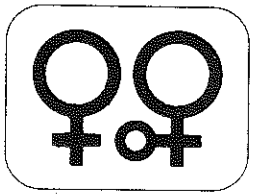
Telling Our Secrets:

Abortion Stories from Nova Scotia



Canadian Abortion Rights Action League
(CARAL) Halifax Chapter

TELLING OUR SECRETS:

ABORTION STORIES FROM NOVA SCOTIA

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Foreword

The Canadian Abortion Rights Action League (CARAL) is a national organization devoted to ensuring that all Canadian women have access to safe, legal, medically insured abortion services. CARAL/Halifax, established in 1982, is one of four chapters currently active in Nova Scotia.

During the past 10 years, we have heard the stories of Nova Scotian women who have had abortions. Many of these stories we have heard piecemeal, elaborated and repeated by someone who knew the facts third or fourth hand. It became apparent to us that we needed a more systematic account on which to base recommendations for change. We needed to be able to differentiate with confidence the isolated incident from the regularly repeated experience. In 1989, through the generous donations of individual supporters and a grant from the Canadian Research Institute for the Advancement of Women, CARAL/Halifax raised the funds necessary to undertake this research project. Nancy Bowes was contracted to undertake this research, and an advisory committee was established to oversee the work.

Thus, the idea evolved for a study which would enable us to assess the quality of service available to women in Nova Scotia. Our hope is that such an assessment might lead to constructive suggestions for change to improve reproductive health care throughout the province.

CARAL/Halifax

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Acknowledgements

My heartfelt thanks go out first and foremost to the 25 women who volunteered to tell their abortion stories, who trusted me to bring some good from their pain;

To the committee that gently supervised this work: Jane Wright, Ann Manicom, Toni Laidlaw, Lorenne Clark, Thea E. Smith and Nicole Kornberg;

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And to Dorothy, without whose generosity we would have foundered.

Nancy Bowes

Executive Summary

This research, sponsored by the Halifax Chapter of the Canadian Abortion Rights Action League (CARAL), documents in detail what happens to women when they seek abortion services. It is based on personal interviews conducted between October 1989 and May 1990 with 25 women who had abortions since January 1, 1985. The data collection process followed the accepted standards for qualitative social research, focusing on obtaining the kind of details that only the women themselves could report. This meant getting at such issues as how the abortion decision was made, who was or was not helpful in the search for service, and how it felt, both at the time of the abortion and subsequently.

Each of the 25 women perceived her own story as remarkable in some aspect. Whether it was the desperate search for a supportive physician, or the anxiety of waiting three or more weeks for a hospital appointment, or their feeling of being lost and alone in their search for information, each of the women conveyed a strong sense of having endured a difficult experience.

The women reported a wide range of experiences with health care professionals--from callous disrespect to warmth and empathy. Similarly, their experience of pain in the procedure ranged from discomfort to agony. The research participants reported an exceptionally high complication rate: 7 of the 25 women reported a total of 8 post-abortion

complications, from infections to failed and incomplete abortions.

The data pointed to an unmistakable difference between the experiences of women who had hospital abortions and those who left Nova Scotia for clinic abortions. The four research participants who had clinic abortions waited a very short time for their appointments (less than a week), found the clinic environment to be warm and friendly, and received high-quality medical care without any incidence of post-abortion complications.

Despite the hurt and anger expressed so powerfully by the women interviewed, none expressed regret for the choice she had made. Overwhelmingly, they reported feeling relieved once the abortion was over. Some expressed regret that they had ever been in the situation of having an unintended, unwanted pregnancy, but none expressed the wish that she had carried that pregnancy to term. Looking back on their experience, a large majority of the women were able to say that they had come to terms with it, that it had settled satisfactorily into their consciousness as part of their life history.

The report concludes with a number of recommendations which stem from the findings and which are designed to lead to constructive changes to Nova Scotia's health care system.

Introduction

> Women's stories have not been told. And without stories there is no articulation of experience. Without stories a woman is lost when she comes to make the important decisions of her life. She does not learn to value her struggles, to celebrate her strengths, to comprehend her pain. Without stories she cannot understand herself.
>
> Carol Christ
> Diving deep and surfacing, 1980

The abortion stories of women in Nova Scotia have long been kept secret. It is the purpose of this research report to document in detail what happens to women in this province when they seek abortion services. It focuses on the kind of details that only the women themselves could tell us: how the decision was arrived at; who was, or was not, helpful in the search for service; how it felt; how it has settled in her consciousness as part of her life history.

Statistics, collected by the Nova Scotia Department of Health and Fitness and by Statistics Canada, have been available for some time. Those numbers, however, tell only part of the story. They answer in a thorough way the bare questions: who, when, where, which procedure, what complication rate. Statistics fail miserably to get at women's experience of abortion. It is precisely because of the limitations of statistical data that a qualitative approach was chosen for this study. Quantitative research lends itself well to testing hypotheses and establishing the existence of relationships between social facts. But in order for social researchers to put themselves in the shoes

of other individuals, to develop an intimate understanding of someone else's "definition of the situation," they must go beyond questions that are answered only in numbers, and deal with the natural language of their subjects. The qualitative researcher does not seek to make statements about what all members of a given population experience. Instead, the qualitative researcher seeks entry to the lives--rich in detail--of other individuals. Inasmuch as this research, performed in a way that is faithful to accepted standards for collecting such data, reveals details of the experiences in the lives of some Nova Scotian women, it is worthwhile research, capable of producing valid insights and conclusions.

The broad picture available from numbers is valuable in establishing the background to this situation. Over the past decade, there has been a small, but steady, annual increase in the number of therapeutic abortions performed in Nova Scotia; the most recent figure available shows 1,808 therapeutic abortions performed in 1988. The abortion rate, however, as calculated by the number of abortions per 1,000 females aged 15-44, has been slowly and steadily decreasing. In 1987, there were 7.9 abortions for every 1,000 females aged 15-44 (down from a rate of 8.4 in 1980). Another method of calculating the rate of abortion (the number of abortions per 100 live births) has hovered in the range of 13.4 to 14.2 throughout the decade. The number of Nova Scotia hospitals offering abortion services has also fluctuated somewhat in the past 10 years. In 1988, only 11 Nova Scotia hospitals performed abortions, and 5 of those recorded fewer than 10 abortions each. The Victoria General

Hospital in Halifax has consistently provided by far the greatest proportion of abortions performed in the province; in 1988, the Victoria General did 83.4 percent of all abortions recorded for Nova Scotia. Statistics also show that almost two-thirds of the women having abortions in Nova Scotia are under 25 years of age and three-quarters of the procedures are performed for single women. Because of disruptions in the national collection of abortion statistics, recent numbers are not available to detail the distribution of abortions by gestation, or by initial procedure used in Nova Scotia. (See Appendix 1 for a statistical review of abortion in Nova Scotia and Canada throughout the 1980s.)

This research does not pretend to be the definitive, once and for all, statement on Nova Scotian women's abortion experiences. Indeed, further research, whether quantitative or qualitative, is welcomed. Because this is the only study of its type ever done in Nova Scotia on this subject, it begs to be replicated, updated, refined. Neither is it the intention of this research to pillory any particular hospital or physician, any specific bureaucrat or elected official. Rather, every attempt has been made to reflect accurately, and in a balanced way, the stories told by the women who responded to our call.

Research Design

Over the summer of 1989, a research proposal was developed. The proposal called for a sample of no fewer

than 20 and no more than 40 personal interviews to be conducted, following a semi-structured interview schedule (see Appendix 2 for a copy of the schedule). Having the interviews "semi-structured" meant that the researcher was free to follow the lead of each participant in telling her story, but constrained to collect comparable data from each woman participating. Recent changes in the law regarding abortion made it desirable to confine participants to those who had had relatively recent experiences. In order for conclusions to be relevant to the present, the data collected had to be reasonably current. Thus, we decided to interview women whose abortion experiences had occurred since January 1, 1985. In order to include all logical possibilities among those participants who had sought abortion services, we advertised for women resident in Nova Scotia who:

- had undergone an abortion in Nova Scotia, or
- had left the province to have an abortion, or
- had sought an abortion but, for whatever reason, had given up the search.

To get at the details of women's abortion experiences, we needed to interview women and do so in a personal and in-depth way. The length of the interviews depended on the lead given by the woman being interviewed. Some interviews lasted as little as three-quarters of an hour; others went on for three hours. One interview was conducted with each participant. The interviews were taped and then transcribed.

Twenty-five interviews were conducted between October 1989 and May 1990. Women participating in the study were promised that their desire for anonymity and confidentiality would be respected, and that any direct quotations would be attributed to a fictitious given name, further identified only by region of residence. A copy of the informed consent

form, an original of which was signed by each of the participants, is included as Appendix 3.

Because of the highly personal nature of the subject matter and the intensely charged atmosphere around its public discussion, we chose to make the project known to women who might fit the criteria for inclusion and await their expression of willingness to be involved. This decision reflects our concern that women not be approached in any manner that might make them feel compelled to recount a story they may not be ready or willing to talk about. The thought of directly requesting any individual woman's involvement seemed both invasive and unethical.

