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Guide for a Study PROGRAM ON ABORTION



GRANT MARVEL '71

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GUIDE FOR A STUDY PROGRAM ON ABORTION

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GUIDE FOR A STUDY PROGRAM ON ABORTION

- I Morality
- II Law: the situation in Canada today
- III Action for Change

N.B. Techniques for discussion.

The main value of any discussion on abortion is to help people articulate and systematize their own thoughts and feelings and focus them on action. Especially in section I, people can be helped to express their deepest concern by such techniques as:

- * Dividing into pairs and writing down each others answers to the questions.
- * Brain-storming in small groups regardless of the study outline, i.e. listing of all their problems and indignation in the abortion issue.
- * Writing down privately how they feel about abortion and seeing if this has changed at the end of the study program.
- * For Speakers contact A.R.C.A.L. - See addresses page 13.

Introduction

Discussion leaders may feel the first section of this guide on how do you feel, is not suitable for their group.

- continued

I Morality

1. How do you feel ?

Before you try to think out what is right and wrong with regard to abortion, you must be aware of your own deep feelings on the issue, which will strongly influence the positions you take. How you feel in each of the following aspects will be revealed to you by your answers to the questions.

- a. The act of abortion: at what stage does the foetus feel like a baby for you ? In what circumstances do you feel someone could responsibly have an abortion ?
- b. Sex and Sexuality: It has been found that people's attitudes to abortions are subtly influenced by the way they were brought up to feel about sex and their own sexuality. Do you see a relationship between your attitudes to abortion and your feelings about your own sexuality ?
- c. Sex and marriage: Do you always disapprove of sex outside marriage ? Is the threat of pregnancy a way of maintaining standards of sexual morality ?
- d. Contraception: Is it a woman's responsibility alone or are both partners responsible ? How do you feel about people who haven't used contraception or whose precautions failed ?

- e. Childbirth and childrearing: For you, is all this a duty, a privilege, a joy or a burden, or what ?

2. The morality of abortion

When people discuss the rights and wrongs of abortion, both for individual decisions and for social policies they should try to weigh four different factors. Select those considerations which have most influence on you, and try to admit where you are being swayed by the feelings discussed in section I.

- a. The value of the foetus: Here there are three main positions:

- i) The early foetus is an "unborn child" from the moment of conception, so abortion is murder and can never be justified.
- ii) The early foetus is just human tissue, or cells growing and dividing, but not a being separate from the mother. Therefore the mother has a right to terminate its existence in the early stages.
- iii) The early foetus is in some sense a human being, "a unique though immature form of human life", but it does not yet have the full value of actual people; through the sacrifice of this nascent life can be justified when the quality of life of all concerned (including the foetus) is seriously threatened. Some people believe that the foetus grows in value and becomes more fully human as the weeks and months of pregnancy go by, and therefore insist that early

abortions are morally as well as medically vastly preferable. Any acknowledgement of foetal value involves deploring the careless creation and casual destruction of human life, and therefore urges contraceptive responsibility.

- b. The rights of the mother: What reasons could justify obliging a teen-ager, or woman, to go through with pregnancy and childbirth, then child-rearing or choosing instead to give the child up ?

Should women be trusted to assess the limits of their own physical and emotional resources ?

Is it possible to do a creative job as a mother, before, or after birth, if you resent the child ?

Is acting on your own decision, or having to accept the decisions of others, the best way of learning to take responsibility for the consequences of your own acts ?

Does the man involved have any right to insist on abortion, or forbid abortion ?

- c. The prospects of the foetus for a certain quality of life:

Does every child have a right to be loved ?

Can children be permanently damaged by emotional rejection ?

Is the unwanted baby often later the battered and neglected child ?

Twenty hereditary diseases can be detected by the fourth month of pregnancy. Should foetus' with a high risk of deformity be aborted ?

- d. The quality of life of others: Should parents be allowed to judge for themselves the limits of their own financial and emotional resources ?

How seriously are the other children in the family damaged when a mother is overstrained and resentful because of an extra baby ?

What is the relevance of the population explosion ?

3. Religious Convictions

If you want to consider the abortion issue in the light of your own deepest insights into the meaning of life, that is, from the point of view of your faith, you should find out which of the following traditional beliefs mean most to you; and then ask how they affect your convictions on abortion:

- a. For some people, religious faith is mainly a trustful acceptance of whatever happens, especially birth, suffering and death, as part of God's providential plan. This is expressed in the Authorized Version translation of Romans 8.28: "All things work together for good to them that love God". The stress is on not interfering with natural processes, which express God's will.
- b. For some people, religious faith is well expressed in the Revised Standard Version translation of Romans 8.28: "In everything God works for good with those who love Him". That is, religious faith is mainly a trustful acceptance of divine help as one accepts responsibility for changing

the world in creative, loving activity - regulating birth, reducing suffering, or preventing death. The stress is on human control of natural processes, so as to do God's will.

