

**Reality Check**  
**A Close Look at Accessing Abortion Services in Canadian Hospitals**

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Good morning. I would like to begin by thanking everyone for being at the launch of Canada's most current report on the accessibility of abortion services in Canadian hospitals. *Reality Check* has been the focus of my career for nearly a year now, and today, I am very excited and honoured to be presenting its results to you.

**Methodology**

In order to really understand what accessing abortion services in Canada is like for the women who need them, it was important to use a methodology that researches information from the perspective of a pregnant woman. It was with this mentality that I personally called all 791 public hospitals across Canada, to ask each about abortion services under the guise that I myself was a pregnant woman considering an abortion. To each hospital, I said the same thing. "Hello, I am pregnant and considering an abortion. Do you provide abortions at your hospital?" It was from this simple question, that much of the information that I am about to give you was discovered.

When I called each hospital, I was looking for two things. Whether or not the hospital provided accessible abortion services, and how I was treated by staff members. To confirm the information that I collected over the phone, Canadians for Choice sent each hospital in Canada a questionnaire that asked about their facilities abortion services. Then, through the compilation of testimonies from sexual health centres, social workers and individual women, we analysed the many barriers that women still face and explored how accessible abortion services really are through the personal experiences of women.

**National Findings**

The findings of the report are shocking. Since the CARAL report of 2003, the number of hospitals that are offering abortion services in Canada has decreased nearly two percent. This means that the national percentage of hospitals with accessible services is only 15.9% or, 1 in every 6 hospitals in Canada. What is even more shocking than this percentage, are the experiences that I had and the way that I was treated as a pregnant women in search of abortion services. I'm going to tell you a little more about those in a few minutes.

For now, in order to see what having an access rate of only 15% means, we've put up maps to show you where the hospitals with accessible abortion services are located in Canada. (This map is also located on the inside cover of the report.) Each red dot represents a providing hospital. Now I want you to take a minute and imagine that you live here... or here... or anywhere in here. Hospitals with accessible abortion services in Canada are few and far between. Especially in rural Canada, which takes up the most area in our country, there are hardly any services. In fact, the majority of providing hospitals are located in urban areas, within 150km of the American border. Look at Manitoba, there are only 2 hospitals offering accessible abortion services, both of which are an hour from the American border, and only two and a half hours apart. A woman from Northern Manitoba might have to travel 20 hours to get to the nearest in-province provider. Obviously, travel, and the amount of money that travelling requires, are huge barriers that impede the access of thousands of women every year.

## **Barriers**

### **Cost and travel :**

For the many women that are required to access abortion services outside of their area of residence, having to travel can be an insurmountable barrier. Travelling can require a great deal of time, money and a loss of confidentiality. Procedural costs, transportation and accommodation costs and unexpected expenses can amount to a large sum. Furthermore, a woman who is required to travel may have to explain her absence from school, or from work, to members of her family or friends and women who are caregivers may have to arrange, and pay for, elder or childcare.

There are many reasons why women may have to travel outside of their area of residence in order to access abortion services. In many cases, by the time a woman figures out that she is pregnant, she has already passed the limit at which an abortion can be performed in her area. According to the responses that we received on the written questionnaires from hospitals, many facilities only offer abortion services up to 10 weeks gestation. For many women, this is around the same time that they first realise they are pregnant. In fact, 50% of providing hospitals that responded to our questionnaire only provide abortion services up to 13 weeks gestation. While over 90% of abortions are generally done within the first trimester anyway, it is important that more hospitals offer late-term abortion services to accommodate the women who, for various reasons- such as, foetal anomalies, maternal health issues and long wait-times -need to have an abortion past the thirteenth week of pregnancy.

In some parts of the country, wait-times to access abortion services can exceed 6 weeks. This wait period is extremely long for a time sensitive procedure such as an abortion, and may require some women to access abortion services in places outside of her local area. In many other situations, abortion services are simply not offered in a woman's area of residence. To this day, there is still only *one* hospital that has abortion services North of the Trans-Canada highway in Ontario.

Some provincial governments, such as New Brunswick, still refuse to pay for abortions that are performed outside of hospitals. Even outside of New Brunswick, some clinics in Canada require the women who use its services to pay a fee that goes towards paying for facility costs and physician services. Despite the fact that in the majority of cases provincial governments reimburse the fees paid, for many women, having to produce enough money to make the initial payment can be too financially straining.

