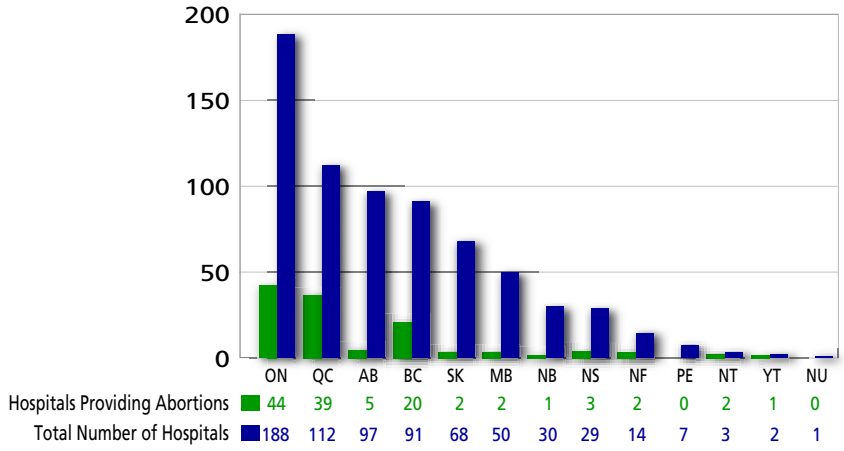
Anti-Choice Bias

A bigger concern than lack of information is when women are subjected to the insidious behaviour of individuals with anti-choice beliefs who work in hospitals and actively attempt to deny women their legal right to an abortion. Overall, 15 hospitals across Canada referred our caller to an anti-choice agency, and 16 hung up on our caller without providing her with an adequate referral. For years, Canadian women have had to tolerate switchboard operators self-elected as interpreters of the Canada Health Act or, for that matter, the Charter of Rights and Freedoms. This is a serious problem in need of redress as hospital policy must clearly state zero tolerance for employees who deliberately restrict access to a medical service.

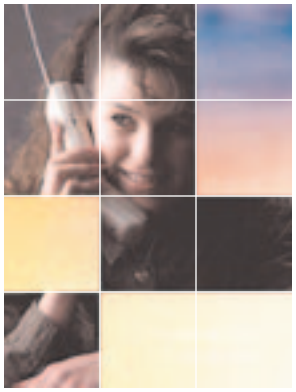
Decline in Services

Nationally, an average of only 17.8 per cent of hospitals provide abortion services. Women in Prince Edward Island and Nunavut have no access to abortion, while women in Newfoundland, New Brunswick, Manitoba, and Saskatchewan have extremely limited services: only two hospitals in each of these provinces could confirm access. Since the completion of this survey the Moncton Hospital in New Brunswick has ceased providing abortions, thereby forcing women to seek care from the very restricted services of one remaining hospital in the province doing abortions, or, alternatively, women must pay for the abortion themselves at the Fredericton clinic. In Nova Scotia, the CARAL caller could confirm only three hospitals providing abortion services. These statistics provide the quantitative data behind the stories related by Planned Parenthood affiliates and documented by the caller from CARAL. Figure 2, below along with the centrefold map of Canada, provides documented evidence of the critical lack of hospital abortion services across Canada:

Figure 2: Hospital Access to Abortion Service: Province by Province
(n= 692 total number of hospitals)



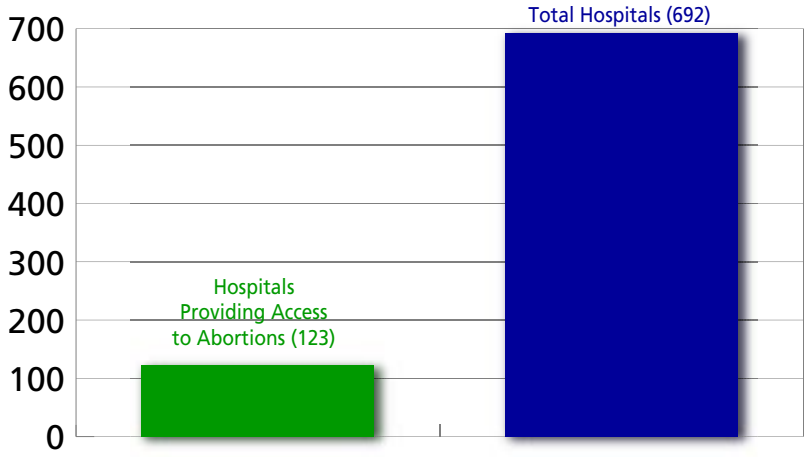
Planned Parenthood Questionnaire



The data shown above reveals how hospital abortion services have declined to a critical level across the country. Unfortunately, the degree of this decline can not be measured as previous studies on the availability of hospital abortions are not reliable. The reason for this is explained in Appendix 'A' which traces the history of hospital abortions in Canada and describes how, in the past, it was impossible to determine how many hospitals with provisioning capabilities actually offered abortion services."

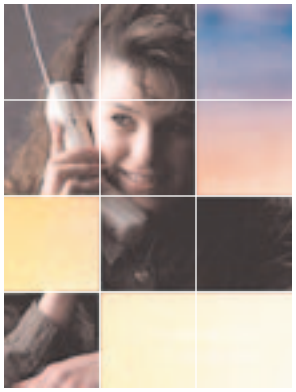
Figure 3, below, provides a graphic representation of the national situation: 692 hospitals with only 123, or 17.8 per cent, providing access:

Figure 3: Only 17.8% of Canadian Hospitals Provide Abortions



As this data indicates, hospitals providing abortion services have been reduced to less than one in five. This situation exists despite the fact that in the vast majority of cases abortion is a simple procedure and, as clinics have shown, can be conducted in the afternoon after a morning consultation. Furthermore, any surgical ward can be equipped to conduct the procedure in a hospital. It is obvious that hospitals have stopped providing abortions or have never provided them for reasons other than a lack of their institutional capacity to provide this medical service.

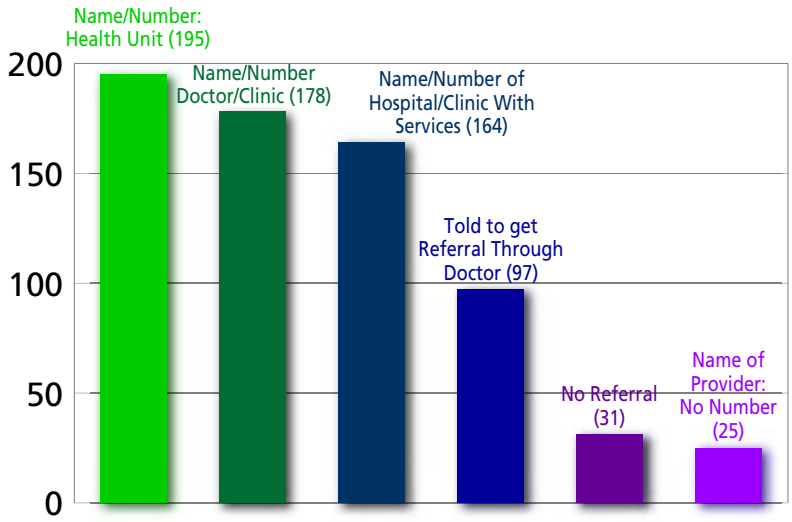
Planned Parenthood Questionnaire



Referral Procedures

The CARAL caller also logged the quality of information regarding a referral, as well as the number of steps involved in obtaining a referral for an abortion. As can be seen in Figure 4 below, there is no consistency with regard to the usefulness of the information given to women seeking timely accessibility to this medical procedure.

Figure 4: Information Given Regarding Referrals



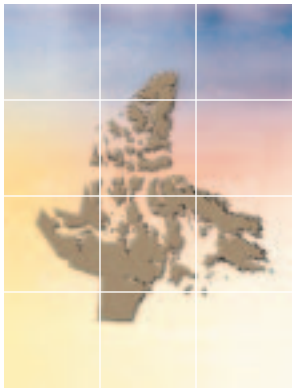
Our caller was provided with a total of 690 sources for referral. The largest number of referrals was through regional or local health units. In 97, or 14 per cent of cases, the caller was told to get a referral through a local doctor. This can be problematic as many communities have anti-choice physicians who often try to prevent women from obtaining an abortion through deceit, in the form of delays under the cover of medical concerns, or an outright refusal to refer. In one extreme case in New Brunswick, a doctor threatened not to provide future medical services to a woman or her family should the patient seek an abortion elsewhere. Furthermore, in 56 instances, the person answering the phone at the hospital either could not or would not provide referrals, or could only provide the name of a provider with no other information.

Provincial Data

Hospital Access
Project and Planned Parenthood Survey

This section provides a geographic breakdown primarily based on two sources: qualitative data from the Planned Parenthood survey and data from the CARAL Hospital Access Project. Not all provinces and territories have Planned Parenthood affiliates. However, of the 16 Planned Parenthood respondents, 12 did provide abortion counseling and referrals. Survey respondents were also asked to share stories of women in their area who had encountered problems accessing abortion services. As well, this section presents data drawn from the Hospital Access Project which made telephone calls in every province and territory. The data begins with Nunavut, the Northwest Territories, and the Yukon, and is then presented from east to west in southern Canada, beginning with Newfoundland and ending with British Columbia. Highlights are given at the end of each provincial and territorial section. In the case of provinces with large number of hospitals, such as Quebec and Ontario, the findings are also presented in graphic format.

Nunavut



Hospital Access Project

At the time of this study, the one hospital in Nunavut claimed to have access to abortion. From the hospital, our caller was referred to a doctor who performs abortions but was not given any information about the abortion procedure. A total number of three calls were required to obtain information on how to obtain an abortion in Nunavut. Our caller learned that it was possible to make an appointment with the doctor who would perform an abortion. As of the autumn of 2002, however, the situation changed: the abortion provider left, and services are presently not provided in Nunavut. People are now being flown to **Ottawa** and **Montreal**, often after a two to three day trip to **Iqaluit**. Nunavut has a high teen pregnancy rate, which means that many young women need accompaniment to receive medical care. The added cost and stress is difficult, and paints a stark picture of what can happen when a sole provider leaves a remote area, as is happening in many parts of Canada.

The data listed below gives an indication of the quality of the information given in Nunavut:

	Individual Responses: Most to Least Frequent
Name and number of provider without details	1

Highlights of Nunavut Findings

- Nunavut is in crisis: the provider has left, and abortions are no longer being performed. Patients, many of them young women, are being flown to **Ottawa** and **Montreal** at government expense and away from the support of their community and family. This is a stressful and expensive exercise to access a straightforward medical procedure.

Northwest Territories

Hospital Access Project

Out of three hospitals, our caller could determine that one had access and required a doctor's referral. Another was unable to provide information, and, though the caller was given a doctor's name, the physician proved impossible to contact. In total, our caller made 10 calls and spoke to six people. However, CARAL has determined through the written survey that, in fact, two hospitals in the NWT do offer abortion services.

The data listed below gives an indication of the quality of the information given in Northwest Territories:

	Individual Responses: Most to Least Frequent
Call your doctor or a walk-in clinic, no name or number given	2
Place to get referral: Sexual/Public Health Unit, name and number	1
No referral given to caller	1

Highlights of Northwest Territory Findings

- Although two hospitals in the NWT provide abortion services, only one gave clear information by phone.

Yukon Territory

Hospital Access Project

Out of two hospitals, one provides abortion services. Both hospitals were friendly and helpful. There were a total of five calls, and seven people were spoken to. Our caller was told that an abortion procedure would cost at least $490 if she did not have health coverage. In the hospital that provided services, the CARAL caller was expected to see her doctor first. She was given the name and number of a provider, without details.

The data listed below gives an indication of the quality of the information given in Yukon Territory:

	Individual Responses: Most to Least Frequent
Name and number of provider without details	1
Place to get referral: Doctor or walk-in clinic, name and number	1

Highlights of Yukon Findings

- One hospital in the Yukon provides services, and will not cover abortion costs for women from out-of-territory. The caller was also expected to see her doctor, a potential barrier should her physician be anti-choice.

Newfoundland

Hospital Access Project

In her attempt to gain access to an abortion in Newfoundland, our caller was given referrals to the Community Health Nurse, the Morgentaler Clinic in **St. John's,** a hospital in **St. John's,** and Planned Parenthood. Though the phone responses were pleasant enough, only two hospitals were found to provide abortion services, and the majority of the hospitals were neither helpful nor informative. Fourteen hospitals were contacted for a total of 17 calls to 29 people. A doctor's referral was required for a hospital appointment; the Morgentaler Clinic, however, allowed self-referral.