To attract women's attention to the research, notices and articles about the project were printed in Pandora and in the newsletters of the Canadian Research Institute for the Advancement of Women, the Women's Action Coalition of Nova Scotia, and the Nova Scotia Advisory Council on the Status of Women. In addition, a flyer (see Appendix 4) was distributed to women's centres and transition houses throughout the province. These notices resulted in articles in the Mail-Star/Chronicle-Herald and in the Dalhousie Gazette, further publicizing the research. Early in 1990, another flyer was mailed to over 100 women's groups. The search for participants was broadened by placing ads in the "personals" column of the Halifax Mail-Star/Chronicle-Herald, the Cape Breton Post, the Yarmouth Vanguard, and the Bridgewater Bulletin. By May 1990, it was determined that a special effort was required to recruit participants from Cape Breton. To that end, further ads were placed in the Cape Breton Post. The researcher went to Sydney and stayed for four days at a number advertised in the Post. This effort was rewarded with two interviews.

The potential for this self-selecting sample to present a skewed vision of women's experiences warrants further elaboration. Exactly why would a woman respond to the call

to participate in a study such as this? In all of the interviews, the only comment directly pertaining to this question suggests a hope that the publication of negative experiences could result in positive changes:

> The reason I agreed to do this interview was because the abortion itself was so traumatic that I can't believe women are put through this. . . . As guilty as I felt, and I took full responsibility for having made the decision, there was no reason for the kind of treatment I got.
>
> Tara, Metro Area

Horror stories, per se, were not sought. Flyers and ads used to recruit participants were neutrally worded to include the broad range of experiences women had encountered. Nonetheless, it is fair to say that each of the women interviewed regarded her own experience as remarkable in some aspect. This may be due, in part, to women's reluctance to talk about their abortion experiences even with close friends, a reluctance which perpetuates our ignorance about the "normal" abortion experience in Nova Scotia. In general, participants approached the interviews with a constructive, and not a vengeful, attitude. Thus, while many of them expressed dissatisfaction with some aspect of their experience, they related their stories, not to retaliate, but to help themselves understand their own experience better, and to contribute to the improvement of reproductive health care in Nova Scotia.

Throughout the interviewing phase of the project, every effort was made to reach a broad cross-section of women who met the criteria for inclusion. This goal was, in many respects, met. Of the 25 women interviewed, 15 were resident in the Metro Halifax area (i.e., Halifax, Dartmouth, Bedford, Sackville) at the time of their abortion; 10 were resident outside Metro. This Metro/ outside Metro distinction was preferred over the more usual urban/rural distinction because of the way in which health

services tend to be distributed in Nova Scotia. Living in a small town or city in Nova Scotia, such as Digby or Sydney, is more like living on a farm in Annapolis County than it is like living in Halifax, in regards to:

- access to a large pool of physicians (such that one might be reasonably sure of finding a pro-choice physician);
- the relative anonymity available in a large metropolitan area;
- access to the large hospital which performs over 80 percent of the abortions performed in Nova Scotia;
- access to information services about abortion.

Of the 25 experiences documented, 19 involved abortions performed at the Victoria General Hospital in Halifax; 4 were performed at free-standing clinics in Montreal (3) and Toronto (1); the remaining 2 were performed at a hospital outside the Metro Area. Of the 21 Nova Scotia hospital abortions in the sample, 10 were performed since the disbanding of therapeutic abortion committees (i.e., since the early spring of 1988). No women came forward who said that they had sought abortion services and, for whatever reason, discontinued their search.

The age distribution of the women who participated in the study was sufficiently broad to permit a sense of the different kind of experience had by, for instance, a teenager and a woman in her thirties. Table 1 shows the age distribution of the research participants grouped in five-year intervals.

Table 1
Age Distribution of Research Participants
at Time of Abortion

Age distribution	<20	20-24	25-29	30-34	≥35
No. of participants	4	6	12	2	1

Statistics Canada has reported the marital status of women having abortions in only three categories: single, married, and other. Thus, women living in common-law relationships (part of the category of "other") are grouped by Statistics Canada with widowed and divorced women. It seems only reasonable to distinguish this marital status from "other," because of its inherent potential for support and its similarity to the legally "married" category. Thus, Table 2 offers an indication of the marital status distribution of the study sample, using the statuses single, married, and cohabiting.

Table 2
Marital Status of Research Participants
at Time of Abortion

Marital status	Single	Married	Cohabiting
No. of participants	18	2	5

Data were also collected on the reproductive health histories of the women who participated in the study. The distribution of previous deliveries and of previous induced abortions are offered in Table 3. Table 4 outlines the subsequent reproductive health histories of the research participants--that is, the number of deliveries and induced abortions since the abortion experiences related to the interviewer.

Table 3
Reproductive Health History
of Research Participants

Reproductive health history	No. of previous deliveries			No. of previous induced abortions		
	0	1	≥2	0	1	≥2
No. of participants	20	3	2	19	5	1

Table 4
Subsequent Reproductive Health History
of Research Participants

Subsequent reproductive health history	No. of deliveries since therapeutic abortion			No. of induced abortions since therapeutic abortion		
	0	1	≥2	0	1	≥2
No. of participants	19	6	0	22	2	1

Tables 5, 6, and 7 indicate, respectively, gestation at the time of abortion, the initial procedure used for the abortion,[1] and the complications experienced by the research participants.

[1] Four of the research participants required a further hospital procedure to terminate their pregnancies. Statistics Canada reports the first procedure used to indicate the prevalence of the various procedures. (See Table A-5 in Appendix 1 for a national comparison.)

Table 5
Gestation at Time of Abortion

Gestation in weeks	<9	9-12	13-16	17-20	>20
No. of participants	5	14	3	2	1

Table 6
Initial Procedure Used

Initial procedure	Suction curettage[2]	Surgical curettage	Saline
No. of participants	20	3	2

Table 7
Complications Experienced
by Research Participants

Type of complication	Post-abortion infections	Retained products of conception	Continued pregnancy
No. of participants	2	4	2

The goal of reaching a broad cross-section of women who fit the criteria for inclusion was not met in one disturbing way: all of the women who volunteered to participate were white women. Special efforts were made to recruit women of colour and Native women beyond the mailing to groups and the

[2] There is considerable variation in the names used for early gestation abortion. In referring to "suction curettage," this research is consistent with Statistics Canada's usage. A suction curettage means that the abortion was performed under local anaesthetic using vacuum aspiration, and in some cases, also curettage. A surgical curettage means that the abortion was performed under general anaesthetic using curettage.

advertising cited above. The assistance of contacts in the Black and Native women's communities was sought, but no women came forward as a result of these efforts. Given the results of the Marshall Inquiry into the Nova Scotia justice system, it seems reasonable to expect that Black and Native women would have a distinct perspective on, and experience of, the Nova Scotia health care system. Their absence from this sample is an invitation to other researchers to delve into the reproductive health experiences of minority women in Nova Scotia.

Decision Making

Early in each interview, the personal context of the pregnancy was established, and then the woman was asked how she had arrived at the decision to seek an abortion. John Ashton's work on decision-making among abortion patients explains succinctly its importance:

> There are two important practical reasons for taking an interest in the dynamics of decision-making in abortion. The first is the delay in obtaining operations which may stem from delayed decision-making. The second is the creation of the optimal conditions for women experiencing unplanned pregnancies so that they can make the best decisions.
>
> (Ashton, 1980b:256)

The literature on abortion abounds with the work of ethicists, philosophers, and theologians who repeatedly refer to the "agonizing" process of coming to a moral decision on abortion. Pro-choice writers refer to women as "responsible moral agents," able to make ethical decisions without interference from church or state. Anti-abortion forces, however, commonly dismiss the notion that women take the abortion decision seriously. They would have us believe

that abortion is a convenience, sought by frightened and careless women. It came, then, as somewhat of a surprise to find that over one-quarter (7) of the women interviewed made a comment to the effect that they felt that there was no decision-making process in which to engage:

> There was really no struggle in my mind because of my circumstances. I thought, "I have to have an abortion, I just have to." It wasn't a difficult process.
>
> Isabel, Metro Area

> I didn't even make the decision; I just knew that's what I had to do. There was no decision to be made.
>
> Tammy, Metro Area

> Given the situation, there was no question. . . .
>
> Laurel, Annapolis Valley

> There was relatively no decision to make.
>
> Sarah, Metro Area

> I couldn't believe . . . the feelings I had toward this fetus. That it wasn't a little person at all. It was a fetus. It was something that had totally interrupted my life. It was screwing it up. . . . I just knew that if I had that child, that child would suffer in some form from my not wanting it, right from the very beginning. I knew almost immediately, without too much thought, that I had to have an abortion.
>
> Jennifer, Cape Breton

> I knew I would [have an abortion] as soon as I found out I was pregnant. I didn't even entertain the thought of carrying the baby, although I guess purely for situational reasons, not reasons that I don't like children, or I don't feel I would be a good mother, not reasons like that. Only because I was only 18, first year of university, I had a lot of plans, and the whole shame thing.
>
> Melissa, Metro Area

> I think I decided, really, as soon as I hung up the phone [from hearing the result of the pregnancy test] that I would have to have an abortion, because there was just no way . . . it was just sort of an instant decision and I did