(Example: I spoke with a doctor in a Northern Ontario town who told me that when he refers women for abortion services, they are required travel out of the area at least twice before having the procedure done, and again after the procedure is completed for necessary follow-up. For the second trip out of town, she must travel over 1400 km to get to the city where northern doctors make their referrals for abortions. This would be a trip that involves over 14 hours of travelling, without taking into account stopovers and schedule conflicts. She must first fly into another small community and then either fly or take the train further south until there are roads. From there she could drive, bus, fly or take the train; but all of these options are expensive. Travel grants are available after the trip has been made.)

### **Judgmental Gatekeepers:**

The doctor who explained these travel requirements was one of the more helpful people that I spoke with. Unfortunately, there were many more unknowledgeable- and even

judgmental- healthcare professionals who I, and surely many other women, came in contact with during my search for abortion services.

When I called a hospital looking for abortion services I often had no idea who to ask to be transferred to, whether or not the hospital actually offered abortions, or how I would be treated when I told the hospital that I was considering terminating a pregnancy. Overall, Manitoba was the province with the highest amount of staff members who treated me with judgement and disrespect. Many times throughout the course of this study, and in every province; I was hung-up on, laughed at, told that no one would want to talk me, was referred to anti-choice organisations and was told many myths and inaccuracies about what would happen if I terminated my pregnancy. At countless facilities, I was told “we don’t talk about ‘that’ here.” or “try looking in the phonebook under ‘A’” before they hung up on me.

From one hospital referral out of BC, I was told that if I had an abortion and ever wanted to have a baby in the future, my cervix would be so weak that I would have to be in bed-rest the entire nine months of my pregnancy with my feet elevated above my head so that the baby would not fall out. A staff member another hospital answered the phone, “hospital switchboard” but after I told her what I was looking for, she said, “I’m sorry, we’re a lumbar company.” and hung up. At yet another hospital, I was given the number to an in-patient psychiatric hospital and told that there was no way anyone at a “normal” hospital would want to talk to me about something like abortion. The nurse suggested I admit myself to the psych hospital until I could “figure things out”. These are just a few examples.

Many women who seek abortion care are already in a vulnerable and delicate situations and how a woman is treated greatly affects how she will feel about the entire termination process. All Canadians deserve unrestricted access to accurate information about abortion services. It is therefore important that clinic, hospital and medical office employees clearly understand and accept that they have no right to deliberately deny women information or services that are covered by the Canada Health Act.

### **Unknowledgeable Hospital Staff Members:**

Another staff-related barrier is when staff members may *want* to be helpful, but really have no idea what services were offered at their hospital and have no idea where to refer a caller for information. Unlike judgmental gatekeepers who may purposely mislead women in their search, *unknowledgeable* staff members may have good intentions, but their lack of knowledge means that they may be incapable of offering accurate or helpful information. This problem can apply to staff members at both providing and non-providing hospitals. In fact, on the phone with one hospital I was told by a staff member that they *do* provide abortion services, but when they sent in their response to our written questionnaire, it was discovered that in reality they have *never* offered abortion services. I can only imagine being a woman who makes all the necessary travel arrangements to get to this “providing hospital” only to find when she gets there that they don’t offer abortion services at all!

According to the research statistics, when I called hospitals asking about abortion services, I could expect to hear disbelief, confusion, or talk to someone who had no idea where to transfer me 3 times out of 4. In fact, I found that 41% of hospitals that *provide* abortion services had staff members answer the phone who did not know that abortions are offered or where to transfer my call. In some provinces, such as Alberta, this percentage is up to 75%. At Canadians for Choice, we argue that regardless of whether

or not abortion services are offered at a woman's local hospital, she ought to be able to receive information about where the services are available. Many staff members that I spoke with admitted that they were both unaware of information about abortions and were *unwilling* to look into finding out any information.

At one of the *main providing* hospitals in New Brunswick, I called 6 times and spoke with 12 people before realising that the time I was spending trying to track down information, was likely to be far more time than an actual pregnant woman would spend trying to persuade her local hospital to talk to her. The lack of information and knowledge by some healthcare professionals is really astounding. At one hospital, I was even offered the morning after pill to cure my well-established 10-week pregnancy.

### **Bad Referrals:**

It is through both judgmental and unknowledgeable staff members that I received, and followed up on, bad referrals. In most situations, and in every situation in Prince Edward Island, after I asked if abortion services were offered, the answer was a simple "no", followed by a long silence. Finally, after I was sure no one was going to say anything, I would ask if they could provide me with a referral or *any* information to help me out. To this, most people would blurt out either a name or a number- but never both- and rush to get off the phone with me. When a woman does not know how to access abortion services on her own, a local hospital is often a first point of reference in obtaining accurate healthcare information. If a hospital is unable to help, many women may feel that there is nowhere else for her to turn to. Staff members at hospitals must know where to make proper referrals. Unfortunately, this is far too often not the case. In some provinces, such as British Columbia, as many as 55% of the referrals that I was given either led me to a dead-end, or were useless. One of the most dangerous types of bad referrals that I encountered, are those that are made to anti-choice organisations.