The data listed below gives an indication of the quality of the information given in Newfoundland:

	Individual Responses: Most to Least Frequent
Call your doctor or a walk-in clinic, no name or number given	4
Place to get referral: Sexual/Public Health Unit, name and number	4
Name and number of provider with details	1
Name of hospital that provides, but no phone number	1
Place to get referral: Doctor or walk-in clinic, name and number	1

Planned Parenthood Survey

Planned Parenthood in Newfoundland has received calls from young women on Newfoundland's west coast and in **Labrador** who wanted confidential abortion services. These women are forced to travel across the province to access this service, requiring substantial amounts of time and money. This is difficult to arrange without telling many in their community.

Highlights of Newfoundland Findings

- Only two hospitals in Newfoundland provide abortion services.
- CARAL caller found that people were pleasant but, by and large, hospitals were neither helpful nor informative.
- Planned Parenthood reports many cases of women having to travel across province to access abortion, resulting in additional cost, as well as the stress of retaining confidentiality.

Prince Edward Island

Hospital Access Project

There is no abortion access in PEI but, perhaps surprisingly, the CARAL caller found that almost all of the seven hospitals were pleasant and helpful. A total of 15 calls were made, with 21 people spoken to. At two hospitals the doctor on call was willing to give detailed information on where, when, and how to have the procedure done. Referrals included: Medical Society (**Charlottetown**), Morgentaler Clinic (out of province), CARAL, Birthright (anti-choice "counseling"), Public Health (good, but less helpful than in other provinces), and health information lines.

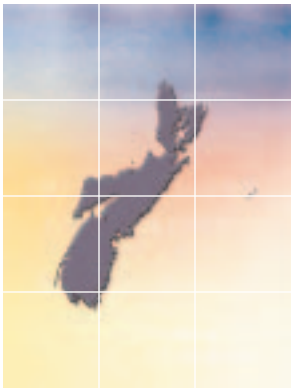
Though pleasant, the people to whom our caller spoke usually had to be pushed to provide information. The quality of the information can be summed up as follows:

	Individual Responses: Most to Least Frequent
Place to get referral: Doctor or walk-in clinic, name and number	3
Place to get referral: Sexual/Public Health Unit, name and number	2
Name and number of provider without details	1
Name and number of a crisis line to get a referral	1

Highlights of PEI Findings

- There are no elective abortions provided in PEI.
- The CARAL caller, when contacting a hospital specifically to request information on abortion services, was once referred to Birthright, an anti-choice organization that does not offer full pregnancy options counselling, thus potentially blocking access.

Nova Scotia



Hospital Access Project

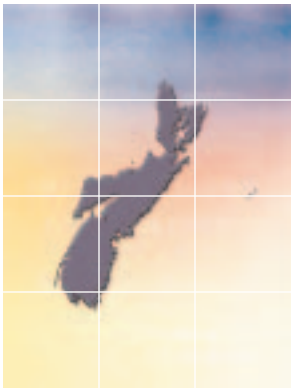
Many people contacted claimed that their hospital did not perform abortion services, and that the caller should try calling hospitals in **Halifax** or **Glasgow**. The general experience was mixed: some people were pleasant, others indifferent. Hospitals with access were helpful, and suggested a doctor's referral. General references were given to Planned Parenthood (from a military hospital), Public Health, the Morgentaler Clinic (private, costs not covered), and a hospital in **Halifax**, which required a doctor's referral.

Overall, 29 hospitals were contacted, with 38 calls in total and 53 people spoken to. Of the three hospitals that provide abortion services, all three told our caller that she needed a doctor's referral, with one suggesting that this would involve an ultrasound. Although this may seem like a reasonable request, it can leave a woman with few options. In many areas, there is a shortage of medical practitioners, and many areas have anti-choice doctors.

Generally speaking, the people contacted by the caller were friendly and, though most were not able to provide information themselves, they were quick to obtain, and provide information, to our caller. In one instance counseling was suggested, and twice the caller was referred to an anti-choice organization. The one person from a Health Unit was well-informed and very helpful. *The quality of the information provided by hospitals is shown in the list given below:*

	Individual Responses: Most to Least Frequent
Place to get referral: Doctor or walk-in clinic, name and number	11
No referral given to caller	3
Place to get referral: Sexual/Public Health Unit, name and number	3
Call your doctor or a walk-in clinic, no name or number given	3
Name and number of provider with details	1
Name and number of provider without details	1
Name and number of a crisis line to get a referral	1
"Call your doctor" with name of a hospital, no numbers given	1
Gave referral but incorrect	1

Nova Scotia



Planned Parenthood Survey

Planned Parenthood reported that in **Cumberland County** some doctors will not make referrals to the hospital in **Halifax**. As a result, the lack of referring doctors in the area severely limits access. Also, some patients have had problems getting to **Halifax** to obtain abortion services. **Moncton**, NB is only ½ hour from **Amherst**, NS, and many residents go there to shop, see doctors, etc. Most medical services are covered for NS residents, but abortions are not. In addition, as of December 31, 2002, the hospital in **Moncton** stopped providing abortions.

The situation in **Cape Breton** is dire because family doctors not only refuse to refer women, but also lecture and try to deter patients from accessing the procedure. Women frequently travel alone to **Halifax**, as money is not available to cover the cost of someone to accompany them. Planned Parenthood tells of a young woman who needed a referral to **Halifax** due to confidentiality issues. The procedure could not be done immediately which meant she had to go back to **Cape Breton**, and return to **Halifax** the next week. This caused excessive financial and emotional problems for her, as well as for the women who were kind enough to accompany her both times. School was missed, work was missed, and excuses had to be made.

Highlights of Nova Scotia Findings

- In Nova Scotia, all three hospitals that provide abortions need a doctor's referral. Aside from the fact that abortion services are not readily available to women living in rural Nova Scotia, many are having access denied as a result of the actions of anti-choice doctors in their area.
- Incredibly, as has been found country-wide in this study, three people within hospitals referred our caller to anti-choice organizations. This is in response to direct requests for information on abortion services.
- Planned Parenthood reported crisis situations for some women, with significant time and money needed to travel for abortions, and corroborated the fact that anti-choice doctors flatly refuse to refer women, even in response to a direct request for medical care.

New Brunswick

Hospital Access Project

The caller's general impressions were that people were friendly, but not particularly helpful or well-informed. Referrals included: **Moncton** Crisis Pregnancy Centre (anti-choice organization), Morgentaler Clinic (**Fredericton**), Public Health Offices, a **Fredericton** hospital, Chimo Helpline, Family Planning, and Birthright (anti-choice organization). The caller was also frequently referred to Telecare, which put her on hold, took messages, and is best described as an exercise in frustration.

Thirty hospitals were contacted, with a total of 31 calls and 53 people spoken to, with almost all of them being pleasant. A total of two hospitals in New Brunswick provide abortion access, although they needed to be pushed to provide concrete information. Both of these hospitals require doctor's referrals. There was also one referral from a Health Unit and from a help-line. Within the hospital calls, however, the CARAL caller had counseling suggested three times, and was referred to anti-choice organizations three times.

The quality of the information provided by hospitals is shown in the list given below:

	Individual Responses: Most to Least Frequent
Name and number of provider without details	7
Place to get referral: Sexual/Public Health Unit, name and number	6
Name and number of a crisis line to get a referral	5
Call your doctor or a walk-in clinic, no name or number given	3
Place to get referral: Doctor or walk-in clinic, name and number	2
Gave referral but incorrect	2
No referral given to caller	1

Our caller also had first-hand experience of the effects of political interference. The province demands that women have the consent of two doctors at a hospital to obtain an abortion. This is similar to the requirement of the old abortion law which allowed abortion only with the consent of a hospital Therapeutic Abortion Committee, comprised of three doctors. This condition was eliminated with the decriminalization of abortion in 1988.

New Brunswick

The New Brunswick Ministry of Health insists that there is ample access to hospital abortions at the hospitals in Saint John, Moncton and Fredericton. When CARAL conducted its calls to hospitals inquiring about their abortion services, our caller was told by staff at the Saint John Regional Hospital that they do not perform abortions at the hospital. Our caller was then referred to the Morgentaler Clinic in Fredericton where there is no Medicare coverage for abortion. In fact, The Saint John Regional Hospital only provides abortions in exceptional circumstances which results in around 28 abortions a year. As of December 31st, 2002, the Moncton hospital stopped performing abortions which effectively leaves the province with one hospital in Fredericton providing service. Despite this, the government claims that it need not provide coverage for abortions at the Morgentaler Clinic in Fredericton, because it maintains women have ample access to hospital services.

Planned Parenthood Survey

Planned Parenthood in New Brunswick responded to the survey's request for individual examples with - "There are so many stories!" However, one is very common: on a monthly basis Planned Parenthood is apprised of women who want a hospital abortion because it is covered by Medicare. As a result, these women must go to their family doctor for a referral to an Obstetrician/Gynaecologist. In one case, a woman was told by her family doctor that he would not refer her for an abortion and that if she pursued the matter with another doctor, he would strike her and her family from his patient roster.

This behaviour seems almost criminal, as the shortage of physicians in New Brunswick means that, in many instances, there are no doctors willing to take on new patients. Female patients in New Brunswick are not only being told that an individual physician's moral code outstrips a woman's right to a safe, legal medical procedure- but also that an individual doctor can assume the authority to interpret the Canada Health Act, thus determining the right to deny healthcare. Most incredible of all, the physician can then deny *future* care on the basis of a woman's decision to exercise her right to an abortion. This conduct is in clear violation of the medical profession's code of ethics. Barring a complaint to the New Brunswick College of Physicians and Surgeons, nothing is likely to happen as patients do not want to be blacklisted because of the slim chance of their being accepted by another physician.

New Brunswick

Highlights of New Brunswick Findings

- Only two hospitals in New Brunswick provide abortion services and one of these on a very restricted basis. Both hospitals require doctors' referrals, leaving some women vulnerable to the punitive behaviour of anti-choice doctors.
- As with other provinces, New Brunswick has a problem with anti-choice employees. In three instances hospital employees referred our caller to anti-choice organizations. It should be noted that these "referrals" were in response to direct queries for access to abortion services.
- The provincial government requires the consent of two doctors for a hospital abortion which is in direct defiance of a woman's constitutional right. It also claims that the Saint John Regional Hospital, who provides Medicare-covered abortions, is an option for women. This hospital only does very few abortions. Instead it refers women to the Morgentaler clinic, where the government refuses to cover the cost.
- Planned Parenthood reports many ongoing problems with anti-choice doctors who refuse to refer, and in one case, a physician who would no longer provide medical care in the future should his patient proceed with an abortion.

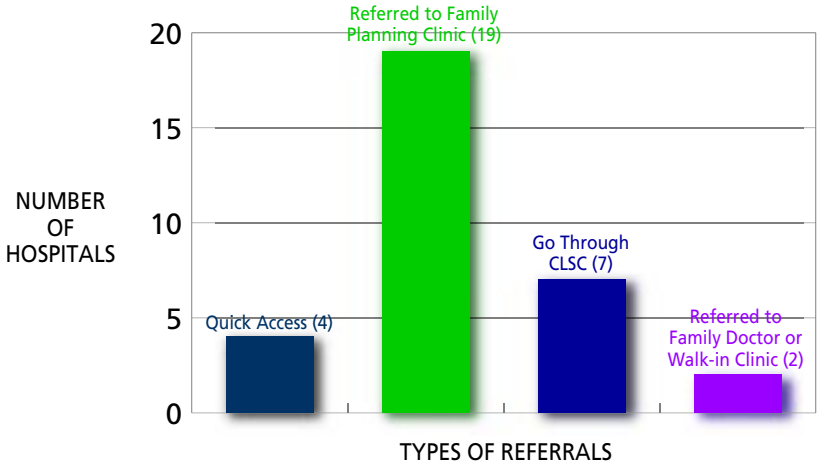
Quebec

Hospital Access Project

The Quebec data only reflects information collected by the CARAL caller as part of the Hospital Access Project. There is no Planned Parenthood affiliate in the province. The province has its own health care delivery system through its government's Centre Locaux de Services Communautaires, or "CLSCs" which provide family planning services, including referral for abortions. As a result, the caller had to collect information from two sources, hospitals and CLSCs. Therefore, provincial data shows slightly different information on access compared to other provinces in the study. A total of 112 hospitals were called, of which 39, or 34.8 per cent, had abortion access. Forty-seven of the 112 hospitals provided referrals without being asked.

In 32 of the 39 hospitals that provide abortion services, procedural information was provided. There was quick access information given by four hospitals which gave the caller the phone number of a gynaecologist or abortion clinic in the hospital, and she was then able to call directly to make the appointment. In the case of 19 hospitals, the caller was referred to an independent Family Planning Clinic, and at other times to the government's Centre Locaux de Services Communautaires, or "CLSC" Family Planning Clinic. In the case of seven hospitals, the caller had to go through the CLSC, and in the case of two hospitals, she was referred to a family doctor or a walk-in clinic.