> think about it after . . . but I'd decided that was what I was going to do.
>
> Jill, Annapolis Valley

This finding bears out Susan McDaniel's insight that the general public now seems to think that motherhood

> . . . is a clear and deliberate choice for all women. It is easily overlooked that some women, most notably the poor, the unwed, the physically and mentally abused . . . and adolescents may not have access to effective contraception. . . . The question of whether childbearing choices are actually made by women becomes eclipsed in the social science quest to discover how choices are made. The appropriate research question has become, what is the process by which childbearing decisions take place, rather than whether they are actually made at all.
>
> (McDaniel, 1988:3)

Given the statements of the participants cited above, consideration must be directed to the socio-economic circumstances of women with unintended pregnancies. For five of the seven women whose comments suggest they felt they had no choice to make, bearing and raising a child would certainly have meant reliance on the social welfare system to do so. Other women testified to the incompatibility of their situation with childbearing:

> At that time of my life, I just couldn't [carry the pregnancy to term]. It was a really, really bad time, and I don't want to make it sound like a convenience or anything else. . . . I mean, here I was, I was on welfare, had one child . . . a child having a child, trying to raise him to the best of my ability. Working a little here, a little there, trying to get on my feet, trying to grow up, trying to take care of a household, the whole works, everything. And I really, really thought about it. I think I considered every single possibility there ever was. . . . I knew [abortion] was the right decision all along, but I had to admit it to myself.
>
> Stella, Metro Area

> I just wasn't ready to be a mother right then. I couldn't imagine it; I couldn't do it, psychologically. Financially, it was a hopeless situation. I would have had to go on welfare.
>
> Susan, Annapolis Valley

> I knew that I'd have to make the step out [from an abusive husband] on my own, and I have two years of university, but that was it. And I didn't think that was a way to bring up two children, let alone one. I felt that I had N. and I loved him dearly, but I thought it would cheat him if there was another one there. So I never thought of it as a baby. It was a problem. I had to solve the problem.
>
> LeeAnne, Halifax County

Their words are a forceful reminder that the notion of a "choice," implying an array of plausible options, is a distant dream for many women.

A further group of women found the decision a relatively easy one to make because they felt they had made it before they got pregnant.

> I knew I'd be trapped into a life that I just couldn't possibly lead. . . . Long before I even got pregnant, I'd decided that this [abortion] would be my course of action.
>
> Robin, Hants County

> I guess I always thought that if I got pregnant at this time that I should have an abortion. I mean it was something I knew for awhile. . . . So when I found out I was pregnant, I just went along with what I had already decided. . . . It was easy in that sense to make the decision.
>
> Dianne, Northeast Nova Scotia

> I was practising birth control, so I had decided that I didn't want to be pregnant.
>
> Elizabeth, Metro Area

Elizabeth's words hint at the frustration of many women whose genuine contraceptive efforts failed. McDaniel writes about the public impression that contraceptives are "sufficiently reliable . . . to enable effective choice in

childbearing" (1988:2). That this choice is not uniformly available, even to those who can afford contraceptives, emerged in the dialogue with one woman:

> Susan: I can't use a very effective form of birth control. I can't use the pill; I can't use the IUD; I can't use a diaphragm. What does that leave you with?
>
> Interviewer: Not much.
>
> Susan: That's right. Not much. And it's very easy for "not much" to fail.

Another woman's words pick up on Melissa's final comment above, about the "whole shame thing," the stigma of bearing a child out of wedlock and the family shame involved in such a situation.

> We [my partner and I] both knew; it wasn't even discussed, whether there was a choice of what we were going to do. Being brought up Catholic, I had always considered abortion murder, and I possibly still do. You know, I really do believe that it's a life. But I had also decided a long time before that if I were in the situation, I wouldn't worry about that. I'd just have an abortion, because in my family, you don't, you don't get pregnant. . . . I had thought about it before--before I even had sex, really.
>
> Sally, Northeast Nova Scotia

While some may argue that this stigma is greatly diminished from what it was a generation or two ago, it is obviously very much alive to these young, unmarried women.

One of the participants had an abortion because of a severe fetal abnormality detected by amniocentesis. Having given birth to, and raised, one child who had died of this same disorder, Celia explained:

> I am really not for abortions. I don't agree with it unless there's a case like this [fetal abnormality]. . . . Our decision was made years ago.
>
> Celia, Cape Breton

A further two women described a decision-making process, but their words do not suggest an agonizing process. Rather, they approached the decision-making calmly and arrived at a decision they were satisfied with:

> Well, I certainly had mixed feelings. At first, I didn't know what to think. It was totally unexpected. Basically, I just kind of had to sit back and think, okay, what are my options? I thought about it a lot myself, and then I talked to . . . a friend of mine who had gone through a similar situation and who'd had the child and put it up for adoption. . . . I knew it always bothered her, and then after having a conversation with her, I knew I couldn't go through it, because she said it was something that she knew was going to haunt her for the rest of her life. So, and I knew I didn't want to have it and keep it, because of my situation. . . .
>
> Hazel, Metro Area

> I sat down with myself and thought a lot about what I could do, but I really thought my only option was abortion.
>
> Beatrice, Metro Area

For another group of women who experienced uncertainty, it <u>was</u> a difficult decision to make.

> I had always sort of considered that if I got pregnant so young [17], I'd have an abortion. There'd be no question. Once I was actually pregnant, though, it was really sort of difficult. Suddenly, it became very real. I was carrying a child.
>
> Catherine, Metro Area

> Took an awful lot out of me to make that decision. . . . I always believed it would never happen to me, so I was never in that predicament to have to make that decision, to really ask myself to weigh the pros and cons.
>
> Stella, Metro Area

> Here's the conflict I felt: I knew I had to have this abortion, but I felt that what I was doing was in complete contradiction to who I was at that time. . . . What I needed to hear was that that was normal, because from what I understand now,

> I've met a few people who felt exactly the same way--that's probably normal!
>
> Tara, Metro Area

Tara also admitted another source of difficulty; she had thought she would never have an abortion:

> It was hard enough going for the abortion, because I had said previously, "I'd never go and do that; I could never do that, for whatever reasons." But I did it when I had to.

One of the women was so undecided that, though she went ahead and made plans to have an abortion, she reserved in her mind the possibility that she would not go through with the procedure.

> I decided really that I was going to request an abortion and when I went to the hospital that I would make my decision. I was still kind of up in the air.
>
> Simone, Metro Area

Only two of the women expressed a feeling of sad wistfulness about their decision-making:

> I was really sad that that was the way it had to be. Sad that, if things had been a little different, maybe we could have had this baby.
>
> Julia, Metro Area

> I was sure I couldn't have a baby, but part of me was dreaming . . . but I didn't dream of having a child in my situation.
>
> Louise, Annapolis Valley

While few women expressed having had difficulty in arriving at their decision, this must not be confused with a lack of seriousness. The participants indicated repeatedly that there seemed to be no choice to make; with that kind of outlook on their situation, it is unreasonable to expect that the participants would be able to describe a decision-making process, per se.

Helpful and Unhelpful Discussants

John Ashton's work (1980a, b) on discussion and decision-making prompted the next question in the present research. He wanted to know with whom women discussed their decision and whether they were able to have a full discussion with each of the people they approached. He found that full discussions were most likely to occur with pregnancy counsellors and girlfriends. He also found that very young women were in a more "vulnerable position" vis-à-vis the decision-making process:

> Younger patients discussed their pregnancies with a larger number of discussants; they had a larger proportion of key discussions when full discussion was not possible; they were more likely to perceive key discussants as being opposed to abortion in general and to their having an abortion in particular. . . .
>
> (Ashton, 1980b:257)

In the present research, we tried to determine the specific behaviours of women's confidantes that made those discussants either helpful and supportive, or unhelpful and unsupportive, in the eyes of the pregnant woman. For two of the participants who were able to identify a particular trait or behaviour in a discussant, it was a nonjudgmental attitude that they found most helpful.