- c. For some people, religious faith involves a special concern for the underprivileged, for the innocent and the defenceless, the unwanted and the unlovely. This concern may be focused on the foetus, on the one hand, or on unloved or battered children, on the other; or on the teen-ager or woman with a problem pregnancy.

NOTE TO DISCUSSION LEADER:

These are, of course, not all the various beliefs people may hold. These may just serve to initiate discussion.

In some groups this whole section may not seem suitable.

II Law: the Situation in Canada today

1. What is the Canadian abortion law (Feb. 1972)

A section of the Canadian Criminal Code which came into effect in August 1969, permits abortion when the majority of the members of a committee of no less than three doctors have issued a certificate stating that the continuation of pregnancy would be likely to endanger the health of the pregnant woman.

The Provincial Minister of Health authorizes, but does not oblige Hospital Boards to appoint such a committee. He can also "approve" non-accredited hospitals to perform abortions.

The wording of the Act suggests that the doctor performing the abortion should not be a member, or at least not a voting member, of the committee.

The consent of the father is not required by the Federal legislation. But this is sometimes demanded by hospital bye-laws.

2. How does this work in practice ?

a. Hospitals can choose for themselves whether they perform abortions or not. If they do not want to they do not appoint a committee. Catholic hospitals do not have committees.

b. No hospital with less than four doctors can have a Committee.

c. Every committee interprets "endanger life or health"

their own way. Everywhere the grounds for getting an abortion vary.

- d. The committee system itself is poor medical practice, since doctors are making judgements on patients they have not seen. It is also poor legal practice, since the committee members are in effect administering the law and making judicial decisions although they have no legal training.
- e. Since some hospitals do few or no abortions, those with liberal policies are unfairly burdened. Some are therefore having to restrict the number of abortion patients each doctor can admit by a quota system and limit the number of appointments that can be made for abortions at gynaecology clinics.

3. What is happening to Canadian women ?

- a. Many teen-agers and women faced with a problem pregnancy do not know where to turn for help. They may not know what is available in their own community, who to ask, or how to get help in another city. The situation is fraught with unnecessary anxiety.
- b. "Shopping-around" for an abortion takes time, e.g. some Toronto hospitals have a three week waiting list before a first appointment. It can be another week before the committee has met and surgery is performed. But if a woman has not sought help till her eighth or ninth week of pregnancy, this delay could prevent her getting an

abortion before 12 weeks. The D & C and vacuum method of abortion is relatively safe, but the hysterotomy and saline injection procedures that have to be used after 12 weeks are far more traumatic and have a higher incidence of complications.

- c. Many Canadians resort to buying an abortion in New York State (4,437 for the first year of the new permissive law). This costs about \$180 plus air fare. Thus it is only the poorer, less sophisticated and determined Canadian woman who is in effect penalized by the Canadian law. The Canadian medical profession, and public health authorities have no control, and little knowledge of the conditions prevailing in U.S. clinics and hospitals. Standards of medical and nursing care and the general atmosphere prevailing, vary enormously and the experience can be distressing. The journey itself adds to guilt and anxiety.
- d. Women have to concentrate all their resources on one question: where can I get an abortion in time ? Counselling services are forced into the role of emergency referral agencies. There is nothing in the present law and little in the present practice of hospital or social service agencies, to develop constructive abortion counselling (see Guide on Providing Problem Pregnancy Counselling).

4. Do you know what is going on in your Community ?

If you are concerned about changing the abortion situation start by finding out what is going on in your community.

a. Which of your nearest hospital(s) have therapeutic abortion committees?

b. What are their criteria for granting abortions ?

Who are the most influential people for deciding these (e.g. head of obstetric-gynaecology ? Board of Governors ?)

c. If there is not a committee, why not? Where do the patients go for abortions who would normally go to that hospital for obstetrical and gynaecological care ? Remember that any publicly financed hospital should be accountable to the community for the service it provides. You have a right to inquire.

d. What are the attitudes of your local G.P.s, Public Health Nurses, Children's Aid and Family Services, Ministers ? Who will help you exert pressure for change ?