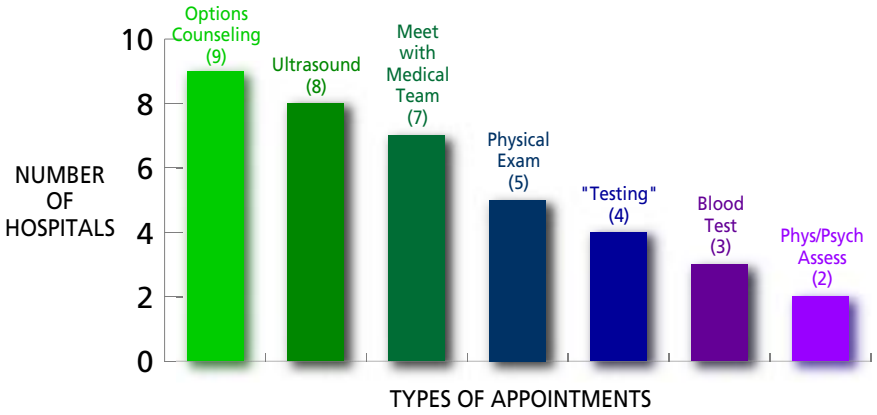
Figure 5: Procedural Information For 32 of the 39 Quebec Hospitals That Provide Abortion Services



Quebec

Most hospitals (17) told the caller she would need one appointment, with five hospitals claiming she would need two appointments, and one hospital telling her that three pre-surgery appointments were required. Eleven hospitals did not say how many appointments might be required. Figure 6, below, shows the types of appointments required, and the number of hospitals claiming the requirement, from most to least frequent:

Figure 6: Types of Appointments Required in Quebec



In terms of the attitudes of hospital staff, the CARAL caller found that of the 64 people she spoke to seven, or 11 per cent, were “rude, unpleasant, and insensitive”, and another two staff members were “rushed, impatient and abrupt”.

Of the hospitals contacted in Quebec, 10 had CLSC or Health Information, eight had hospital staff that suggested the caller come in for a referral, and four said our caller could call back if she was not able to find information from the referral given. *The general quality of the information given is indicated below. For the most part our caller was well assisted, though out of a total of 121 calls, only 14, or 11.6 per cent, were able to provide the name and number of a provider, along with details of the procedure:*

Quebec

	Individual Responses: Most to Least Frequent
Name and number of provider without details	46
Place to get referral: Sexual/Public Health Unit, name and number	31
Name of hospital that provides but no phone number	16
Name and number of provider with details	14
Call your doctor or a walk-in clinic, no name or number given	6
Gave referral but incorrect	2
"Call your doctor" with name of a hospital, no numbers given	2
Place to get referral: Doctor or walk-in clinic, name and number	2
Name and number of a crisis line to get a referral	1
No referral given to caller	1

Most Centre Locaux de Services Communautaires (CLSC) in Quebec were able to assist our caller in some way. Seven suggested she come in for a referral, with four of the CLSCs actually providing abortions. Three out of the 27 contacted could provide no help whatsoever, as can be seen in the general findings, below:

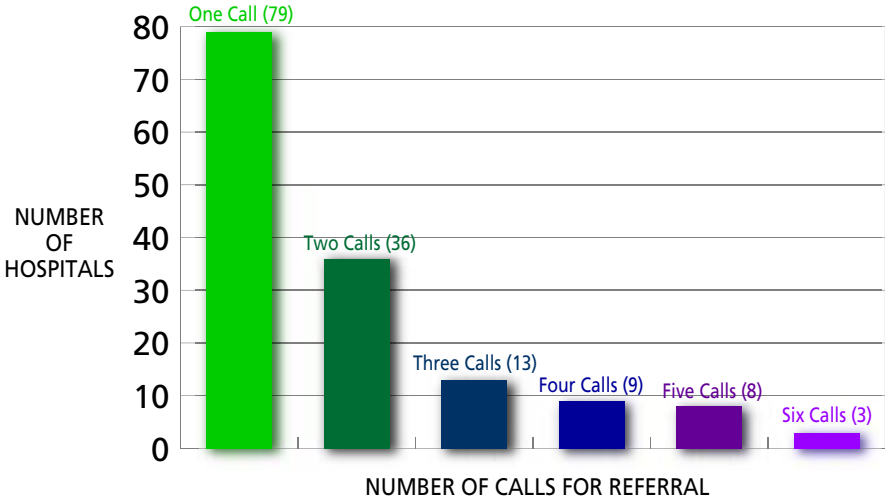
	Individual Responses: Most to Least Frequent
Name and number of provider with details	12
Name and number of provider without details	8
Name of hospital that provides but no phone number	3
No referral given to caller	3
"Call your doctor" with name of a hospital, no numbers given	1

For the most part, our caller's anonymity was respected. However, in five instances it was insisted that she give her name and phone number. As well, the caller was hung up on seven times, but there was not one reported instance of a referral to an anti-choice organization.

For each hospital called, the CARAL caller recorded how many calls she made to get a referral or procedural information. A total of 284 calls were made to 148 hospitals. In most cases the caller got all the information she needed in one call, as can be seen below, in Figure 7:

Quebec

Figure 7: Number of Calls Required for a Referral in Quebec
(284 calls logged)



Highlights of Quebec Findings

- 39 of 112 Quebec hospitals, or 34.8 per cent, provide abortion services. This is the highest percentage in any province or territory.
- In 72% of hospital calls (26 out of 36), the CARAL caller was told to contact the CLSC or the Family Planning Clinic, and that all arrangements would be made there. The caller was also told that the CLSC would offer options counseling and pregnancy testing.
- Four CLSCs were found to provide abortion services.
- Among the 32 hospitals that provided details of abortion access, only four, or 3.5 per cent of all hospitals, could confirm quick access: a phone number of a gynecologist, who would then make an appointment.
- There was not one referral to an anti-choice organization.
- It is estimated that some 70% of all abortion facilities in the province are concentrated in the Montreal area.

Ontario

Hospital Access Project

Out of 188 hospitals contacted by the CARAL caller, 41 claimed to provide abortion services, and this was the case in three others which was confirmed by the written questionnaire, for a total of 44. These services are concentrated in Ottawa, Toronto and southwestern Ontario. Five providing hospitals are within an hour drive of Ottawa and 29 are within a two hour drive of Toronto. Of the seven northern hospitals situated north of Ottawa that provide abortion services in Ontario, six of them are along the Trans-Canada highway. The results from Ontario, therefore, show a province divided, with only one hospital in the entire province providing abortion services north of the Trans-Canada highway.

Of the 44 hospitals that have abortion services, 18 told the caller that the local Regional Health Unit or Women's Health Clinic would provide options counselling for her and "make all the arrangements" for her to get the abortion. Another 13 hospitals provided the phone number of the gynaecologist, or the abortion clinic in the hospital in order to call directly to make an appointment. In 12 cases the CARAL caller was told to go to her family doctor for a referral to the hospital. As in other provinces, the heavy reliance on a referral from a family doctor poses a serious problem when many doctors are anti-choice. When the caller told the hospital employees that she did not have a family doctor, she was given the name and number for local walk-in clinics where she could obtain a referral. In one case the caller was referred directly to Birthright, an anti-choice organization, though it was confirmed by the written questionnaire that the hospital does in fact perform abortions. Before making an appointment for an abortion, ten hospitals required that our caller go for options counselling.

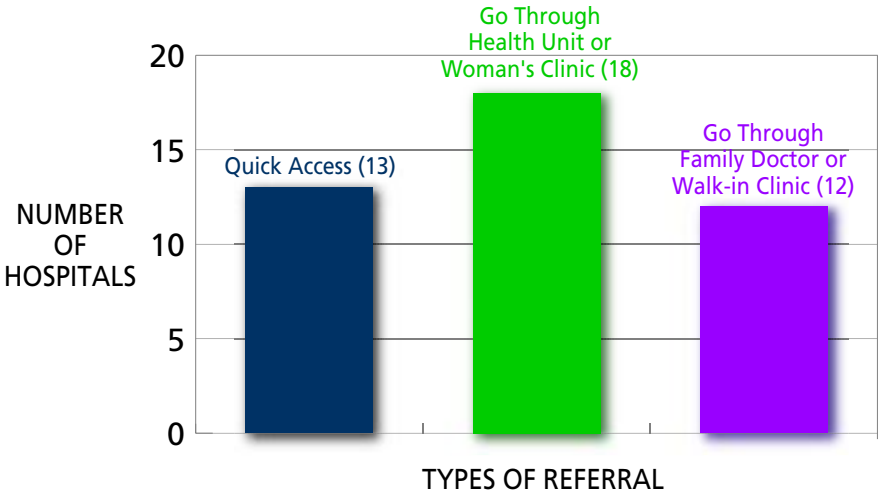
Of the hospitals that did not have abortion services, most hospital employees (57) gave our caller the name and number of an abortion provider in her area or the closest available provider which included another hospital, the Morgentaler Clinic in Ottawa, or the free-standing clinics in Toronto. There were a total of 55 hospitals which referred our caller to the closest Sexual/Public Health Unit to get information on where to obtain abortion services. There were 45 employees who told our caller to obtain the required information from her doctor or a walk-in clinic, while six gave her ambiguous information on where to get an abortion and eight gave her no information at all.

The Public/Sexual Health Units in Ontario were a valuable resource for our caller. When called, these centres gave accurate and detailed information on abortion services in their area.

Ontario

Of those hospitals providing access that were willing to give procedural information, 13 had quick access, 18 advised our caller go through a health unit or women's health clinic, and 12 told her to go through her family doctor or walk-in clinic, as can be seen in Figure 8, below:

Figure 8: Procedural Information For 43 of the 44 Ontario Hospitals That Provide Abortion Services



Amongst those hospitals able or willing to respond to our caller's query as to how many appointments would be required before having an abortion, 11 hospitals said she would require one, and one hospital said three appointments were required. Within this answer set, 10 hospitals said that she would require options counselling, three said that she was required to have an ultrasound, and four said that a blood test was required.

Ontario

These findings are taken from the 188 hospitals called in Ontario. Of a total of 90 calls logged for the attitude of the respondents, six were extremely unpleasant, and 16 were rushed, impatient, or abrupt, meaning that nearly a third of the caller's experiences could be categorized as unpleasant. The helpfulness of the people contacted at the hospital was also uneven. Of the total of 85 calls logged in this area, ten people needed to be pushed to provide information, and a surprising 20 people contacted in hospitals were unsure of information and unwilling to check to find an answer to the caller's query. The overall quality of the information varied also, as can be seen from the list given below:

	Individual Responses: Most to Least Frequent
Place to get referral: Sexual/Public Health Unit, name and number	55
Name and number of provider without details	47
Call your doctor or a walk-in clinic, no name or number given	23
"Call your doctor" with name of a hospital, no numbers given	22
Place to get referral: Doctor or walk-in clinic, name and number	16
Name and number of provider with details	10
No referral given to caller	8
Gave referral but incorrect	6
Name and number of a crisis line to get a referral	6
Name of hospital that provides but no phone number	3

Note: six of the hospitals that would not give a referral said our caller had to come in and they would make the arrangements in person.

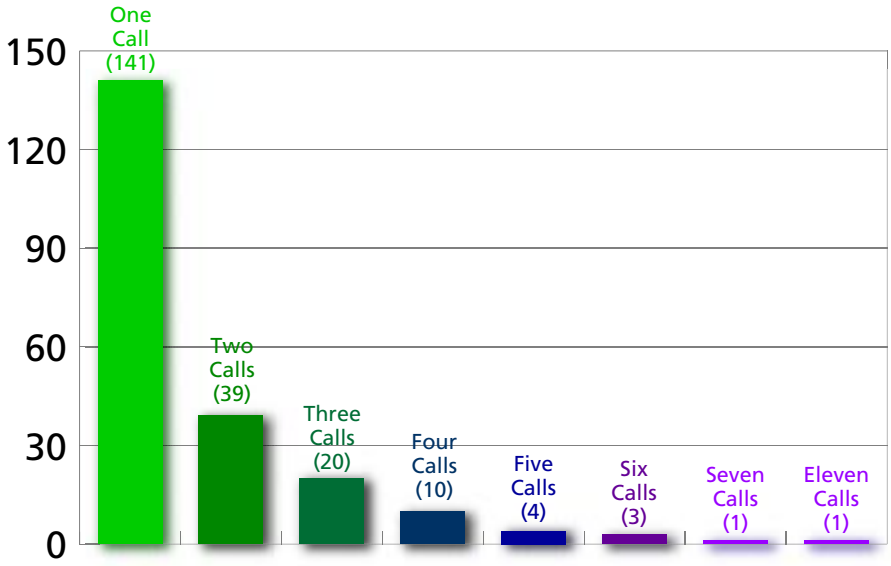
The quality of the information provided specifically by Health Units in Ontario is as follows:

	Individual Responses: Most to Least Frequent
Name and number of provider with details	15
Name and number of provider without details	12
Place to get referral: Sexual/Public Health Unit, name and number	7
Name of hospital that provides but no phone number	5
No referral given to caller	3
Call your doctor or a walk-in clinic, no name or number given	1
Gave referral but incorrect	1

Ontario

As well, our caller recorded how many calls were required to get a referral or procedural information. As can be seen in Figure 9, in most cases our caller got all the information she needed in one call:

Figure 9: Number of Calls Required for a Referral in Ontario
(n= 364 calls logged)



It is interesting to note that although some attitudinal behaviour can be hard to quantify, in logging the above data we found that our caller was hung up on seven times, and referred to anti-choice organizations seven times.