> They [two women friends] were wonderful. . . . They made it quite clear to me that they were going to support whatever I did. . . . They understood, you know, I was angry, because this [pregnancy] was not supposed to happen.
>
> Sheila, Metro Area

> I found that [the Abortion Information and Referral Service volunteer] was just great. Just being able to talk to somebody who was saying, "It's okay. We kind of understand what it is you want." And they gave me the information I was looking for . . . what to expect, and they gave me

> the name of a doctor who would help me. . . . The big thing was, she was nonjudgmental. . . .
>
> Beatrice, Metro Area

Two other women identified their family physicians as helpful listeners on the basis of very different behaviours:

> Well, the fact that my doctor asked me to go home and think about it and come back and see her the following week. Like, later, I appreciated that more than I did at the time. You know, at the time, I thought, okay, but later, I realized she had done it in my own interest.
>
> Hazel, Metro Area

> She took the time to ask how I was feeling, she always asked that. If you're depressed, . . . she never fails to ask me that; she's incredibly sensitive. . . .
>
> Anita, Metro Area

Two of the younger women were each able to identify a helpful and an unhelpful discussant:

> (1) I was worried that [my father] would make me feel stupid for having gotten myself into this mess. But he was really good and he understood.
>
> (3) What [my mother] was trying to create was this little fabrication that I, as an 18-year-old, who was very immature at the time, had the ability to look after a child and to actually enjoy it, and that with her help, everything would be okey-dokey. . . . She was building up this dream, that I knew there was no way this could possibly exist. . . . I was just furious that she was interfering.
>
> Robin, Hants County

> (4) The person who was the most helpful for me was a social worker that I went to talk to. . . . She disclosed to me that she'd had an abortion when she was my age and shared her abortion experience with me. . . . I am a very spiritual person and she went through a lot of spiritual leading with me on that.
>
> (2) The least helpful person was my boyfriend. . . . I felt a lot of confusion from him, because he would say, "Well, I'll be supportive of whatever you

> do." It was just back and forth, and his role in my actual decision-making did . . . nothing good for me.
>
> Simone, Metro Area

Research participants seemed to find this a difficult question to answer. Several of the women discussed their decision with only one or two others, and seemed unable to identify particular behaviours or traits that had supported them or let them down. Nonetheless, it is a question worth pursuing, because, in the long term, it is an understanding of these traits that will enable service providers, friends, and relatives to create the optimal situation, one which is

> conducive to a woman making a decision which she believes to be her own in a context where she is accorded respect and support.
>
> (Ashton, 1980b:257)

Attempts at Self-Induction

All of the women interviewed had therapeutic abortions induced by medical personnel. Each of the women was asked, however, if she had given any thought to inducing, or had actually done anything to induce, the abortion herself. Most participants recoiled in horror, saying that such a thing had never occurred to them. Two of the women said they tried vigourous exercise in the hope it would induce a miscarriage. Neither was successful in those attempts.

Two other participants were threatened with violence by their partners if they did <u>not</u> have abortions.

> He gave me a lot of threats. Threatening phone calls, threats to my face. He said, "If you keep this child, I'm going to see to it, as soon as you start to show, we're going to shove you down a flight of stairs." He said, "I'll do anything to make you miscarry." . . .I was definitely scared.

> I didn't want to know if he was going to go through with them or not.
>
> Catherine, Metro Area

> He reacted very, very harshly. Not violently, but violently angry. He had told me that if I didn't get an abortion, that he would give me one, plain and simple.
>
> Stella, Metro Area

Catherine, as a result, did feel pressured to go through with her original decision to have an abortion, despite second thoughts. In Stella's case, the remark by her partner resulted in a temporary break-up and further delay in her decision-making:

> We had split up because of that remark, and about another four weeks went by before I actually made a decision that's really what I wanted to do.

Threats of violence--overt and covert--are part of women's daily existence, so it should not surprise us that they occur around the abortion issue.

The only other mention of self-inducing was from an older woman, who resented and feared the lack of privacy inherent in going to the hospital for an abortion:

> It would be a dream [to be able to induce abortion safely by oneself]. . . . No, I wasn't prepared to take that risk, but what I did think was that it would be so nice to be able to do something in the privacy of your own home . . . like that new pill they have out.
>
> Elizabeth, Metro Area

Women's Knowledge of Abortion Services

Once women had made the decision to seek an abortion, what did they <u>know</u> about how to go about getting the service? This proved to be a difficult question to answer, because interviewees had to separate what they knew <u>before</u>

going through the process from what they knew afterward. Many women claimed that they had known nothing, but upon prompting, it seemed that they had several key facts well established. For a significant proportion, however, lack of information was a real barrier.

> I didn't know anything. That's why it took me so long.
>
> Tammy, Metro Area

One participant explained it this way:

> I guess you don't pay much attention until it's in your face.
>
> Susan, Annapolis Valley

Another woman explained her weeks of foundering while looking for information:

> I was used to [a big city]. They have a lot of services--women's clinics, feminist organizations. And I think the mistake is that you think it's everywhere. You don't see it as a privilege, you see it as a common fact, which it isn't.
>
> Louise, Annapolis Valley

Most of the participants relied on their physicians to inform them about abortion services and refer them to the hospital. Many physicians fulfilled this expectation fully.

> She was very professional. You know, I think she was sympathetic, but she treated it very professionally. The appointment was made without problems.
>
> Jeanette, Metro Area

Some women, however, were very disappointed in, and shocked by, their physicians. Stella met resistance from the family physician she consulted for an additional referral to her own physician:

> She constantly went over a couple of the same questions. Like . . . how I got myself into this predicament. And it's really funny, because those are the exact words she used: "How did you get yourself into this predicament?" She said, "A young woman, you seem to me fairly intelligent."

> I said, "Well, I didn't get myself into this. We got ourselves into this."
>
> Stella, Metro Area

Simone, while waiting to hear from her family physician about the date of her abortion appointment, checked in with his office:

> [My] physician wasn't in, and I was referred to [another] doctor, and asked her to find out whether or not I was going to be having my abortion, when. And she sat there and lectured me for an hour. She comes from a very wealthy family, and was telling me that my family should be able to have this child and keep this child, and what about this child that's inside me, and how dare I do that to that child. . . . I left the office in a rampage. . . . I was very angry. And I was very hurt, because I didn't feel that she . . . had any right to put judgment on me. . . .
>
> Simone, Metro Area

Louise encountered a physician whose support was limited to signing her name to the appropriate letter of referral:

> She warned me not to change my mind, because that would make her look bad. At least that's the way I perceived it. I was not feeling comfortable to ask questions. . . . She wasn't compassionate or understanding. I found she was just playing a professional role. She had to deal with me.
>
> Louise, Annapolis Valley

Some family physicians in Nova Scotia refuse to discuss abortion as an option for a woman faced with an unintended pregnancy, and refuse also to refer their patients to another physician who will discuss it. The A.I.R.S. (Abortion Information and Referral Service) Line, operated from Halifax and serving the Atlantic provinces, hears each year from women who have been refused assistance, information, and referral by their family physicians. From one of the few researchers who has spoken to women about their abortion experiences comes confirmation of this same dilemma in Great Britain:

> It seems from the patients' accounts that the doctors often had difficulty in seeing beyond their own views on abortion and in treating the women with neutrality and normal professional respect.
>
> (Ashton, 1980a:206)

The medical community in Nova Scotia has been aware of this problem since at least 1974 when Dalhousie University's Department of Obstetrics and Gynaecology wrote in the Nova Scotia Medical Bulletin about the responsibility of the conscientiously objecting physician:

> to indicate immediately to the patient that he will not be associated with her case at that time. He ought to also immediately direct her to another physician. . . .
>
> (Department of Obstetrics and Gynaecology, 1974:168)

The Medical Society of Nova Scotia currently has a Committee on Pregnancy Counselling working to develop guidelines for physicians on this matter. From the comments recorded here, it is clear that the Medical Society's efforts--whatever their outcome--are rather belated.

Three of the women interviewed for this research were refused assistance at least once. The brief outline of their stories is worth recounting in their own words.

> She told me that when the results came back from the pregnancy test that she would interview me and discuss what birth control methods we had used and depending on my answers to that, she would make a decision as to whether I would get an abortion or not. [I felt] disturbed, frantic, upset. . . . I felt that I would not pass the test and I was barking up the wrong tree, basically. But I was not going to change my mind; I was determined that I would have an abortion. . . . I can remember I left the clinic and I was upset because I definitely wanted to have an abortion. I was frustrated; I was angry. . . . I went back to the same clinic and I saw another doctor. This time it was a male doctor. . . . I said . . . "I already know that I am pregnant and I want to have an abortion." And he said that he couldn't do it.

And I said, "Well, you must know where I can go or who you can refer me to who can give me an abortion," and he said, "No, I can't do that. I can talk to you about alternatives, but I cannot refer you."

Sarah, Metro Area

He would not even consider <u>talking</u> about abortion. When I brought it up, he just wouldn't even talk about it. He said, "I'd be more than happy to look after you going through the pregnancy." I asked him if he'd refer me to another doctor who would at least talk about it, find out what all my options were; he wouldn't even do that. . . . At that point, I was up against a brick wall. I was trying to think of ways I could do it myself, and really, I didn't know where to turn. I didn't know how to go about getting another doctor. I didn't even know anybody who I knew would be sympathetic to what I was going through.

Beatrice, Metro Area

I was really, really shocked and it was really painful at that time because I said, "Well, what can I do?" And he said, "Well, you'll have to figure out something." . . . He said, "Call around," or something like that, but he didn't say who to call or what I should do. So I was just devastated because I didn't know where else to go and I thought I was at a dead end almost. . . . I assumed that there weren't any [physicians] more likely to refer than my own. Nor did I want to go around knocking on the doors of all the doctors in [town] to find out who would, and most of them don't take new patients anyways. . . . So I called Planned Parenthood [the Metro Area Family Planning Agency] . . . and the woman who answered the phone was very abrupt and said, "No, I'm sorry we don't do that sort of thing," and clank. So I was lost again, so I called the woman back at the V.G. [Victoria General]. I was really desperate--this didn't all take place in one day. I had to recuperate after each let down. I hated to pick up the phone and call and tell someone else I needed an abortion.