### **Anti-choice Organisations:**

Anti-choice organisations can be one of the most dangerous and persuasive barriers that a woman may encounter. Many anti-choice organisations refer to themselves as "crisis pregnancy centres" and often purposely discourage, misinform and coerce women into not exercising their right to an abortion.

When a hospital gave me a referral, I followed up on it. From the bad referrals by hospitals that led me to anti-choice organisations, it was discovered that some groups are still telling women myths about the abortion process and about the after effects of having an abortion that have been medically proven to be completely false. I was told horrendous inaccuracies from the "crisis pregnancy centres" that I was referred to. Things such as:

- "If you have an abortion, you may be drawn to abusive men in the future because subconsciously, you feel that you deserve punishment."
- By one place, I was told: "It is more common to miscarry than to have a pregnancy develop to term. Why don't you wait another month and see if you miscarry? That way your body has time to do what is natural." (When called back a month later, it would be too late to have an elective abortion. Basically, by giving false information the organisation is making women miss the window of opportunity in which an abortion can be performed.)
- Another organisation told me: "In many, many cases drug and alcohol addiction is caused by abortions. Women who have had an abortion, and men who have had

their child aborted, frequently become alcoholics and drug addicts. In fact, most people who have an addiction have been affected by abortion.”

And these are just a few examples. To a woman who is unaware of the anti-choice organisation’s lack of objectivity and facts regarding abortion, these scare tactics may be believable and can leave a woman in the position of having her reproductive choices limited.

### **Voicemail:**

Voicemail is a fairly new barrier that we discovered to be problematic for women who seek information about abortion services. Before we talk about this barrier, it’s important to note that when I am talking about voicemail as a problem, I am not talking about a system that is set up to answer the phone after-hours or if the clinic is too busy, I’m talking about hospitals where the only way to make an appointment for an abortion is to leave a voicemail message.

Hospitals in Ontario and Québec are especially likely to have voicemail systems set up to take the calls of women seeking abortion services. In fact, in Ontario 15% of hospitals with accessible abortion services operate only through voicemail. In Québec, this percentage is up to 35%. However, having to use voicemail to obtain information or to make an appointment is a method that has many flaws. Some women do not have phones. Other women live in a place where they do not want the other members of their household to know that they are pregnant or that they are considering an abortion. Some women live in abusive situations and cannot receive personal calls. In other situations, a woman may just not be comfortable leaving a message on voicemail. This may be due to concerns about a lack of confidentiality, discomfort in having to explain an intimate situation such as an unwanted pregnancy to an unsympathetic machine, or just not knowing what to say. Having to leave a voicemail message can be so daunting to some women that they choose to try to access services somewhere else, rather than leave a detailed message with the hope of a returned call from an understanding person. If a woman feels this way and decides to call somewhere else, there is a greater possibility of her accidentally coming into contact with a bad referral.

These are just a few of the most prevalent barriers that I encountered as I called hospitals across Canada posed as a pregnant woman. However, there are many other barriers that Canadian women face every day as they try to exercise their sexual and reproductive rights.

### **Conscience Clauses:**

On such barrier is the conscience clause. Abortion is one of the very few medical procedures that has a conscience clause attached to it that allows healthcare professionals to opt out of offering abortion services due to their personal belief system. At Canadians for Choice, we respect that all doctor’s have the right to choose whether or not to perform abortions or to provide abortion related information; however, we also believe that all doctor’s have the duty to refer a woman to another doctor or facility for information if they oppose providing the service themselves.

As confirmed by several affiliates of the Canadian Federation for Sexual Health, anti-choice doctors are one of the biggest barriers that women face when trying to access abortion services. The fact that almost 70% of the providing hospitals in Canada require a woman to get a doctor’s referral before making an appointment for an abortion shows

how important it is that women are able to get information and referrals from their doctors. In New Brunswick, women must get the approval of *two* doctors before being able to access the procedure. A doctor being able to “opt out” of offering services can be a huge problem for thousands of women.

Even though the conscience clause does not explicitly say that doctor’s can choose to not refer, the fact is that many anti-choice doctors do this anyway. Countless women and countless organisations have told us their stories of how they were unable to access timely abortion care due to the anti-choice beliefs of their doctors. If a doctor is anti-choice, a woman’s path to accessing safe and timely abortion care is often blocked. While some parts of the country have hospitals and clinics where a woman may self-refer herself, there are some areas of Canada where there are no public or private clinics and no hospitals that will offer an abortion on a self-referral basis. Being able to self-refer is critical for women to be able to access the services that they need. Not being able to self-refer means that some women may have to address issues such as cost and travel, which as we discussed earlier can be hugely problematic, or they may have to utilise the imperfect agreement of reciprocal billing.