Planned Parenthood Survey

The problem concerning reciprocal billing for an out-of-province abortion was revealed by the Planned Parenthood data. A Planned Parenthood affiliate in **Toronto** told of a woman from BC without medical coverage. The patient was covered by BC health insurance, and had investigated the freestanding clinics usually referred to by Planned Parenthood. None would bill provincial health plans outside of Ontario. Of five clinics in Toronto, only two were able to inform the patient that she would have to pay for the procedure initially, and then bill the BC Medicare plan privately - for a maximum reimbursement of $200. As the patient didn't fall under any criteria for a non-insured patient, she was unable to access the very limited sliding-scale fee options. To further aggravate the situation, the patient had a demanding work schedule that took her all over the country. She was not guaranteed to be in one place for more than a few days and her time in Toronto was heavily occupied. The patient was discouraged and terrified that she would be unable to obtain an abortion.

Ontario

After a clinic employee advocated for service during non-working hours, the patient received a temporary Ontario Health Insurance number and was able to book herself into a clinic. When she returned to the Planned Parenthood clinic for her post-abortion checkup, she told of her frustration in dealing with government bureaucracy when trying to obtain an abortion.

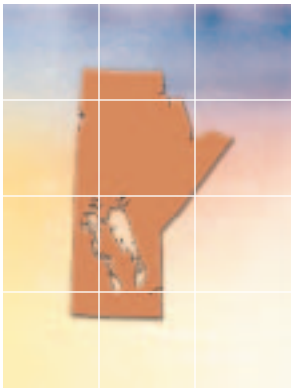
The Planned Parenthood in **Waterloo** gave its most recent example of a very young woman trying to get an abortion. She was a sexual assault victim, and was already 16 weeks pregnant when she called the office. Confidentiality was critical, and the woman didn't feel it was possible to get to Toronto for a procedure, even if the cost of her bus fare was covered. She expressed her dissatisfaction to staff over the fact that there was nowhere locally that would do the procedure at that point in her pregnancy. If the staff couldn't help her, she said she'd deal with the problem herself. At this point she ceased contact with the clinic and sought support from another local organization. Despite the attempts of several organizations to assist this young woman, to Planned Parenthood's knowledge, she was not able to have an abortion either in **Waterloo** or elsewhere.

It is not uncommon for the Planned Parenthood in **Windsor** to know of women who are forced outside the area due to restrictions on gestational limits. The Planned Parenthood office there has also encountered women who don't have OHIP; the cost of an abortion without Medicare is prohibitive. In **Leamington**, the cost is in the $650-$700 range, and in **Windsor**, it is in the $900-$1000 range. Planned Parenthood is unable to assist financially in these cases due to its limited finances.

Highlights of Ontario Findings

- Forty-four of 188 Ontario hospitals, or 23.4 per cent, provide abortion services. This compares with 34.8 per cent of hospitals in Quebec - the only province of comparable size.
- A woman calling for information on abortion access in Ontario can expect to be denied access by self- appointed "gatekeepers" to information: our caller was hung up on seven times, and referred to anti-choice organizations seven times. In one instance, the CARAL caller was told there were no services in a hospital that, in fact, did do abortions, and was subsequently referred to Birthright, an anti-choice organization.
- Thirteen of 43 or 30% hospitals with abortion services could provide women with quick access.
- Twelve of 43 hospitals with services, or 28%, required a doctor's referral: problematic insofar as some doctors are anti-choice.
- There is extremely limited abortion access in northern Ontario.
- Planned Parenthood reports difficulty with out-of-province insurance, scheduling, and gestational limits.

Manitoba



Hospital Access Project

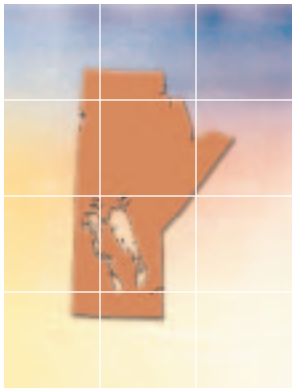
In Manitoba, the best information on access was available from a Public Health Nurse and from hospitals that provided services. Referrals included to the Morgentaler Clinic, which exists only in **Winnipeg**, and charges $500 to $600 (not covered by the Manitoba government), and to the Mount Carmel Clinic. Other referrals were to: doctors' clinics, health/help lines, sexual assault lines, Healthlink, and Facts of Life (very helpful). The caller's experience was mostly positive, although various switchboard attendants and nurses were either unwilling, or unable, to offer referrals. At one hospital, when our caller was transferred to a doctor in the hospital by the switchboard attendants, the doctor refused to provide any information at all.

Fifty hospitals were called, for a total of 81 calls and 104 people spoken to by our caller. Two hospitals in Manitoba provide abortion services, and both of these require a woman to first see a family doctor, which can be difficult if the doctor is anti-choice. Women are also required to have one pre-surgery appointment for options counseling. By and large, people were pleasant to our caller on the phone, though in 16 calls logged for attitudinal responses, one respondent would provide no help, two respondents had to be pushed to get information, and five were unsure of information and would not check.

The over-all quality of hospital responses to our caller is indicated in the list given below:

	Individual Responses: Most to Least Frequent
Place to get referral: Doctor or walk-in clinic, name and number	22
Place to get referral: Sexual/Public Health Unit, name and number	19
Name and number of provider without details	8
Name and number of provider with details	3
Name and number of a crisis line to get a referral	3
"Call your doctor" with name of a hospital, no numbers given	3
Call your doctor or a walk-in clinic, no name or number given	2
Planned Parenthood	1

Manitoba



The over-all quality of Health Unit responses to our caller is indicated in the list given below:

	Individual Responses: Most to Least Frequent
"Call your doctor" with name of a hospital, no numbers given	4
Put package together for pick-up	4
Name and number of provider with details	3
Name and number of provider without details	2
Place to get referral: Doctor or walk-in clinic, name and number	2
Asked to come in, provided with city name, procedure details	2
Referred to Facts of Life line	2
Hung up	1
Anti-choice referral	1

Highlights of Manitoba Findings

- There are only two hospitals in Manitoba that provide abortion services - this out of a total of 50. Thus only four per cent offer abortion services.
- Both hospitals require a doctor's referral. This is problematic for women living in rural communities who seek anonymity, or who have an anti-choice doctor in their community.
- There was one referral to an anti-choice organization.

Saskatchewan

Hospital Access Project

A CUPE strike was on at the time of the study. As a result, some hospitals were simply unable to provide accurate information. Most implied that the strike would not stop them from assisting the caller, but the information she obtained from the hospitals was generally poor. The only hospital solidly confirming services was in **Regina**, with other hospitals claiming that there was a hospital in **Saskatoon** that provided abortions. The written questionnaire has since confirmed that there are two hospitals in Saskatchewan providing abortion services. In calling hospitals in Saskatchewan to ask if they provided abortion services, one after another responded "no". The caller was shocked when she heard a "yes" from the hospital in **Regina**. When her call was transferred to a doctor by one of the switchboard attendants, the doctor expressed extreme caution, would not commit to whether or not he performed abortions, and refused to discuss the matter over the phone, presumably out of fear, insisting that the caller discuss the matter in person. In Saskatchewan, abortions need to be booked well in advance. After 13.6 weeks gestation, a woman must go to **Calgary**, AB, where a full day is required: a doctor's consultation in the morning, and the procedure in the afternoon.

There were 68 calls made to hospitals, with 72 calls in total, with the caller speaking to 99 people. Of the 68 hospitals, only two have services, or 2.9 per cent. For the one hospital confirmed by our caller, an appointment could be made to see a nurse without a doctor's referral. The abortion then takes one day, with a consultation in the morning and the procedure in the afternoon. Of the 14 calls logged to determine relative helpfulness, three respondents were no help at all, and two were unsure of information and would not check, for a total of five, or over one third of logged calls.

The quality of the information given by Saskatchewan hospitals is listed below:

	Individual Responses: Most to Least Frequent
Place to get referral: Doctor or walk-in clinic, name and number	29
No referral given to caller	10
Place to get referral: Sexual/Public Health Unit, name and number	8
Call your doctor or a walk-in clinic, no name or number given	7
"Call your doctor" with name of a hospital, no numbers given	6
Referred to Saskatoon	5
Name of hospital that provides but no phone number	3
Name and number of provider without details	3
Come in to hospital for referral	2
Name and number of a crisis line to get a referral	2
Name and number of provider with details	1

Saskatchewan

A list detailing the quality of information provided by Health Units follows:

	Individual Responses: Most to Least Frequent
See doctor first, then referred to Saskatoon	3
"Call your doctor" with name of a hospital, no numbers given	3
Call your doctor or a walk-in clinic, no name or number given	2
Place to get referral: Sexual/Public Health Unit, name and number	1
Place to get referral: Doctor or walk-in clinic, name and number	1

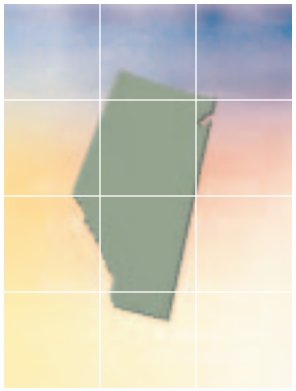
Planned Parenthood Survey

Planned Parenthood reported a bleak picture of abortion access in Saskatchewan. One woman described her experience. After informing her doctor that she was considering terminating her pregnancy, he began praying over her and chanting "I love you, Mom," in presumed time with the fetus's heartbeat. Many women tell stories of school counselors, parents, doctors, etc., who refer them to anti-choice organizations such as Birthright. As well, because the gestational limit in Saskatchewan is only 12 weeks, this allows little time for many women, particularly teenagers, to make well-informed decisions. In **Saskatoon**, with two visits to a doctor required before a woman receives "permission" to have an abortion, medical services are layered, in effect, functioning more as barriers than as conduits to information and services. The result is that many women in Saskatchewan are forced to seek services elsewhere, as they often cannot afford to take two days off of work, school, or from other duties.

Highlights of Saskatchewan Findings

- Though Saskatchewan has an impressive number of hospitals given its small population, only two, or 2.9 per cent, provide abortion services.
- Our caller could only confirm that one hospital provided abortions while the other hospital providing service was confirmed as a result of the written questionnaire.
- Planned Parenthood reports problems with anti-choice pressure from people in education and health-care, including doctors. As well, women are required to make two visits to a doctor before receiving "permission" for an abortion. In most cases, this functions more as a barrier to access than a legitimate medical requirement.

Alberta



Hospital Access Project

For the most part, the CARAL caller was referred to clinics where abortions are covered under Medicare. The most detailed information regarding access to services was provided by Public Health Nurses. The norm for gestational limits was 12 weeks and, in most instances, it seems that women can book appointments directly, without a doctors referral. Most referrals were to **Calgary** or **Edmonton**, including the Kensington Clinic and one hospital in **Calgary**. In one community in Alberta, the hospital required two to three visits. Other referrals were to the Morgentaler Clinic, Healthlink (provided telephone number), the Birth Control Centre, Planned Parenthood, and Birthright (an anti-choice pregnancy "counseling" centre). The overall impression was that hospital staff in Alberta were helpful and considerate.

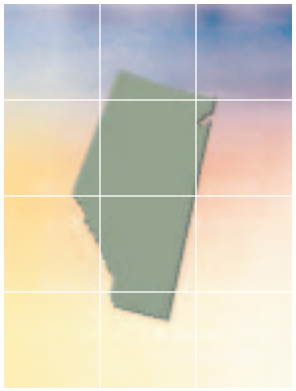
There were 97 hospitals contacted for 135 calls in total, and our caller spoke to 182 people in all. It was determined that a total of four hospitals in Alberta provide abortion services, two with quick access (defined as "given the phone number of the gynecologist or abortion clinic in the hospital, and then calls directly to make an appointment") and two requiring that a woman go through her family doctor. It is important to note that in Alberta, as in other provinces, the emphasis on doctor referrals leaves some women vulnerable to anti-choice physicians who refuse to refer.

