



Canadian Physicians for Life: Statement on provincial funding of abortion

In these times of strained health care resources, it is more imperative now than ever that government be streamlining spending in the health care sector. A necessary step in doing this is to identify those services which are not medically necessary and delist them. It is our opinion that abortion is never medically necessary and should be defunded provincially.

Under Canadian law, provinces are required to fund all "medically necessary" services. However, it is never clearly defined as to which services should be considered necessary, and which should not. Thus, there is room for discussion about the medical necessity of each individual service. The reasons given for abortion being necessary have traditionally centered around the notions of the emotional well-being of the woman, the potential physical harm to a mother surrounding certain complications during pregnancy, as well as the possibility of fetal abnormalities identified during pregnancy for which termination is the common "treatment".

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The emotional health of a woman who finds herself in a crisis pregnancy and does not wish to parent a child is often given as a justification for why abortion is a required medical service. The emotional health of these women is certainly of the utmost importance, however there is no good scientific evidence that says abortion positively impacts mental health outcomes for women in crisis pregnancies. Actually, the opposite is more likely true. There is evidence that abortion *negatively* impacts woman's mental health with respect to depression, anxiety disorders, and suicidal behavior.

There are infrequent cases in which pregnancy can place the physical health of a woman in jeopardy. Although induced abortion is often heralded as the sole treatment for these conditions, invariably it is not the only option. Rather, treatment of the underlying condition should be the course of action, and although it may

result in the loss of the pregnancy, this situation is far different from an induced abortion which *targets* destruction of the fetus as its end. So even in these difficult situations, abortion should not be considered as a medical necessity, given that other treatments exist which also preserve the physical well-being of the mother.

When it comes to instances of fetal abnormalities detected during pregnancy, an important comment needs to be made: In any pregnancy, there are two patients. One being the woman, and one being the fetus that she is carrying. This principle should be self evident to any physician involved in prenatal care. The practice of terminating pregnancy based on the characteristics of the fetus is tantamount to eugenics and should no longer be accepted. In the first place, identification of adverse health status of the fetus should prompt a physician to pursue appropriate medical treatment if it is possible, not simply "terminate" the patient who has the health concern. Abortion does not *treat* a medical condition of the fetus, rather it simply removes the patient who has the condition. Secondly, the perceived ill health of the fetus does not even need to be based in reality due to the wide availability of abortion on demand. Currently, parents may simply *decide* that the fetus does not meet their skewed requirements of "healthy", and an abortion can be procured without question. Discussions about sex selection abortion have pervaded both mainstream media as well as medical journals across the country in recent months. Nearly everyone should feel uneasy about their tax dollars paying for such a great offense to the dignity of women. In reality, though, we should encounter the same uneasiness about termination of pregnancy based on a medical diagnosis detected in the fetus. It is discrimination against those with disabilities to selectively abort fetuses simply because they will be disabled, just as it is discriminatory against women to abort female fetuses simply because they are female. For these reasons, detection of fetal abnormalities shouldn't be considered to constitute a medically necessary abortion, and furthermore, it represents gross discrimination by the medical community.

In conclusion, it is our strong belief that no abortions are medically necessary. Moreover, the funding of this procedure by governments represents an extreme waste of health care resources. These resources could be put to much better use in virtually any sector of the health care system to deliver quality care where it is truly needed.

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