### **Reciprocal Billing:**

Reciprocal billing is an agreement between provincial and territorial healthcare providers that allows Canadians to access healthcare services free of charge when they are outside of their province or territory of residence. I was able to assess the impact that this barrier has on women by contacting hospitals that were outside of my province of residence.

Unfortunately, since individual provinces can decide what to include and what to exclude on their lists of acceptable medical services that are eligible for reciprocal billing, many provincial billing lists exclude abortion as a portable medical service. This means that a woman who is in a province temporarily, has recently moved to a new province but not yet received her new health insurance plan or who lives close to a border where travelling to another province is easier than travelling within their own province, will often have to pay cash to access abortion services and may not get reimbursed for her payment. In fact, only 3 of the hospitals that responded to our questionnaire said that their facility would provide abortion services to out-of-province women free of charge. So while a woman who wishes to complete her pregnancy in a province other than her own can do so, a pregnant woman who wishes to terminate her pregnancy in another province cannot. This differential treatment of pregnant women, based on their feelings about their pregnancy, contradicts Health Canada’s mandate to support of all aspects of reproductive health.

### **(End of barriers)**

Many of the barriers I just talked about are more- or less -prevalent in certain areas of Canada. This is why the report breaks down the situation of abortion access by each province and territory. In the provincial section of the report, we can see: each region’s percentage of hospitals with accessible services, the particular barriers that are most prevalent in the region, and the type of referral that is most commonly given by hospitals. For example, we can see that in Alberta there is only one hospital with accessible abortion services for every 190 000 fertile women. Or that Québec is a leader in offering self-referral abortion services, appointments within 24 hours, pre and post abortion care and counselling. Today, I have been focusing mainly on national statistics. However, for the many other province-specific examples of how accessible abortion services are, I

encourage you to look through copy of the report where it can be clearly seen where some provinces are superior to others in sexual and reproductive healthcare.

## **Conclusion**

In conclusion, since the CARAL report of 2003, there have been many changes in the accessibility of abortion services in Canadian hospitals. Overall, the access rate has declined from 17.8% to only 15.9% in just three years. An unfortunate and unchanging trend that many women still face is the fight that they must put up in order to access accurate information about necessary reproductive medical services. Many Canadian healthcare workers still refuse to provide women with information pertaining to their sexual and reproductive health and rights. Also, there are still many barriers that keep women from being able to access abortion services from the small pool of providing hospitals.

However, as serious as the fight for reproductive freedom in Canada still is and as daunting as these changes sound, Canada has certainly made some definite improvements in its provision of abortion services. Compared with the results of the 2003 report, fewer healthcare professionals gave bad referrals, and in some areas of Canada, accurate information pertaining to the availability of abortion services seems to be more accessible to questioning women. Although in some places, such as Ontario, I still came into contact with at least 6 anti-choice organisations through bad referrals, overall, more anti-choice organisations are being recognised as potentially detrimental to the health of women and fewer of them are being promoted. In other good news, several provinces have addressed the issue of reciprocal billing and Nunavut went from having no abortion services, to having a dedicated provider in the field of sexual and reproductive health. As of July 2005, all abortions performed both in and out of the hospital setting in Manitoba are funded by the provincial government. In December 2006, the Québec government passed a motion that will allow for the provincial funding of abortions performed in clinics. British Columbia went from having 22% of its hospitals with accessible abortion services, to 29%; and Newfoundland went from having 14% to 21% respectively.

These positive changes in the trends of reproductive healthcare are the direct result of the continuous work and dedication of abortion providers, pro-choice organisations and the general population of Canada alike. By being here today, you are proving your interest in the issue and I'd like to thank you for that. It is because of your interest and through the advocacy of sexual and reproductive health issues that abortion services remain protected and legal. It is through the dedication of abortion providers and other pro-choice doctors that the abortion procedure remains safe and available. And as a result of the courageous battles that have been led against anti-choice propaganda, more Canadian women and men are being educated with the truth about abortion and about their sexual health in general.

Canadians for Choice therefore thanks and applauds all healthcare professionals, advocacy groups, financial donors and individuals who, through your continuous support, are ensuring that the sexual and reproductive rights of Canadians remain legal, safe and accessible. Thank you, et merci.

-Jessica Shaw  
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