Of a total of 82 calls logged for attitudinal responses, four were considered "rude, unpleasant" and five "rushed, impatient, abrupt", for a total of nine, or over 10 per cent of all calls logged. Of the 24 calls logged for general helpfulness, five people were unwilling to put in any effort, four would respond only when pushed for information, and three were unsure of information and would not check. As a result, in over half of the calls made, the CARAL caller encountered resistance to providing information by hospital staff.

The overall quality of the information provided by hospitals can be summed up in the list below:

	Individual Responses: Most to Least Frequent
Place to get referral: Doctor or walk-in clinic, name and number	47
Place to get referral: Sexual/Public Health Unit, name and number	24
Name and number of provider without details	12
Call your doctor or a walk-in clinic, no name or number given	6
Name and number of provider with details	4
Name and number of a crisis line to get a referral	3
Name of hospital that provides but no phone number	2
No referral given to caller	1

Alberta



The quality of Health Unit information is given below:

	Individual Responses: Most to Least Frequent
Place to get referral: Doctor or walk-in clinic, name and number	4
Put package together for pick-up	4
Name and number of provider with details	3
Name and number of provider without details	2
Come in for referral, gave city name and details of procedure	2
Planned Parenthood	2
Name of hospital that provides but no phone number	1
Place to get referral: Sexual/Public Health Unit, name and number	1

As well, the caller was twice referred to anti-choice organizations in Alberta.

Planned Parenthood Survey

Alberta Planned Parenthood affiliates reported knowledge of a number of women who have encountered problems with anti-choice doctors, radiologists, and bogus organizations. In fact, the young woman featured on the W5 documentary "The Pretenders" came to Planned Parenthood Alberta for help after having been traumatized by the treatment she received by staff at an anti-choice pregnancy counseling centre.

Highlights of Alberta Findings

- Out of 97 hospitals in Alberta, only four offer abortion services, or 4.1 per cent.
- Two of these hospitals require referrals from a family doctor. Again this is a potential barrier, as anti-choice doctors can refuse to refer.
- The caller was twice referred to an anti-choice organization. As in other provinces, Alberta has "gatekeepers" to abortion services amongst the staff of its hospitals and/or health units.
- Planned Parenthood in Alberta reported knowledge of a number of problems with anti-choice doctors, radiologists, and bogus pregnancy counseling organizations.

British Columbia

Hospital Access Project

Generally, the caller was told to see a doctor first. Referrals included: two hospitals in British Columbia, Elizabeth Bagshaw Centre, Every Woman's Health Centre, Planned Parenthood, and Public Health. The caller was also referred to the Facts of Life Line, which had good information on pregnancy options, and is used by a number of hospitals in the province. People were generally helpful, though less so than in Alberta. In British Columbia, referrals generally consisted of telling our caller to call a doctor for information on where to obtain an abortion.

There were 91 hospitals contacted, with a total of 114 calls made. Our caller spoke to 151 people. There were 20 out of 91 hospitals or 22.1 per cent which provide abortion services. One hospital provided quick access, that is, our caller was given the phone number of the gynecologist or abortion clinic in the hospital, and then was able to call directly to make an appointment. A further 19 hospitals required a referral by a doctor or a walk-in clinic.

The CARAL caller recorded attitudinal information on 46 calls. Within this data set, five people were considered "rude, unpleasant", and one was "rushed, impatient, abrupt". Twenty-six calls were logged for general helpfulness, with two respondents making no effort at all to assist our caller, four needing to be pushed to provide information, and seven unsure of information and unwilling to check.

The quality of information given by hospitals is listed below:

	Individual Responses: Most to Least Frequent
Place to get referral: Doctor or walk-in clinic, name and number	44
Place to get referral: Sexual/Public Health Unit, name and number	12
Call your doctor or a walk-in clinic, no name or number given	6
Come to see hospital/doctor in hospital for more information	6
Name and number of a crisis line to get a referral	5
Name and number of provider without details	3
No referral given to caller	2
"Call your doctor" with name of a hospital, no numbers given	1
Gave referral but incorrect	1

Three people suggested our caller seek counselling, and one person hung up; however, in British Columbia, the CARAL caller was never referred to an anti-choice organization.

British Columbia

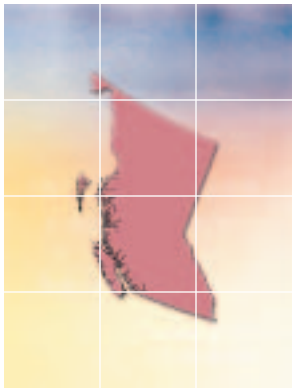
Hospital Questionnaire (BC)

In response to the hospital survey, CARAL was told by hospitals in British Columbia that they were unable to disclose whether or not they perform abortions because this information is exempted from disclosure under Section 22.1 of the Freedom of Information Protection of Privacy Act (Bill 21). An excerpt from one hospital letter states: "Section 22.1 of the Act is mandatory in its application to withholding information on the provision of abortion services at any one facility." Two hospitals quoted this Act in their response to the written survey. At one hospital in BC the request for information was referred to the BC Health Care Risk Management Society, a private agency which scrutinizes requests for information on medical records. The agency was contacted by CARAL, and CARAL was told that it was because of the "special circumstances" of abortion that the hospital could not complete the questionnaire. BC has a long history of anti-abortion activism and we assume that secrecy around abortion providers is designed to protect the institutions and their doctors from harassment, as in all provinces.

Planned Parenthood Survey

Planned Parenthood affiliates in British Columbia reported numerous instances of women who had called them after having been treated in bad faith by anti-choice physicians. Several cases were reported where doctors abused their status as licensed physicians by covering their religious or ideological beliefs with medical arguments against abortion. Unwilling to provide objective medical advice, or to refer women elsewhere, these doctors deliberately and frequently subject patients to delaying tactics, resulting in pregnancies left too long to terminate. The anti-abortion movement is known to be very strong in British Columbia, where various anti-choice groups conduct massive media campaigns, pushing soft-sell anti-abortion messages on buses and on radio stations designed to target youth. The responses from the British Columbia Planned Parenthood affiliates paint a stark picture of the anti-choice organizations in that province, and the anti-choice doctors who act as their silent envoys because in representation they deceive, and in practice they coerce.

British Columbia



Highlights of BC Findings

- Out of 91 hospitals in BC, 20, or 22.1 per cent, provide abortion services.
- British Columbia places a heavy emphasis on doctor referrals. This can be a problem, particularly in rural areas where women have little or no choice in who their physician is. The physician may be anti-choice.
- British Columbia still lives under a menacing cloud of anti-abortion extremism, with hospital employees unwilling to release the names of doctors providing abortions, due to security concerns.
- The Facts of Life help line is a valuable resource, providing very thorough and useful information.
- Planned Parenthood reported many instances of women who have had difficulties with anti-choice doctors - specifically, using delaying tactics designed to leave pregnancies too late to terminate. Planned Parenthood also reported a strong media coverage of bogus “pregnancy counselling centres” by anti-choice organizations.

Findings and Recommendations: Strategies for Change

This section reports the major overall findings of the research, and follows with general recommendations. Specific recommendations are italicised and/or in bullet form. Some of the findings in this study are new and even surprising, while others will be familiar to anyone who has kept themselves apprised of contemporary issues relating to abortion access. Most of the recommendations are straightforward and easy to implement. Unfortunately, without any kind of a watchdog some of the recommendations could be easy to ignore. As many know, Canada's governments, hospitals, and doctors have proven the limits of their ability to "self-regulate". However, for anyone who believes in securing essential human rights for all Canadians, these recommendations are difficult to argue against. This is why CARAL will continue to monitor compliance, and will be increasingly direct in its assessment.

1. Finding: Gatekeepers Can Be "Gateclosers"

Perhaps the most disturbing and widespread finding in this study is in an area that has, for the most part, been overlooked in previous investigations of abortion access. In the past, emphasis has been placed on the legality of abortion, funding, anti-choice violence/harassment, and the medical profession's tendency to ignore those doctors intent on blocking access to abortion, thereby effectively denying a basic human right.

However, though these problems remain, one of the greatest barriers to abortion access may be the easiest to fix. Overall, 15 hospitals across Canada referred our caller to an anti-choice agency, and 16 hung up on our caller without giving her an adequate referral. In one case, the switchboard operator of an Ontario hospital that provides abortion services refused to disclose information but was only too willing to refer our caller to Birthright, an anti-choice organization.

As well, many women are curtailed in access to abortion services by hospital policies set by community boards, and others face political interference, such as in New Brunswick where, in direct violation of the law, the approval of two doctors is required to obtain an abortion. This is a "layering" effect that causes unnecessary delays, and further restrictions to access.

Recommendations

Hospital employees do not have the right to elect themselves as interpreters of the Canadian Charter of Rights and Freedoms, the Canada Health Act, or the decisions of the Federal Parliament. *All* hospital employees must clearly understand, and accept, that they have no right to deliberately deny women information on services covered by the Canada Health Act. This should be a condition of employment.

Findings and Recommendations: Strategies for Change

CARAL recommends that:

- ***Hospitals implement a policy of zero tolerance for employees purposely denying access to abortion services.***

  The government should not be complicit in this process. Many Canadians would be shocked to know that the federal government, through the Human Resources Development Corporation (HRDC), provides funds to anti-choice groups.

CARAL recommends that:

- ***HRDC immediately cut funding to anti-abortion "pregnancy counselling centres".***

  Many Canadians would be dismayed to know that politicians, driven by their own ideological concerns, are promoting non-substantive medical arguments as a cover to delay a time-sensitive surgical procedure. There is simply no sustainable medical argument for a law that insists on two medical consultations before every abortion, as is now the case in New Brunswick. It is a waste of time, a waste of money, and can only lead to further stress and even medical complications due to extended pregnancies.

CARAL recommends that:

- ***The Canadian Medical Association, the Society of Obstetricans and Gynecologists of Canada (SOGC), as well as Provincial and Territorial Colleges of Physician and Surgeons, must address this medical problem by making it a standardized procedure that, using medical considerations, allows for abortion after one consultation. This, then, becomes a medical fact, and is barred from political or bureaucratic interference.***

Findings and Recommendations: Strategies for Change

2. Finding: Poorly Informed Staff

Another disturbing finding is how poorly informed and, at times, how uncooperative many hospital staff are. In addition to being uninformed, 44 switchboard operators were unwilling to find any information for our caller. Fortunately, there is help out there - 53 switchboard operators did look up information, or asked others for information, in order to assist our caller - but in some cases even the administrative staff and CEOs did not know if their hospitals provided abortion services. At other times, our caller spoke to administrative staff who were aware of their hospital's provisioning status, but who were unaware of the institution's abortion care policy. One written survey, completed by a hospital's administration, said that abortions were performed in a hospital that we know does not offer the procedure.

Discrepancies in the information we obtained from the hospitals also made it difficult to know which information is accurate. In some instances, information obtained in phone calls contradicted the written surveys we received from the hospitals. Of the hospitals that did respond to our written survey, four surveys said the hospital does provide abortion services, while our caller had been told on the phone that the hospitals do not provide abortion services. Meanwhile, in six cases, our caller was told by hospital staff that the hospital did provide abortion services, but the written surveys completed by administration staff stated that the hospital does not have abortion services.

Recommendation

The level of confusion and ignorance surrounding individual abortion policies, as indicated by the contradictory responses to our caller's queries and to our written survey, indicates that many Canadian women are likely being denied access or, at the very least, are having access made unnecessarily arduous based on the poor knowledge of staff and inept communication to the public at various hospitals.

CARAL recommends that whether a hospital provides abortion services or not:

- ***All individuals involved in any official communication with the public must be aware of the hospital's policy and procedures regarding abortion services.***

Findings and Recommendations: Strategies for Change

3. Finding: Only 17.8 Per Cent of Hospitals Provide Abortions

Canada has a shrinking pool of hospitals willing to provide abortion services. The findings were clear: our caller found that only 17.8 per cent of general hospitals, or fewer than one in five, could or would provide an abortion. This statistic is even more startling when we consider that, of the 105,454 abortions performed in Canada in 2000 (latest complete Statistics Canada figures), two-thirds were performed in hospitals while one-third were performed in clinics. The total number of abortions performed in Canada has remained relatively constant and the ratio of hospital abortions (2/3) to clinic abortions (1/3) has also remained constant.

Protecting Abortion Rights in Canada has revealed that every year, more and more women are trying to access abortion services from an ever-shrinking number of hospitals prepared to treat them. This is not a money issue or a facility issue as most abortions could be performed in any general hospital equipped to conduct basic surgery. Since many women are more comfortable with the convenience and "official" standing of a community hospital, as opposed to clinics which often require cash payment, the low level of hospital availability means that more women seeking an abortion are being forced to endure longer waiting lists, or to travel long distances, resulting in unnecessary costs, and significant time away from work or family obligations.