Dianne, Northeast Nova Scotia

Sarah and Beatrice eventually contacted the A.I.R.S. Line, and were given the names of supportive physicians. Dianne

spent six weeks looking for help, before finally finding a supportive physician through her own efforts.

Dianne was not the only research participant to be turned away by a family planning clinic. Jennifer drove from Cape Breton to the same clinic in Halifax. When told that her pregnancy test was positive, she asked for information about abortion services. She remembers the nurse's reaction:

> It was basically, "You'll have to leave. We don't discuss [abortion]."
>
> Jennifer, Cape Breton

The politics of running a family planning clinic which does not consistently advise women about <u>all</u> of their options are murky indeed. The A.I.R.S. Line continues to hear from women with similar reports of being denied abortion-related assistance. In the final analysis, it is just one more unreliable avenue for women who are desperately seeking help.

Finding a Supportive Physician

Before the Supreme Court of Canada ruling in the <u>Morgentaler</u> case in January 1988, which held that therapeutic abortion committees (TACs) are unconstitutional interferences with women's rights to security of the person, Nova Scotian women who sought hospital abortions needed referrals from two supportive physicians, and those referrals had to be approved by the hospital's TAC. Physicians were bound by the Criminal Code of Canada to recommend an abortion only when the continuation of the

pregnancy "would or would be likely to endanger her [the pregnant woman's] life or health" (Canadian Criminal Code, R.S.C.1970, c.34, s.251(3)(c)).[3]

No hospital was required to have such a committee, and, where it did exist, the committee was not accountable to the referring physicians or the women seeking abortions. There was no appeal procedure and no right for women to appear before the committee. The power of family physicians to withhold or recommend service frightened women; the power of hospital committee members to render judgment intimidated and confused women.

Sally drove many miles to visit physicians she had been told would be supportive:

> They didn't say if they would or wouldn't [refer me]. . . . "You'll find out." . . . I was getting to the point where I didn't know what was going to happen with the V.G., so I phoned this number [of the Morgentaler clinic] . . . and I made an appointment just in case [I was refused by the V.G.]. . . . The doctors were acting like I wouldn't get [an abortion at the V.G.], like my reasons weren't very good. . . . They were not encouraging.
>
> Sally, Northeast Nova Scotia

Louise felt that it was essential for her to show herself too emotionally fragile to carry the pregnancy to term:

> That was the only power I had--to be helpless. So I cried.
>
> Louise, Annapolis Valley

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[3] For a quick-reading summary of the situation in Canada between 1969 and 1988, see: McQuaig et al, 1983. For a more detailed analysis of the politics of the situation, see: Larry Collins, 1982.

Isabel met some resistance from both her own physician,

> He tried to talk me out of it. . . . He said, "It's no problem . . . you can have your business and stay at home." That's when I started getting annoyed. He didn't really push me too much past that, but enough that I had to battle with him.

and from the psychiatrist to whom she was referred for a second opinion:

> He made me, sort of, squirm. You know, "How do I get around this guy?" It was very exasperating . . . . He seemed to want me to say it in a certain way. I was watching for clues. . . . In the end, I had to say, "Oh my God, I'd be a basket case. I would probably have a mental breakdown." . . . That was quite uncomfortable, to have to denigrate myself like that.
>
> Isabel, Metro Area

Melissa was similarly mystified by the line of questioning of the first physician she visited:

> And I guess that the questions she asked me she had to ask me, in terms of, what are your reasons for wanting an abortion? Maybe it was the way she looked at me so directly, I couldn't even answer her. My response was sort of like, "Well, what do you mean, what are my reasons? Look at me. I'm just a kid."

Upon hearing of the existence of the TAC, her imagination supplied the details that her physicians did not:

> You know, automatically I pictured the board [TAC], and it probably was, as a group of men sitting around and saying, "What's the matter with this young girl?" And so, I just thought, "How are they going to know that I really can't do it?"
>
> Melissa, Metro Area

Since the early months of 1988, therapeutic abortion committees have been disbanded, and a woman's route to hospital abortion services has been much more direct. In the absence of any criminal law regulating access to abortion, a Nova Scotian woman has had only to find one supportive physician who will make her an appointment at a

hospital providing that service. At the time of writing, the House of Commons has passed a bill to amend the Criminal Code, bringing abortion back under its firm jurisdiction. That bill now awaits passage by the Senate and Royal assent, probably in the fall of 1990. Many physicians have publicly threatened to withdraw their services if the bill is made law. Canadian women now must "wait and see" which course their legislators and physicians will follow.

Waiting

No matter what the outcome of Parliament's actions this year, it seems certain that women who seek hospital abortions will have to endure a long waiting period to get these services, a waiting period almost nonexistent in free-standing clinics. Members of the Department of Obstetrics and Gynaecology at Dalhousie University expressed their concern about "tragic delays" over 15 years ago (1974:168). Their words seem to have fallen on deaf ears. At the time of writing, A.I.R.S. Line staff confirm that Nova Scotian women face a two- to three-week delay from the time they find a supportive physician until the date of their appointment at the Termination of Pregnancy Unit (TPU) at the Victoria General Hospital in Halifax. Of the 21 women interviewed who had hospital abortions in Nova Scotia, 5 waited 4 weeks or more for their appointments. The 4 women who left the province to have their abortions at free-standing clinics were able to make appointments within a week.

The risks to women's health from delays in obtaining abortion services are well documented. In her Report on Therapeutic Abortion Services in Ontario, Dr. Marion Powell concludes:

> Delay in obtaining an abortion can have serious health consequences for the woman. A key variable is gestational age, defined as the length of the pregnancy calculated from the first day of the last menstrual period. A number of studies have found that the greater the gestational age when an abortion is performed, the greater the risk of complications or death.
>
> (Powell, 1987:16)[4]

Above and beyond the risks to women's physical health is the mental anguish of waiting, and on this topic the women interviewed were eloquent.

> That was the worst part, really, I mean, just the wait, it's just like, every day you get up and go to work and it's with you, I mean . . . it's <u>there</u>. And that was very difficult. It was hard mentally. . . . I tried to be level-headed about it and I think I was, but nonetheless, it was, it was hard, because you know, when you make a decision to do something that much a part of you and you want it over with, then you just want to have it done.
>
> Hazel, Metro Area

> The waiting was sort of horrible, because, as time went on, I just became more and more aware that I was carrying a child. Even though some people tried to say, "You're not carrying a child, you're carrying a clump of cells," it just sort of became more and more horrifying to think. . . .
>
> Catherine, Metro Area

> If I'd had it [the abortion] earlier, it really would have been so much better. I was really having a lot of discomfort, . . . missing a lot of classes, because I was really sick with my pregnancy. . . . I used to kind of jog to classes in hopes I'd have a miscarriage, . . . but it was really very difficult for me to be very physical, because I was so sick and tired. . . . I just wish so much that I had it earlier. . . . I wish I could just have been referred and then got it, but

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[4] Readers wishing further details about these risks are referred to the pages of Dr. Powell's report immediately following the quotation above, and to the full sources she cites therein.

those weeks just made such a difference in how I felt. I could have gone to classes sooner--I mean I went to classes, but I didn't do any work; I didn't do any papers; I had to ask for extensions. . . .

Dianne, Northeast Nova Scotia

It was pretty stressful, because I was just in my first few months of university. I was trying to get used to that setting, trying to keep on top of my work there. Trying to be a mother to my son and I found I was sleeping all the time and I was missing classes. Just because I had been trying to deny the fact [of pregnancy] for so long, it had been really wearing. . . . It was hard to be a mother to my son. It was hard to carry him around and it was hard to be patient and it was hard to be happy.

Jeanette, Metro Area

I was going through the motions of my life, and I was looking forward to moving on when this was over. I was sorry about the wait. I was anxious about the wait. . . . All the time I was waiting, I was seeing my body change. . . . It was really, really hard to accept, because, for me, I was not becoming a mother, so it was like becoming sick or ugly.

Louise, Annapolis Valley

For several of the women, the nausea of the early weeks of pregnancy was another reason to hate the time spent waiting:

I was sick. I was so sick in those . . . weeks. I was constantly sick. Terrible.

Isabel, Metro Area

It was really bad, but mainly because I was so violently ill. . . . I was constantly sick, constantly vomiting.

Sheila, Metro Area

I had three weeks of nausea and absolute hell waiting to get an abortion.

Anita, Metro Area

I couldn't see myself as a pregnant woman, and I didn't want to see myself as a pregnant woman. . .