NOTE: A.R.C.A.L. Toronto is collecting all data possible on the changing of abortion situations across Canada. Please send any of the information you have in your local community to:

A.R.C.A.L. (Association for the Review of Canadian
Abortion Laws)

31 Prince Arthur Avenue.
TORONTO 180, Ontario

III Action for Change

1. Law and Morality

Beliefs on the morality of abortion vary widely in our society, all the way from those who believe that abortion is always wrong to those who believe it is a women's absolute right. Your convictions may fall somewhere between these extremes.

Given what you believe and that others believe differently, in what ways do you think our society should be regulating the practice of abortion. Some of the options are:

- a. By using the force of the Criminal law to empower some people (the Abortion Committee) to make the decision ? This is the law at present.

N.B. The Canadian Medical Association and the Society of Obstetricians and Gynaecologists do not want this responsibility. In June, 1971, they voted that the decision should be made between a woman and her doctor.

- b. By defining the stage of pregnancy beyond which abortions should not be performed ? Perhaps after 20 weeks only a genuine threat to the mother's life should justify an abortion ?
- c. By using the Criminal Code to prevent abortions being performed by medically unqualified people or in facilities that have not been inspected and approved.

- d. By financing counselling services to ensure that the abortion decision has been thought through carefully, and contraceptive advice understood and accepted (see Guide on Problem Pregnancy Counselling).

No abortion law is ever effective. Determined women will always resort to illegal abortionists or go outside the country.

The United Church Study says:

"There is no moral concensus in our society concerning abortion which would make it feasible or right to use the law to impose decisions on individuals".

Do you agree ?

Can we get people to realize that abortion is serious medically and morally by any controls short of the use of the law ?

(Education ? Counselling ?)

II Changing the Federal Law

If you consider that the Committee system is wrong in principle and wont work in practice, try to do some of the following.

- a. Write to your M.P. Any sincere letter is effective, short or long, simple or well-reasoned. If you have discussed this matter as a group, send a group letter as well.
- b. Ask for an appointment with your M.P. Go alone or as a group to state your convictions and ask what he and his party will do on the issue.

- c. Do the same at election meetings. Contact women involved in party riding Associations and ask them to raise the abortion issue with their candidate.
- d. Women's Abortion Law Repeal Coalitions are forming in various Provinces. They tend to be radical and feminist, but if you share their convictions and believe their tactics are effective, you can help them circulate petitions, demonstrate and form a National Coalition.

Addresses:

Ontario Women's Abortion Law Repeal Coalition
P.O. Box 5673, Station A,
TORONTO, Ontario. 863-9773, 364-6696

Maritimes

Ruth Taillon,
2614 Windsor Street,
HALIFAX, N.S.

Quebec

Women's Coalition for Abortion Law Repeal
1650 Sherbrooke St. W.
MONTREAL, P.Q.

Committee pour l'abrogation des lois sur l'avortement,
877 Dollard Ave.,
OUTREMONT, P.Q.

Manitoba Abortion Action Coalition,
315 B - 416 Main St.
WINNIPEG 1. Man.

Saskatchewan Women for Abortion Law Repeal,
Apt. 2, 521 18th St. W.
SASKATOON, Sask.

Alberta

Edmonton Women for Abortion Law Repeal
9307 104th Ave.,
EDMONTON, Alta.

British Columbia

B.C. Women for an Abortion Law Repeal Coalition
483 E 28th St.
VANCOUVER 10, B.C.

- e. If you join ARCAL or help form a new ARCAL branch you will be supporting direct political pressure and helping to develop the counselling services and research needed to make repeal truly helpful for women.

ARCAL Branches:

TORONTO: 31 Prince Arthur Ave. Toronto 180. 924-0895.

OTTAWA: 160 Laurier Ave. W. (613) 232-9606

HAMILTON: P.O. Box 6113, Station F. (416) 525-2630

III Making Abortion more equitably available to women at a local and Provincial level.

- a. If policies at your local hospital(s) are restrictive, ask for an interview with the Chairman and members of the therapeutic abortion committee.
- b. If there is no committee, ask for an interview with the Board of Governors or Trustees.
- c. Write to and seek interviews with your M.P.P. and your Provincial Minister of Health. Ask him if he agrees:
 - i) that all publicly financed hospitals should be willing to have their facilities used to perform abortions.
 - ii) if he will oblige all hospitals to inform their local communities of their policies on abortion.
 - iii) if he would consider approving clinics for problem pregnancy care (contraception and abortions in the first trimestrae)

- d. Ask your Provincial hospital services commission to provide the public with figures on abortions performed hospital by hospital.

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Prepared for the National YWCA Convention, 1971.