Recommendations

Abortion is time-sensitive, and is the only option for women wanting to terminate pregnancies - it is unacceptable that it requires long waits or significant expense to obtain treatment. Shortages of trained doctors are a problem; yet, because abortion is a procedure covered under the Canada Health Act, it is feasible that hospitals offering general surgery make it a requirement that surgeons perform abortions. There is no justification for doctors being allowed to "opt" out of abortion and not other surgeries covered in the Health Act. It would be absurd, for example, to find doctors refusing to perform surgeries requiring similar skill levels, resources, and risk to patient - a tonsillectomy, for example, is the most commonly performed minor surgery in Canada next to abortion. It is therefore indefensible to refuse care for one type of surgery in all instances. It has been established in law that Canada does not consider abortion to be a marginal procedure, yet it remains one. Surgeons with hospital privileges have a legal, ethical, and medical responsibility to provide complete care within their abilities as stated under the Canada Health Act. Should general surgeons in Canada be required to include abortion with the many other procedures that are time sensitive, the crises presently experienced in many communities across Canada would be greatly reduced.

Therefore, CARAL strongly recommends:

- ***The implementation of provincial regulations requiring publicly funded hospitals with surgical facilities to provide abortion services.***
- ***Each Canadian province and territory mandate abortion services within any certified general hospital equipped with surgical facilities.***

Findings and Recommendations: Strategies for Change

4. Finding: Difficulties in Accessing Information

In Canada, a shield has been placed on access to information on abortions. It is extremely difficult to obtain information on hospitals that provide abortion by using normal reporting agencies such as Statistics Canada and the Canadian Institute of Health Research. Though data is collected on the total number of abortions conducted in Canada, surgical procedures are not broken down by hospital. As well, gaining information directly from hospitals is increasingly difficult because of security issues due to threats of violence, and harassment by anti-choice groups.

Security concerns also make it impossible to identify the names and locations of doctors who provide abortions through channels such as the Society of Obstetricians and Gynecologists of Canada (SOGC) and/or hospital rosters. A vocal and, at times, criminal minority within Canada has completely set the agenda with regard to access of information: this in a country of 31 million, where over 100,000 women have abortions every year. The reality is this: the legal activity of over 100,000 women a year is being restricted due to threats of extreme illegality by anti-abortion fanatics. This is happening partly because of the nature of the abortion procedure itself - women wish to maintain their privacy. Though perfectly understandable and, indeed, essential, this need for privacy increases women's isolation and further marginalizes abortion within health care, thus making it easier for governments, hospitals, and professional medical groups to do nothing. Given the opportunity, the innate timidity of bureaucracies around abortion will result in non-action, if at all possible. In other words, the Federal Government of Canada doesn't collect and publish thorough statistics on the medical procedure of abortion, and it refuses to do so out of sheer fear of a small anti-choice minority. As a result, an entire nation, where 78% of the citizens are pro-choice, is being held hostage by an agenda set by a small, vocal and fanatical minority of anti-abortionists.

Recommendations

Canada is not a theocracy, and bureaucratic timidity is not an option. The Supreme Court and the Senate were courageous enough to make abortion legal, and Colleges of Physicians and Surgeons regard it under the Canada Health Act as a medically necessary procedure, thus depoliticizing the issue. However, these proactive decisions are now being played out on the ground in a cat-and-mouse game with anti-choice groups. Governments and hospitals can and must make information on abortion easily available to the public, not only to ensure access, but also to help in the monitoring of provisioning in the future.

Findings and Recommendations: Strategies for Change

Abortion as a reproductive right is a basic human right, yet it continues to be marginalized in our health care system because women are not inclined to go public with what is a private medical matter. There were approximately 105,000 abortions in Canada in 2000, yet the government is unwilling to publish statistics on the number and location of these procedures. How does this serve the public good? CARAL recommends that Statistics Canada collect and publish this information, and that hospitals be required to post notice of their abortion policies in a manner easily accessible to the public. Anything less is to admit that governments and hospitals, for fear of the actions of extremists, are willing to let intimidation result in a *de facto* limit on what is a basic medical service.

CARAL recommends that:

- ***Canada must end the practice of incomplete reporting on abortion by providing Statistics Canada and the Canadian Institute of Health Research (CIHR) with the authority to obtain comprehensive statistics from the provinces on the number of hospital and clinic abortions, as well as the number and location of facilities performing the procedure.***
- ***The federal government should establish a national helpline for women to call for information on the nearest abortion provider. This information line is also to serve as a mechanism for monitoring violations of the Canada Health Act and/or professional malpractice.***

Findings and Recommendations: Strategies for Change

5. Finding: Lack of Abortion Providers / Prejudice of Anti-Choice Doctors

Although this was not quantified in the study, it was clear that Canada has a shortage of trained professionals who can work as abortion providers. Performing abortions is not a requirement of many doctors joining a hospital staff, and medical schools are not turning out enough doctors with this skill. This is likely due in part to doctors and medical students fearing harassment and violence to them and their families. An indirect finding of this study, learned through discussions with hospital administrators, was that, in many instances, no abortions could be performed because the provider had retired and younger doctors were unavailable. Why? Administrators claimed it was due to younger doctors' fears of violence and harassment by anti-choice elements. As well, in this study Planned Parenthood reported on anti-choice doctors who refused to refer patients and who, in one instance, threatened to refuse future medical care should a woman have an abortion.

Recommendations

Medical schools need to acknowledge that abortion is an integral part of reproductive health care options for women. Students must be informed of the history of provisioning in Canada, and educated on the importance of providing access to this medically necessary procedure. As well, medical students need to be informed of how abortion provisioning has been marginalized, and how this might reflect negatively on their profession. Doctors should be informed that the profession is made more honourable when it is seen to be defending basic rights. Doctors need to feel that the government is behind them, and that it won't tolerate intimidation, harassment, or acts of violence.

Medical students should be given examples of where abortion has been normalized within health care delivery in general hospitals such as under the C.A.R.E. (Comprehensive Abortion & Reproductive Education) programs in Vancouver and Kelowna, BC. This is a program which provides a safe environment for abortion providers and their patients. In these settings, excellent counselling and humane and respectful behaviour on the part of staff, allow women to exercise reproductive choice with dignity and compassion.

Findings and Recommendations: Strategies for Change

CARAL recommends that:

- ***Medical schools immediately reinstate abortion as a medical procedure in curriculum and ensure that it is taught according to models of best practice.***

Hospitals are important training grounds for doctors and teaching hospitals should be obliged to train medical doctors in this procedure.

CARAL recommends that:

- ***Hospitals institute high quality abortion services according to those currently used in Morgentaler clinics and under the hospital program known as C.A.R.E.***
- ***Adequate surgery time be allowed for abortion and that specialist medical staff be required to perform abortions as a condition of their hospital appointment.***
- ***Hospitals do away with any policies that make it the exclusive right of family doctors to refer for an abortion, and allow women to self-refer to hospitals or Health Units, thus freeing women from any potential harm from anti-choice physicians.***
- ***The Canadian government prosecute, to the full extent of the law, any persons found willfully engaging in acts of violence against doctors, their patients and healthcare workers involved in the provision of abortion services.***

Unfortunately, the medical profession has never been challenged over the need to deal with those anti-choice doctors who refuse to provide health care to their patients.

Therefore, CARAL recommends the following requirements:

- ***The Canadian Medical Association (CMA), the Society of Obstetricians & Gynecologists of Canada (SOGC), and Colleges of Physicians and Surgeons must regulate their members with respect to the unbiased treatment of women requesting medical care related to abortion.***

Findings and Recommendations: Strategies for Change

6. Finding: A Reaffirmation of the 1998 Report: "Access Granted, Too Often Denied"

CARAL's 1998 report *Access Granted, Too Often Denied* painted a picture of decreased access to abortion services for a number of reasons - increased violence, retirement of abortion providers, lack of training in medical schools, hospital mergers etc. These reasons for lack of access still exist. The present survey has documented and provided empirical evidence of the effect of these factors and, as such, takes the findings of the '98 study to the level of evidence-based research.

Recommendations

Governments, hospitals, and doctors must become allies in the ongoing struggle to affirm abortion as a reproductive right. There are approximately 105,000 abortions performed a year in Canada, yet there fails to be an outcry on the part of women over the lack of access to this medical service. This is because abortion is a private medical procedure and those having abortions are, for obvious reasons, unwilling to go public with their experiences and concerns. As a result, women have become victims of a health care system which blatantly discriminates against their legal right to reproductive freedom.

Only by working together with governments, medical professionals, hospitals and non-governmental organizations, can CARAL reach its recommended two year target for abortion provisioning: ***by end-of-year 2005, CARAL recommends that the percentage of hospitals providing abortions in Canada climb from 17.8 per cent to 33 per cent.*** Most of this growth must be outside of large urban areas, and the federal and provincial governments - with the assistance of provincial Hospital Associations, the Canadian Medical Association, provincial Colleges of Physicians and Surgeons, the Society of Obstetricians and Gynaecologists of Canada, The Canadian Nurses Association, individual doctors, and informed pro-choice non-governmental organizations such as Planned Parenthood - sign on to this goal. During this time, CARAL will monitor progress, and report on its findings. Monitoring the availability of abortion services can also be undertaken through the department within Health Canada charged with regulating compliance with the Canada Health Act and through the fund established by former Minister of Health Alan Rock to support the department.

To reach this goal CARAL specifically recommends that:

- ***Canadians have unrestricted access to information on abortion provisioning***
- ***Publically funded hospitals be stopped from adopting anti-choice policies***
- ***Professional organizations stop defending doctors who practice in clear violation of medical codes of ethics.***

Findings and Recommendations: Strategies for Change

7.Finding: A Basic Human Right Has Become Marginalized

Despite being legal and covered under the Canada Health Act, abortion has been marginalized in Canada because of persistent attempts by anti-choice groups to politicize the procedure. Women have become victims of the bureaucratic "do-nothing" approach of medical associations and governments when they are discriminated against by "gatekeepers" at hospitals who deny them medical services, anti-choice doctors who refuse to refer and politicians who place restrictions on access.

Governments, hospitals, and doctors neglect their duty in not taking a pro-active stance. They must not be re-active, with their reaction often being one of silence, resulting in a slow winnowing of services, and an increasing view of abortion as being somehow "special" or different from other medical procedures. Though abortion is unique, and requires some distinct considerations, the present problems are not due to any overarching financial, medical, or social concerns: they are the direct result of governments and the medical establishment refusing to counter an anti-choice lobby that is determined to politicize the procedure.

One of the most striking results of this study is the revelation that everyday, Canadian women experience the violation of their human rights under the Canadian Charter of Rights and Freedoms, and that these rights are being denied them by a country which is signatory to a number of international human rights conventions. These human rights violations occur in a variety of forms. The sources are as varied as those who perpetrate them: publicly funded institutions such as hospitals that refuse to offer a prescribed, medically necessary procedure under Medicare, employees who act as gatekeepers; the medical doctors who deny women present and future medical care; politicians and governments which violate the law by providing no abortion services at all (PEI) or require the consent of two doctors to access this medical procedure (New Brunswick); and bogus anti-choice "counselling" centres, which operate with impunity and sometimes even with government funding.

The two-tiered health system adds to this problem. The alternative to hospital waiting lists is a private clinic, but some of these have quotas - caps placed on them limiting the number of patients they can bill under Medicare. In four provinces - Nova Scotia, New Brunswick, Manitoba, and Quebec - clinics charge women because governments in these provinces refuse to cover the costs of either the facility or doctor's fee, and sometimes both. This is true even though under the Canada Health Act Medicare regulations, all medically necessary procedures - and this includes abortion - are to be paid for by the province, whether performed in a hospital or a clinic.

Findings and Recommendations: Strategies for Change

As well, several provinces place abortion on their "Excluded List", along with cosmetic surgery, in their reciprocal billing agreements with other provinces. Thus, if an out-of-province woman does manage to get an abortion, she most likely will have to pay out of her own pocket for the procedure, and not be reimbursed. These two restrictions mean that women who have the means to pay for their abortion can obtain one without delay, while others without the means, cannot. It also means that if a woman wishes to complete her pregnancy under Medicare out of province she can, but if she wishes to terminate her pregnancy, she cannot.

Recommendation

Abortion services need to be mainstreamed, and the denial of abortion services must be understood as a deliberate attempt to block access to a reproductive right. This requires a shift in thinking on the part of governments and the medical profession. Abortion is not "elective surgery" - it is time-sensitive, and *any means* of forcing pregnancies to term against a person's will is a *severe abuse* of their right to life, liberty, and security of person, as guaranteed under the Canadian Charter of Rights and Freedoms. We must be clear: this fact has been established in law by Canada's highest court. There is no longer any debate on this matter. The present tiered system is illegal. It establishes abortion not as a right, but as a saleable privilege. In effect, Health Canada must bring an end to the discriminatory practices occurring under the Canada Health Act.