> I was sick in the mornings. . . . I was a little scared that it [the pregnancy] would show. . . . I didn't feel comfortable in my body.
>
> Louise, Annapolis Valley

For other women, the strain of the waiting period was the strain of concealing their pregnancy, and its early outward signs:

> I had to show up [at work] . . . and act normal. The last thing you feel is normal. . . . It was getting more and more difficult to act normal. . . . Oh, God, I was <u>so</u> nauseous; I was exhausted all the time.
>
> Susan, Annapolis Valley

> I had really severe morning sickness, practically from the minute I conceived to the minute I had the abortion. I was just violently ill, all day long, every day, and I was having a hard time covering that up. I was trying to work and . . . people kept saying, "Oh, aren't you over that flu yet?" . . . At the same time at work, this was hard . . . there were two women . . . that were pregnant . . . and one of them was at the same stage I was. And she was going through morning sickness, only she could tell, of course, and I couldn't tell. And I was sitting there eating my soda crackers and she was sitting there eating her soda crackers and I thought, "Oh, someone is going to put two and two together." . . . I tried to do everything I could to kind of cover up. There were times when I thought "This is just too absurd. The chances that this would happen." . . . Every day I was waiting for someone to come up to me and drag me in a corner and say, "Is there something going on?" or "Are you pregnant?" So it was hard.
>
> Jill, Annapolis Valley

Some of the research participants indicated that they didn't find the waiting so terribly stressful.

> It was not too bad, I guess. I was busy. But I was tired and I had some nausea. . . . It was okay. I didn't mind too much. I felt pretty sure that nobody was going to change their mind at the last minute . . . but I wasn't happy.
>
> Julia, Metro Area

> Mentally, it was like just putting in time. Mentally, I was not stressed, because I knew that I had a solution to my problem, so it was just day to day. . . . Physically, I was sick. . . . At school, I was always trying to eat. . . . And I was tired . . . physically, I did not feel well.
>
> Sarah, Metro Area

> Just a real evaluation of your life, I guess, your morals. Doing something you never thought you'd do, but now you're doing it. . . . It was more of a time to reflect on everything, your future. I think once I knew that I was going to have an abortion, that it was all taken care of, it was okay.
>
> Jennifer, Cape Breton

> I just put it out of my mind.
>
> LeeAnne, Halifax County

Not too surprisingly, though, these are also women who waited a relatively short time--all less than three weeks.

Why should a hospital abortion entail such a long waiting period? In a large health care institution, abortion is one of hundreds of procedures regularly performed. The space for a Termination of Pregnancy Unit is one of hundreds of legitimate demands for space. The Victoria General Hospital in Halifax is currently in the process of responding to the backlog of patients requesting therapeutic abortions by slightly increasing the number of procedures performed each day, from seven to eight.[5] Even this slight change, however, means approval from many levels for more nursing staff and agreement among gynaecologists to devote more time each week to the unit. As the institution struggles to respond, women continue to wait. Women have been waiting two to three weeks for over eight months now.

The hospital system is cumbersome and slow to respond to needed change. The system itself takes priority over the

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[5] From testimony given by staff of the Termination of Pregnancy Unit, Victoria General Hospital, in The Queen v. Henry Morgentaler, June 20, 1990, p. 1513.

needs of women. One research participant, who waited over five weeks for an abortion at a hospital outside Metro, explained that hospital's system:

> If they can, . . . they make you wait until the limit, 12 weeks. That's how it works. Unless you can show some sufficient medical or psychological reason to have it done immediately. . . . My own family doctor told me that.
>
> Susan, Annapolis Valley

Compare this bureaucratic insensitivity with the experiences of the women who approached a free-standing clinic in Montreal or Toronto: with one phone call, they were able to make an appointment within the week.

> Very compassionate. It was just like I knew this woman at the other end of the phone. She heard me so clear, just where I was coming from.
>
> Laurel, Annapolis Valley

> They were wonderful. They set up a date right there. . . . They made it just for that week coming up. Very, very, very nice about it.
>
> Jennifer, Cape Breton

Designed for the main purpose of delivering abortion services, and staffed by people who are committed to a woman's right to control her reproductive life, a free-standing clinic can more easily adjust its routines to the needs of its clientele.

Preparation for the Abortion Procedure

If for nothing else, the waiting period could be beneficial as a time in which to prepare women for the procedure. It is part of the accepted wisdom of health education that the prepared, knowledgeable patient is more likely to have a successful outcome. First-time maternity patients are steered toward prenatal classes led by

childbirth educators, where expectant mothers and fathers learn how to breathe through labour and what to expect of the birth experience. Women facing abortions do not need 18
or more classroom hours to prepare for a 10- to 15-minute procedure, but in many cases, their lack of preparation seems to lead to an unnecessarily frightening and painful experience.

> Unfortunately, Our Bodies, Ourselves just didn't build me up for the reality of what it was going to be. The book says that you'll have a nurse there who'll hold your hand and be supportive and I didn't get that at the [Victoria General] hospital at all. . . . I knew what the procedure was going to be like . . . but nothing really prepares you for going into this waiting room that's the size of a bathroom and it's filled with 25 people, all crammed in, touching each other, knees knocking on the coffee table . . . completely crammed in there. Nothing really prepares you for this really mean nurse who is busy saying, "Don't scream, don't scream, you're going to scare the other patients."
>
> Catherine, Metro Area

> I was as prepared as anyone can be. You cannot be prepared for receiving improper care. I was prepared physically. I was prepared mentally. But for what the abortion should have been like.
>
> Sheila, Metro Area

Sheila recalled that, once inside the Termination of Pregnancy Unit,

> I felt like I was being called into the principal's office, or something, like this woman really wanted to set the agenda, and it really seemed to bother her . . . that I didn't look really bothered. . . . She ended up being very supportive, mind you.
>
> If I'd had questions, I don't know if I would have asked them of [the nurse at the Victoria General Hospital]. . . . She was . . . almost sort of judging. . . . I just got this feeling I was being treated like a child . . . that I had done something . . . you know, "You've gotten yourself into trouble, and you have to go through this, but

> we'll look after you and just don't do it again." None of that was said, but that's the way I felt. I just felt like a little kid that had done something wrong. . . . "This is your medicine; you'd better just take it and not complain."
>
> Jill, Annapolis Valley

> I think what they said was, "Here's a prescription for the pill; which one do you want?" And I told them, and they said, "Here's a prescription; go see your doctor to get refills . . . ." It was really brief. But like nobody told me what was going to happen; nobody told any of us girls. No, we just, they took us in, they gave us the [johnny]shirts and they said, "Put this on. Go out and sit in the waiting room." And they called your name and you went in and the doctor was there.
>
> Hazel, Metro Area

> She [the nurse] scared me half to death by telling me how painful it was going to be.
>
> Susan, Annapolis Valley

Beatrice's comments were the only positive ones about the preparation session with nurses at the Victoria General Hospital.

> The nurse came out and talked to me and she told me exactly what was going to happen and I guess I was as comfortable as I could be in the situation. The nurse was very kind, very understanding. . . . I can't say enough about the nurses and doctor [who did the therapeutic abortion] as well.
>
> Beatrice, Metro Area

These experiences contrast markedly with Jennifer's experience at the Morgentaler Clinic:

> It wasn't that long of a wait when he [Dr. Morgentaler] called me in to sit and chat with him for a bit, which was really nice. It really relieved me to go in and talk with him, because he was very, very gentle. You could just feel it.
>
> Jennifer, Cape Breton

Most of the women interviewed relied on books or knowledgeable friends to prepare them for the abortion procedure. Family physicians, for the most part, were

reported to be the source of only the most rudimentary of details: which building to go to, what time to report there, to refrain from eating the night before.

In December 1988, staff from the Termination of Pregnancy Unit at the Victoria General Hospital wrote to medical practitioners in Nova Scotia to advise them of the basic information they and their patients needed to know about abortion services at their hospital (see Appendix 5). Of the nine women interviewed who had hospital abortions since that memo was written, three are represented in the negative comments above, suggesting that the preparation procedure could yet stand to be improved.

Abortion and Contraceptive Counselling

The memo from the Termination of Pregnancy Unit, referred to above, claims, "All patients are counselled regarding contraception before leaving the Clinic [at the Victoria General Hospital]." Unfortunately, this is often the only subject on which counselling is offered, and the women interviewed were seldom positively impressed by their chat with the nurse in her counsellor's role. One woman recollected no discussion at all about birth control at the Victoria General Hospital:

> I remember noting at the time that there really wasn't any talk about birth control. I think maybe they asked me if I needed any pills, but there was no discussion. . . . It definitely struck me that the Victoria General Hospital doesn't do very much in the way of birth control counselling. Maybe they're different with different people, but that's a cause for concern, too. . . .
>
> Elizabeth, Metro Area

In order for contraceptive counselling to have the desired effect--regular and knowledgeable use of the most effective form of birth control appropriate for that individual--there has to be an atmosphere of mutual respect and openness. None of the research participants who had hospital abortions commented positively about the contraceptive counselling offered.

> I remember she was an intimidating woman. . . . And I was just petrified; I wasn't engaging in any sort of conversation at that point. And I remember thinking, this is completely not what I need at all; I wasn't even listening. At that point, I was in such a state of embarrassment that I wasn't even thinking about going on the pill. I was like, no, I'll never have sex again. . . . I guess her whole presence was sort of intimidating. I was probably sitting there in my johnnyshirt [hospital garb], feeling all exposed.
>
> Melissa, Metro Area

> The nurse's attitude was, you know, well, "Of course, you're going to use some form of birth control so that this won't happen again." You know, my feeling was, "Look, I'm 38 years old, I'm not a child. I realize that abortion is not a contraceptive device; I will admit I made a mistake, but don't lecture me." That was my feeling.
>
> Sarah, Metro Area

> The gynaecologist told me some more about contraceptives, which I felt was a little bit . . . I mean, I know it's necessary, but I <u>had</u> been using them, so I almost felt like a child being slapped on the wrist.
>
> Jeanette, Metro Area

One of the teenaged women interviewed was coerced by her mother to attend a counselling session at Birthright, an agency which supports women who carry their pregnancies to term and actively dissuades women from abortion.