It can do this by:

- ***Withholding transfer payments for New Brunswick, Nova Scotia, Quebec and Manitoba for their refusal to cover clinic abortions under Medicare.***
- ***Using the powers invested in the federal Advisory Committee on Health Services to bring about consensus by the provinces to remove abortion from their "excluded lists" for reciprocal billing.***
- ***Bring pressure on the government of PEI to end the "Northern Ireland" practice of forcing women to go to the mainland to obtain medical treatment.***
- ***Require Health Canada's Women's Health Bureau to address barriers to abortion through implementation of its Women's Health Strategy (1999).***
- ***Stop the intimidation of abortion providers by designating anti-abortion acts of violence and harassment as Hate Crimes under the Criminal Code.***

As well, abortion must be part of a holistic approach to the delivery of women's reproductive health services. Abortion should be seen as one of several options a woman has in controlling fertility, along with fertility treatment and contraception.

Findings and Recommendations: Strategies for Change

Though CARAL is by no means against freestanding clinics, the truth is that they came into being as a result of negativity surrounding abortions. Insofar as clinics only conduct abortions, they can be seen to be adding to the marginalization of the procedure. There are strong arguments to support the claim that clinics are the best source of high standard, compassionate abortion care with proper counselling. However, the reality today is that two thirds of abortions in Canada are performed in hospitals, mostly because of convenience, but also for geographic and financial concerns.

Hospitals need to integrate abortion into all reproductive health services and also upgrade abortion services to meet the standard being set in the majority of clinics. This is already happening in British Columbia in the *Women's C.A.R.E. (Comprehensive Abortion & Reproductive Education) Program.* In order to end the marginalization of abortion service in Canada, *CARAL recommends C.A.R.E. as a national model.*

The program has three components.

- The first component is the provision of services. This includes assessment, decision-making counselling, contraceptive education, pre and post abortion counselling, appropriate reproductive health screening and abortion procedures for women between the 5th and 18th week of pregnancy. A woman may be referred by her doctor, or call to make her own arrangements.
- The second component is the Provincial Outreach Service (POS). This is a toll-free, province-wide telephone service which provides counselling, information and referral for women at any stage of pregnancy who require information regarding their options, counselling, or a termination of pregnancy. POS assists women throughout BC in accessing abortion services as close to their homes as possible. POS also assists communities in establishing services for women with unintended pregnancies.
- The third component is the CARE Program Special Services. Special Services coordinates the provisioning of care for women throughout the province who require pregnancy termination due to a diagnosis of fetal anomaly, maternal health indications, or when intrauterine fetal death has occurred. The majority of these cases are beyond 18 weeks gestational age and require access to special facilities. Core program functions of C.A.R.E include academic teaching and training, clinical research, outreach, partnership/off-site service, and staff/patient education. It should be noted that C.A.R.E is having significant success in Kelowna, BC, despite the strong anti-choice presence in that area.

Findings and Recommendations: Strategies for Change

Obviously, then, hospitals have to be part of the solution. With regard to hospitals CARAL recommends:

- *In conjunction with provincial Ministries of Health, hospitals must develop and expand on service models which provide abortion as an integral part of the delivery of comprehensive reproductive health care within general hospitals.*
- *Provide training in abortion procedures to interns and residents.*
- *Make provision for abortion services after a hospital merger between secular and Catholic-run institutions, eliminate hospital policies against abortion, and require that staff appointed OB/GYN specialists perform abortions on request.*

Because abortion is marginalized in society at large, it needs to be brought into the public sphere, and that means more attention on the part of universities, and also an obligation on the part of the Canadian government to develop a enhanced delivery model.

For these reasons, CARAL concludes by recommending:

- *Universities introduce courses in Civil Liberties and Public Policy curricula which place reproductive freedom within a human rights, international development, health and legal framework.*
- *The formation of a consortium/task force on the integration of abortion, as a medical procedure, into the health care delivery system in accordance with the five principles of the Canada Health Act.*
- *That the federal government provide funds to universities, Centres of Excellence, Women's Health Research Institutes etc. to investigate and document the various factors which currently mitigate against access to abortion services in Canada.*

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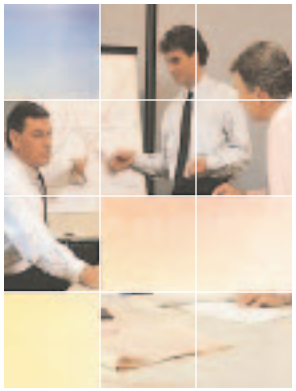

HOSPITAL ABORTION SERVICES IN CANADA

Background:

For over a hundred years (1869-1969), Canada lived under a regime where abortion was a crime under any circumstances. It was not until 1969, with the passing of the "Omnibus Bill" - Bill C - 150 (hereafter referred to as Canada's abortion law), that Canada legalized abortion along with contraception and homosexuality. However, legal abortions could only be performed in a hospital and only with the approval of a Therapeutic Abortion Committee (TAC).

In 1988, the Supreme Court of Canada ruled that the 1969 abortion law was unconstitutional under the Canadian Charter of Rights in Freedoms. An attempt to reintroduce a law restricting abortion was defeated in the Senate in 1991.

With the legislation defeated, it seemed reasonable to assume that access to a hospital abortion would increase because all independent health care facilities could now offer the procedure without criminal penalties. Furthermore, hospital abortion services would be available under provincial health care plans and delivered in accordance with the terms of the Canada Health Act.

However, as the current report on hospital services has shown, the legacy of the TACs in having to somehow 'sanction' this medical procedure, still operates as a serious barrier to obtaining a hospital abortion in communities across Canada.

Hospital Abortions under Therapeutic Abortion Committees (TACs)

The following information on the history of hospital abortions under the jurisdiction of TACs is drawn from research conducted by Dr. Raymond Tatalovich as published in his book "The Politics of Abortion in the United States and Canada" - A Comparative Study (1997).

In 1969, abortion became legal in Canada only if a woman received the consent of three doctors presiding over a TAC. The doctor ultimately performing the procedure could not be one of the Committee members. These requirements made it virtually impossible for many women to obtain an abortion in a timely fashion. To make matters worse, many community hospitals did not have a TAC, the TACs met infrequently and/or were unsympathetic to a woman's desire to end her pregnancy.

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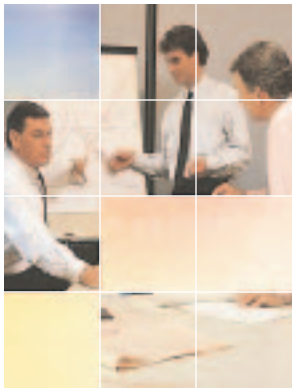

Long before the final defeat of the abortion law in 1988, there were well-documented disparities in both the accessibility and distribution of abortion services in Canada. In fact, an important element in doing away with the abortion law of 1969 was the concern of doctors that the system of TACs was simply not working. By 1975, Doctors for the Repeal of the Abortion Law (DRAL) petitioned Parliament to remove abortion from the Criminal Code. It noted that as early as 1971 the Canadian Medical Association declared the law to be "unworkable."

In 1975, the Privy Council appointed a Royal Commission on the Operation of the Abortion Law with a mandate "to determine whether the procedure provided in the Criminal Code for obtaining therapeutic abortions is operating equitably across Canada." The conclusions in the five-hundred page report (Badgley, 1977) states... "that the procedure provided in the Criminal Code for obtaining a therapeutic abortion is in practice illusory for many Canadian women." It went on to explain:

> Coupled with the personal decisions of obstetrician-gynaecologists, half of whom (48.9 percent) in eight provinces did not do the abortion procedure in 1974-75, the combined effects of the distribution of eligible hospitals, location of hospitals with therapeutic abortion committees, the use of residency and patient quota requirements, the provincial distribution of obstetricans-gynaecologists, and the fact that this procedure was done primarily by this medical specialty resulted in sharp regional disparities in the accessibility of the abortion procedure. (Badgley, 1977)

Since abortion has become legal, it has always been difficult to ascertain how many hospitals; a) have the capacity to perform abortions; and b) actually offer the service. In 1973, DRAL determined how many "general" hospitals with more than ten beds existed in each province and compared that list with the hospitals reporting to Statistics Canada that they, as the law required, had in fact established a TAC.

In 1986, Tatalovich replicated this analysis and found a pattern similar to what both DRAL and the Royal Commission on the Operation of the Abortion Law had determined. Tatalovich found that, despite the sixteen years that had passed since the enactment of the abortion law, of the 559 hospitals with abortion capacity in 1976, only 271 (or 48.5 percent) actually established TACs. Similar findings regarding the disparities in hospital services was reported in the Report on the Therapeutic Abortion Services in Ontario prepared by the Ontario Ministry of Health (Powell, 1987).

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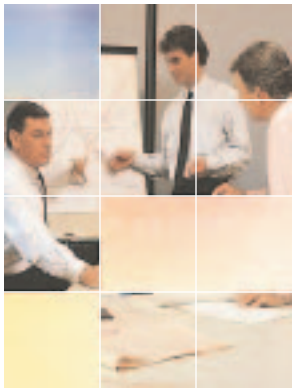

It is important to point out that these studies only provide data on the rate of abortions by the number of hospitals with the capacity to perform the procedure i.e. hospitals with active TACs and with obstetrical- gynecological and/or medical surgical units. What they do not show is how the number of hospitals with the capacity to perform abortions correlates with meeting the demand for abortion services.

The Abolition of TACs

It was the ruling of the Supreme Court of Canada in the decision of R. v. Morgentaler (Morgentaler Decision) of 1988, which was based on the Canadian Charter of Rights and Freedoms, that led to the abolishment of the TACs and granted women the individual right to choose abortion to end a pregnancy.

The Morgentaler Decision (1988):

The Supreme Court of Canada's ruling in the Morgentaler Decision struck down the abortion law of 1969 that required women to obtain approval for an abortion from a TAC. The ruling stated that restricted access to abortion under these conditions was unconstitutional in its violation of a woman's liberty, equality and bodily security under the Charter of Rights and Freedoms.

The ruling stated that the procedure and restrictions stipulated in s. 251 (of the Criminal Code) for access to therapeutic abortion make the defense illusionary resulting in a failure to comply with the principles of fundamental justice. Also, the requirement of s.251(4) that at least four physicians be available at the hospital to authorize and perform an abortion in practice makes abortion unavailable in many hospitals. The restrictions attaching to "accreditation" automatically disqualifies many Canadian hospitals from undertaking therapeutic abortions. The provincial approval of the hospital for the purposes of performing therapeutic abortions further restricts the number of hospitals offering this procedure. Even if a hospital is eligible to create a committee, there is no requirement in s.251 that the hospital needs to do so.

The administrative system established for the operation of the TACs fails to provide an adequate standard for the members of the committee which must determine when a therapeutic abortion should be granted. The word "health" is vague and no adequate guidelines have been determined for the committees. Therefore, it is typically impossible for a woman to know in advance what standard of health will be applied by any given committee.

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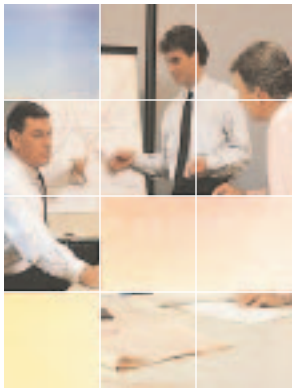

Thus, in striking down the old abortion law, the justices of the Supreme Court of Canada stated that the evidence established convincingly that it is the law itself which in many ways prevents access to local therapeutic abortion facilities.

The Canadian Charter of Rights and Freedoms (1982):

It was because of Section 7 of the Charter of Rights and Freedoms that the Supreme Court of Canada justices struck down Section 251 of the Criminal Code law which maintained that abortion was a criminal offense unless performed under certain conditions. These conditions, specifically the TACs, did not allow women to make decisions about their own bodies. The right to reproductive choice is clearly stated in the words of the jurists in their ruling (Morgentaler Decision - 1988)

- "Section 251 of the Criminal Code, which limits the pregnant woman's access to abortion, violates her right to life, liberty and security of the person within the meaning of s. 7 of the Charter in a way which does not accord with the principles of fundamental justice." (Page 11)

- "The right to "liberty" contained in s.7 guarantees to every individual a degree of personal autonomy over important decisions intimately affecting his or her private life. Liberty in a free and democratic society does not require the state to approve such decisions but it does require the State to protect them." (Page 11)

- "A woman's decision to terminate her pregnancy falls within this class of protected decisions. It is one that will have profound psychological, economic and social consequences for her. It is a decision that deeply reflects the way a woman thinks about herself and her relationship to others and society at large. It is not just a medical decision; it is a profound social and ethical one as well." (Page 11)

- "Section 251...asserts that the woman's capacity to reproduce is to be subject, not to her own control, but to that of the state. This is a direct interference with the woman's physical 'person'." (Page 12)

Post-1988: The Provision of Hospital Abortion Services:

One would have thought that the Supreme Court of Canada's actions would have sent a positive message to the health care community that, legally at least, they could perform abortions without fear of recrimination. Based on the Morgentaler Decision of 1988, abortion was now a medical procedure to be decided upon by a woman and her doctor and ostensibly could be performed in any hospital by a qualified physician. However, since this 1988 ruling, women have had the legal right to an abortion but exercising this right through ready access to abortion services continues to be challenged by all sectors of Canadian society.