> I said, "I'm having an abortion and that's that." And they [Birthright counsellors] said, "Oh, you'll change your mind, and if you don't, you'll

> be so sorry. The regret you'll go through in your later years . . . you'll feel so bad."
>
> Robin, Hants County

Robin did not fare much better when she got to the Victoria General Hospital.

> The nurse marched in [to the recovery room] with a packet of [birth control] pills, and promptly proceeds to discuss with me how to use them. "Next time, you be a good girl and take these." I said, "I was on the pill when I became pregnant." She said, "Well, you weren't doing it right, were you?" I said, "Oh yeah, I was." She said, "Well, you couldn't have been, dear. Now you be a good girl and take these the way I say."

Another younger woman sought counselling several months after her abortion. She responded to an advertisement on a Metro Transit bus for the Metro Crisis Pregnancy Counselling Centre.

> She [the staff person] spent the entire time telling me that it's not impossible for a girl my age to have a baby, and keep it. She went so far as to show me this little room behind the room where we were talking, that was filled with baby carriages and baby clothes and maternity clothes. . . . She handed me these Christian pamphlets which likened what I had done to how Eve felt when she offered Adam a bite of the apple. . . . She tried to convince me that I should go for Bible study and try to repay my sins, and I should go to church and pray and pray that my baby will forgive me. . . . I left there feeling a couple of things: one was that I needed to get pregnant again, and fast. . . . The other thing I felt was, awful, just miserable. . . . I left there and went back to school and walked around the halls, feeling like I had just had an abortion that morning.
>
> Catherine, Metro Area

There is an inherent fraud in such an approach to counselling. It pretends to offer assistance to women in crisis but, in fact, sanctions only a limited number of options for the woman with an unwanted, unintended pregnancy: raise the baby herself or place the baby for

adoption. Faced with a client such as Catherine, who had already had an abortion, the staff member at the centre did not even offer empathy or compassion. This agency is part of the nefarious tradition of fake abortion clinics throughout the United States. (For more information, see the article by Julie Mertus, 1990.) If they cannot be regulated here, women must at least be informed, so that they enter those doors with their eyes open.

Women's comments about the counselling offered at free-standing clinics are not uniformly glowing. They do, however, stand in contrast to the comments by women who had hospital abortions.

> They [the clinic nurses] made you feel as if you were doing something good, not just something acceptable . . . that it was just as proper a choice as going through a pregnancy. They didn't make you feel like you were an idiot who got in trouble and they were going to be nice and help you; they made you feel like you were doing a good thing. They were fantastic.
>
> Sally, Northeast Nova Scotia

> As soon as you came around, feeling a little better, they gave you a little package of birth control pills and made you take one, and gave you a prescription to take home with you. . . . I think it was a really good time, in a sense, to do it because the impact was there.
>
> Jennifer, Cape Breton

> Somehow, I thought the counselling would be different. . . . I thought it would be a little more private. I mean, it was curtain walls, and some women recovering from their abortion. Even though people were talking real softly, I didn't really feel comfortable just to sit there and cry, if I needed to.
>
> Laurel, Annapolis Valley

Treatment by Health Professionals

Beyond the specific comments regarding the counselling sessions, the women interviewed were asked about how they were treated by the health professionals--gynaecologists and nurses--who performed and assisted at the abortion procedures. As might be expected, women's comments covered the gamut of reactions possible. Some expressed high praise:

> He [the gynaecologist] was just wonderful because he talked to me the whole time he was doing it. He said that sometimes being talked at while the procedure is happening makes a person feel much better. It did.
>
> Stella, Metro Area

> I was really at ease with his [the gynaecologist's] attitude. He talked to me, and he explained what he was doing and when he was doing it.
>
> Beatrice, Metro Area

> I got the impression from the doctor that, "Hey, it's your decision." It was just more of an accepting attitude.
>
> Sarah, Metro Area

> He [the physician at the clinic] put me at ease. . . . He asked me a couple of leading questions and got me talking.
>
> Sally, Northeast Nova Scotia

Others were dismissively neutral:

> He wasn't the worst that I could imagine. But I can imagine a lot better.
>
> Elizabeth, Metro Area

> She didn't really have time to be sympathetic; that was the impression I got.
>
> Laurel, Annapolis Valley

And some reported angry dissatisfaction:

> You have to be ready for the doctor. . . . The guy comes in, and he's it. . . . It all happened so quickly. And he was very gruff and very rough. . . . I don't want to be gross, but I felt he was ramming things into me. And in the most coarse way. I just felt completely violated. There was no nurturing or caring or anything.
>
> Tara, Metro Area

> He didn't even look at me, and he didn't introduce himself. He didn't ask my name. It was just, "Here's another body." It was really impersonal and rough. . . . It was almost as an afterthought that he even told me what he was doing. He acted as though it was sort of an aggravation for him to have to deal with the patient as a human being, as a living, breathing, thinking, feeling person. . . . He was horrible, incompetent.
>
> Jill, Annapolis Valley

> He was quite jovial and friendly, but he didn't listen to what I was telling him, obviously, because if he had listened, I never would have been in that much pain. That's the problem with doctors, they think they know better than you do all the time, and a lot of the time, they don't. He acted really guilty and really disturbed after the whole thing was over.
>
> Sheila, Metro Area

> I'm laying on this table, shaking, and the doctor is saying, "Stop shaking. It'll make it hurt more." Oh, sure, I'll stop shaking. Snap. There we go. Stop shaking. The more he was saying this, the more I'd shake. I was getting scareder and scareder. . . . He was awfully cranky.
>
> Catherine, Metro Area

There was a similarly wide range of comments about the nurses encountered. For some, there was praise:

> The nurse that was standing by my head took my hand. . . . I don't remember her saying anything, but she just seemed to really be very empathetic to what was going on. It was almost like she was trying to make up for the doctor being so . . . abrupt. If she hadn't been there . . . I think I really would have been screaming . . . hysterical.

That was all that kind of kept me connected to what was going on.

Jill, Annapolis Valley

The only thing I could really point out that I felt was supportive from the staff was when the nurse was talking to me [during the procedure] and had her hand on my shoulder.

Simone, Metro Area

I expected them to be hostile to me . . . but they were extremely supportive. They didn't treat me like a murderer, or an outcast, or anything like that. . . . You always have this nagging suspicion, "What are they going to do to me?"

Susan, Annapolis Valley

For others, there was faint praise:

Julia: The nurse stood across the room and talked to the doctor about "Dallas," the TV show, . . . while he did the procedure.

Interviewer: She wasn't holding your hand?

Julia: No, . . . she was just standing about six feet away, talking to the doctor.

The nurses were nice. I can't complain that they were not nice, or that they were <u>outwardly</u> blaming you or treating you a certain way. . . . I don't think they did any more than they had to do. . . .

Julia, Metro Area

And other women expressed their lingering anger:

There was one nurse that I just wanted to hit so bad, and I almost did when I left, because I asked her if I could wait there for my brother to bring me over a change of clothing, because, like I said, I got sick on the bus that morning. And she just told me, "No, I'm sorry, you will have to wait in the waiting room. . . . She was really nasty to me. I think that's one thing I'll never forget. . . . They were just cold. When I talked to them, [I got] very brittle answers, like, "Well, we'll see what happens." No warmth at all, really, really cold.

Stella, Metro Area

I thought they were really callous.

Robin, Hants County

> The woman says, "You know, well, you've been a good patient up to now, now come on." Like if I displayed anger or fear or, you know, real anxiety or anything like that, that somehow I wasn't really being a good patient. Like a good patient is a nice patient, is a calm, cooperative patient. I was doing the best I could to cooperate. . . . They tried to be supportive. I don't think they really knew how.
>
> Sheila, Metro Area

> This . . . nurse kind of stands with her hands folded behind her back. It's like, no holding her hand for support; forget it. So I just clutched the sides of the table. . . . They treated me like, "You've been a naughty girl, and this is what you have to do to make up for it."
>
> Catherine, Metro Area

It is unreasonable to expect that each and every patient will perceive her treatment as being of the highest quality, the most caring and sensitive possible. It is also unreasonable to expect that the behaviour of every health professional will be above criticism. Nonetheless, much of the criticism levied at them, and many of the women's hurtful memories of their abortion experiences, could be prevented with a more caring, empathetic attitude. Tara expressed it eloquently:

> If there had been one person who had cared, one person who had shown some kind of connection with me, or empathy, or anything, I think it would have changed the whole thing for me.

These words could serve as an effective reminder to health professionals of the kind of service desired by most clients.