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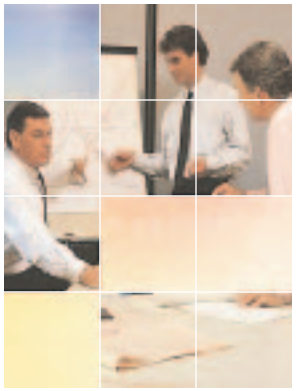

Canadian academics, with one exception (Brodie 1994), have not focused on the implementation problem of providing abortion services in accordance with the Supreme Court of Canada's ruling which could be generally considered to be Canada's "abortion policy". Research on that aspect has been largely left to government officials, reform groups or feminist organizations seeking to show how unfair and uneven existing abortion policy has been. However, those studying the implementation of a national abortion policy agree that the logical way to provide abortion is for hospitals to offer that service.

In any country the implementation of an abortion policy depends upon the health care community which in Canada, unlike the United States, is more public than private. Implementation is also affected by the funding powers of the provinces in addition to whatever medical regulations those jurisdictions can impose on the medical procedure.

With the TAC's no longer acting as a barrier to access, Tatalovich in 1990 tried to assess whether the Morgentaler Decision would have an effect on the number of hospitals providing abortions. Each provincial and territorial authority was contacted to determine which hospitals did abortions in 1990. His findings indicate that the number of hospitals providing abortions had actually declined further since his survey of 1986.

This decline in services could actually be attributable to the decriminalization of abortion in 1988, because after that date there was no need for TACs and hospitals were not required to have a trained abortion provider on staff. Alternatively, since 1988, certain provinces such as New Brunswick, continue to operate illegally under a policy which requires two doctors plus the referring doctor to approve a hospital abortion.

Presently, hospitals set their own policies around providing abortion services, irrespective of the Canada Health Act. As a result of recent mergers between Catholic and secular hospitals, the publicly funded Catholic run institutions are taking over as the sole provider of reproductive health services in communities across Canada. Since Catholic hospitals do not provide abortions, the trend to merge secular with religious based institutions is contributing to a further decline in hospital services.

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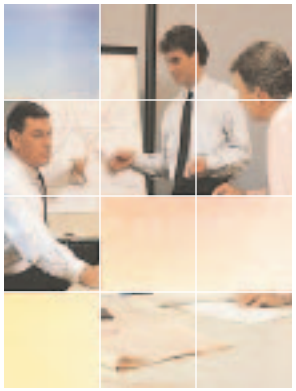

The Essential Role of Hospitals in Abortion Provisioning:

It is essential that hospitals with the necessary facilities be required to provide abortion as an integral part of reproductive health care for women for the following reasons:

1. With the advancement of contraception and the treatment of such conditions as sexually transmitted diseases and infertility, hospitals need to be prepared to provide a full range of integrated reproductive/sexual health services, including abortion.

2. Hospitals play an important role in providing training sites for medial residents and other health care professionals. Hospitals that fail to provide abortions at all, or do very few, cannot fulfill this role.

3. Private abortion clinics are only situated in larger urban areas and are not a viable alternative for rural women. Therefore, hospitals must provide abortion services to women residing outside of large urban areas.

4. Hospitals are able to provide care for women with special medical needs, such as a heart condition, which clinics cannot treat.

5. Hospitals are essential for managing possible complications from abortions.

Funding of Hospital Services under the Canada Health Act:

There are twelve interlocking provincial and territorial plans in Canada's health care delivery system. By 1961, every province and territory offered public insurance plans providing coverage of in-hospital care and, by 1972, coverage was expanded to cover all physicians' services.

The federal government has shared in these costs since 1957 and contributions are conditional on provincial and territorial adherence to the five principles of the Canada Health Act (CHA) which are, accessibility, comprehensiveness, public administration, portability and universality.

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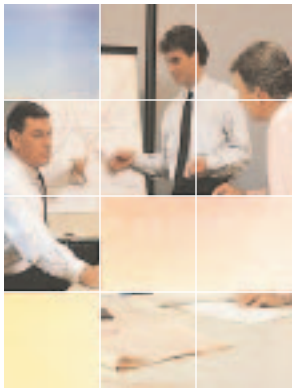

Abortion as a "Medically Required Procedure":

Whereas the Morgentaler Decision (1988) secured the right to legal abortion, it is the funding of medically required procedures under the Canada Health Act which established the right to medicare funded abortion services in hospitals and clinics.

Provincial and Territorial Colleges of Physicians and Surgeons have ruled abortion as being "medically required " based on the criteria that it is a surgical procedure which must be performed by a doctor, and the only procedure which can safely terminate a pregnancy. Unlike elective procedures, a pregnant woman cannot simply cancel the outcome. Once a woman is pregnant, she must decide either to give birth or have an abortion. Therefore, both outcomes need to be recognized as medically required on an equal basis.

Under the Canada Health Act, all medically required procedures are to be covered under Medicare, whether performed in a hospital or a freestanding clinic. Furthermore, according to the Canada Health Act medical services covered under Medicare are to be administered in accordance with the five principles of the Act.

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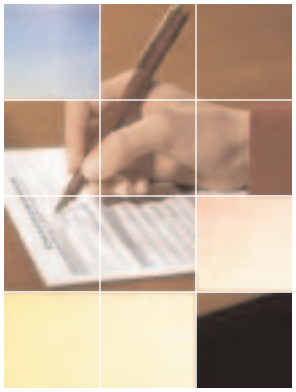

CARAL Hospital Access Project Mailed Questionnaire

Hospital _____

Phone Number _____

Contact Name/Title _____

Messages _____

1. Does your hospital provide elective abortions ☐ yes ☐ no

2. Does the hospital have a written policy on the provision of abortion services? ☐ yes ☐ no

   If yes, please attach a copy of your policy and state how that policy was determined. (i.e. hospital board or other body.)

3. If your hospital does not provide abortion services, does it provide referrals to other centres? If so, which one(s)? ☐ yes ☐ no

   If your hospital provides abortion services, please describe these services by answering the following questions

5. Up to how many weeks of pregnancy can the procedure be performed? _____

   After what stage of the pregnancy (number of weeks) will the hospital refuse to provide an abortion? _____

6. Does a woman need to be referred by a physician in order to obtain an abortion? ☐ yes ☐ no

   OR can she call and make her own appointment? ☐ yes ☐ no

7. Can the hospital provide an abortion within 24 hours of intake? ☐ yes ☐ no

   If not, what is the average waiting period for the procedure? _____

8 Does your hospital provide abortion counseling services? ☐ yes ☐ no

9. Are clients from outside the community and/or province allowed to obtain abortion services free of charge? ☐ yes ☐ no

   If not, what are the charges for the procedure? _____

   _____

10. Does the hospital offer translation services? ☐ yes ☐ no

    If yes, in what languages? If no, where does it refer people for service in other languages? _____

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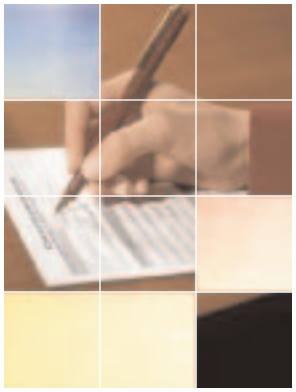

CARAL Hospital Access Project Telephone Questionnaire

Hospital _____

Address _____

Phone _____

Date and Time _____

You are calling to inquire on abortion procedures. You are about 10 weeks pregnant (they may ask the date of your last menstrual period (LMP)). Take the date you are calling on and count back 10 weeks. For example, if today is June 15th, your LMP would be April 7th)

Today's Date _____

LMP _____

1. Call the main hospital number. Say that you are pregnant and are considering an abortion, and ask to be transferred to the appropriate department.
2. When you reach the appropriate department, use following "script", and record all answers.

A. Hello. I am pregnant and am considering an abortion - do you do abortions at your hospital? ☐ yes ☐ no

If "yes", record the process you must follow to be referred to a physician for scheduling.

_____

_____

_____

_____

_____

If "no" , record if they offer referrals without being asked. ☐ yes ☐ no

Offer referrals without being asked: ☐ yes ☐ no

Referrals Offered:

_____

_____

_____

_____

_____

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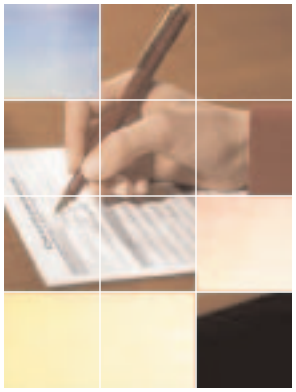

CARAL Hospital Access Project Telephone Questionnaire

If they don't offer referrals, ask for referrals.

Referrals Offered:

_____

_____

_____

_____

_____

Name and position of person you are speaking to:

_____

_____

Comments:

_____

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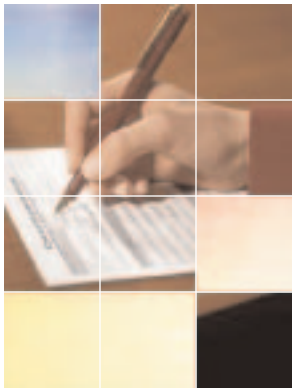

CARAL Hospital Access Project
Planned Parenthood Questionnaire

Planned Parenthood _____

Address _____

Phone Number _____

Executive Director _____

Messages _____

1. Does your Planned Parenthood service primarily a rural or urban area?
   (If you service both a rural and urban area, please check both) ☐ Urban ☐ Rural

2. Does your office record the number of calls you receive about abortion services? ☐ yes ☐ no

   If yes, on average, how many calls does your office receive about abortion services per month? _____

   And, what percentage of your total calls are about abortion services? _____

3. How many doctors perform abortions in your area? _____

4. Where do you refer women for abortion services in your area? For each, please include to what gestation period they will perform the abortion procedure.

   Names _____

   _____

   Gestation Period _____

5. Are there any abortion providers in your area where you prefer not to refer women? ☐ yes ☐ no

   If yes, which services are these and why do you prefer not to refer to them?

   _____

6. If any hospitals in your area provide abortion services, what is your agency's relationship with those hospitals?

   _____

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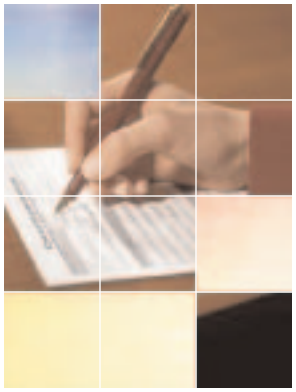

CARAL Hospital Access Project
Planned Parenthood Questionnaire

7. In your area, can a woman call and make her own appointment for an abortion? ☐ yes ☐ no

   OR Does she need to be referred by a physician? ☐ yes ☐ no

8. What are some of the barriers that women in your area face around obtaining abortions?

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9. Does your Planned Parenthood provide abortion counseling services? ☐ yes ☐ no

   Please share any stories that you have heard from women in your area who have encountered problems accessing abortion services. (Please use more paper, if needed)

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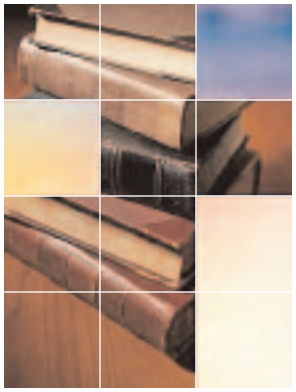

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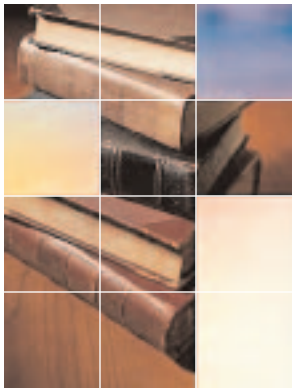

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Percentage of Canadian hospitals providing abortion services, by province and territory.

Pourcentage d'hôpitaux canadiens assurant des services d'avortement selon les provinces et les territoires.