Pain and Pain Management

There was no specific question in the interview schedule about pain. Analysis of the interview tapes, however, made it obvious that the pain endured by the women formed a significant part of the overall perception of their experience. Several of the women who were patients at the Victoria General Hospital reported being advised that the early-stage abortion procedure, vacuum aspiration of the uterus with local anaesthetic, would be comparable to menstrual discomfort. For several of the research participants, this would appear to be an apt analogy:

> I would say it's uncomfortable and that it is more uncomfortable than it needs to be, that they rush it. . . . I don't think they're very concerned about whether they make you uncomfortable or not. And they certainly don't ask you if you're having any discomfort.
>
> Julia, Metro Area

> [The abortion brought] discomfort more than pain . . . the whole procedure was less painful, I guess, than just uncomfortable, uneasy. . . .
>
> Melissa, Metro Area

> It wasn't outrageously painful. It was uncomfortable . . . mostly during [the abortion] there were cramps. . . . It subsided very quickly.
>
> Beatrice, Metro Area

For others, the analogy to "menstrual discomfort" was totally inadequate:

> I went through a lot of pain, mostly because I was really uptight, and I think a lot of it had to do with the fact that nobody had told me what was going to happen. And here you are. I mean, you're no more vulnerable at any point in your life than when you're on the table like that. . . . The doctor said, "You might experience some

discomfort." And of course, whenever I hear that from a doctor, I immediately get uptight.

Hazel, Metro Area

It was the most pain I've felt in my entire life.

Laurel, Annapolis Valley

It was really quite painful for me. It wasn't as easy as I'd thought it might have been.

Dianne, Northeast Nova Scotia

It hurt. It really hurt like hell. These women who say it doesn't hurt must have nerves of steel.

Catherine, Metro Area

It hurt right from the beginning. . . . I'm not one to moan and cry a lot without a reason, and this was a reason. I was just at the point where I couldn't keep my stiff upper lip . . . any longer. So I said, "You're hurting me. That really hurts." "Now, dear,"-- he called me "dear" through the whole thing--"now dear, just relax; if you weren't so tense, it wouldn't hurt." I thought, "You bastard, telling me it's my fault you're hurting me!" . . . It was the most intensely painful thing that's ever happened to me.

Jill, Annapolis Valley

I was also told [by the nurse] that it wouldn't hurt that much. Holy God! I can still feel it, if I think about it enough. . . . It felt like a punishment, frankly.

Tara, Metro Area

The comments of other women point to a want of skill in the administration of the anaesthetic (a para-cervical block) by the gynaecologists at the Victoria General Hospital.[6] Dr. Jane Hodgson, a respected gynaecologist and

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[6] It should be pointed out that gynaecologists elsewhere in the province seem to use only a general anaesthetic, even for first-trimester abortions, representing a disregard for the risks encountered by the patients. For further information about the risk of general vs. local anaesthetic, see: Boston Women's Health Book Collective (1984:297-298); Morgentaler (1982:53-55);

frequently published author on the subject of abortion, offers a detailed description of the optimal method of administering a paracervical block (1981:241-243). The optimum--mild discomfort--was not the experience of these women.

> He stuck the freezing in, and that was just excruciating. . . . I wasn't frozen. I didn't feel frozen.
>
> Tara, Metro Area

> He said, "This won't hurt a bit." But it hurt, a lot. Each tube that he inserted hurt more. . . . I just went through the roof. I was in a lot of pain. [The local anaesthetic] must have been water.
>
> LeeAnne, Halifax County

> He gave me a local anaesthetic and that was incredibly painful . . . it was such a jolt.
>
> Jill, Annapolis Valley

> The abortion itself was extremely painful. It wasn't just "not a picnic." . . . My body jumped with each needle [of local anaesthetic]. . . . I felt everything they were doing and I was screaming.
>
> Isabel, Metro Area

> When the doctor gave me the anaesthetic into the cervix, I almost passed out. . . . It shouldn't be . . . that painful, because I'd had a cervical anaesthetic before and I'd had a bit of pain, but I almost passed out. I thought, "Something's wrong here." . . . It was excruciatingly painful from that point on. So he gave me the anaesthetic and put the clamp on my cervix and I felt it. And it hurt. And I told him that it hurt. He went ahead anyway. Instead of going back and giving me more anaesthetic. . . . It never occurred to him that perhaps he hadn't anaesthetized me properly, because I was in so much pain already, and I should not have been. . . . I was crying, I was hollering, the only thing that stopped me from screaming was the knowledge that there were women sitting out there in the waiting room who could

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Neubardt and Schulman (1977:16).

> hear me if I screamed. That was the only thing that stopped me. . . . Dr. [X] looked extremely disturbed by how much pain I was in, and when he stopped doing the suction I was still crying, because I wanted him to take the clamp off.
>
> Sheila, Metro Area

Descriptions of hospital procedures also make it clear that a muscle relaxant or sedative, taken orally, is not part of the routine preparation of abortion patients. Nor does such a relaxant seem to be offered to very young women, or particularly nervous women. This practice is routine at the free-standing clinics, and doubtless has a positive impact on the women's overall experience of pain.

Hospital and Clinic Environments

The women interviewed were asked to describe the hospital or clinic environment. More than any other question, this one evoked a flood of responses, the types of which are obviously distinguished by the setting experienced by the woman speaking. The following is a sampling of comments about the hospital environment, all relating to the Termination of Pregnancy Unit at the Victoria General Hospital:

> It was very stark, as far as the room itself. If it hadn't been for the people [the hospital staff], I think it really would have overwhelmed [me]. All it is is four walls and the bed and the stirrups and the equipment. If the people weren't there talking to me, and really caring, I think it would be really scary.
>
> Beatrice, Metro Area

> Not conducive to a relaxing time.
>
> Robin, Hants County

It was cold and sterile, not welcoming. You know, it's a hostile . . . I definitely think it's a hostile environment. I darted upstairs; I was glad I didn't see anybody.

Elizabeth, Metro Area

Horrifying. Definitely a not-very-supportive atmosphere.

Catherine, Metro Area

I found it very unfriendly, sterile, businesslike. . . . I could see people not going through with it or leaving [because of the environment]. . . . The lounge where people go for CAT scans is more friendly. . . . [The environment] sort of fits with the whole image of abortion . . . like, it's not really a legitimate medical procedure, so it's sort of been relegated to this . . . storeroom space, with no proper services.

Jill, Annapolis Valley

You felt that you were at the bottom of the hospital's priority list, just from the state of the room, the fact that the staff were obviously having to run back and forth, just the fact that it looked like it hadn't been tended to. . . . It was cramped, it was stuffy . . . it just wasn't pleasant at all.

Sheila, Metro Area

There was nothing there that could make you feel any better. . . . You had to provide your own distractions, because they didn't try to make it nice for you at all.

Julia, Metro Area

The waiting area was repeatedly singled out for special attention:

I went into that little waiting room--what a nightmare. You're sitting in there . . . and it's this little closet, practically, it's really small.

Hazel, Metro Area

There's this little tiny cramped waiting room. Everyone sits down and stares at each other. And it's all very uncomfortable.

Sheila, Metro Area

> We were put into this little, tiny, crowded waiting room. . . . At first, nobody says anything. . . . It was very uncomfortable.
>
> Isabel, Metro Area

> Your knees knock together in this tiny little waiting room; it's completely inadequate space. It's humiliating to go through this unmarked door, and this other door [to the nurses' station] is locked.
>
> Anita, Metro Area

The inadequacies of the environment of the Termination of Pregnancy Unit at the Victoria General Hospital are well put by Tara:

> There is so much emotion attached to this . . . it seems so weird for it to happen in such a nonemotional environment. . . . The physical things got talked about, but nothing in the environment really reflected that this was an important decision that had been made and that it took actually quite a lot of courage to go through with it, or that it was going to be hard after, or it <u>might</u> be hard after.
>
> Tara, Metro Area

Women having an abortion under general anaesthetic, the procedure used by the Victoria General for women between 12 and 15 weeks of gestation, experienced a different part of that hospital. Jeanette relates her impressions of the time she spent in the TPU awaiting her procedure, and then waking up in a separate area of the hospital:

> Before I had the actual abortion, I would say [the hospital environment was] very unsympathetic. Nothing was treated discreetly. . . . I didn't feel any kind of support. . . . After I woke up from the abortion, I was in a different part of the hospital. . . . When I woke up, I remember feeling so calm. . . . The people around afterwards were really cheerful, really supportive, really consoling.
>
> Jeanette, Metro Area

Two interviewees had abortions at a hospital outside Metro, where the procedure is performed as day surgery, and

abortion patients are not separated from other day surgery patients. Both women had high praise for the treatment accorded them there by the staff, but the environment was criticized as harshly as was that at the Victoria General Hospital:

> Susan: You feel really exposed. And here I had to answer these questions and she was . . . I just felt like, "Why do I have to answer these with all these people listening?"
>
> Interviewer: People could overhear?
>
> Susan: Oh, they made comments, for heaven's sake.
>
> Susan, Annapolis Valley

> Busy, cold, very busy.
>
> Louise, Annapolis Valley

Once again, the contrast between these impressions and those of the women who went to clinics is marked. About the Morgentaler Clinic in Montreal, Jennifer said it was:

> much like a physician's office. Very medically oriented. But afterwards, they take you downstairs, they walk you down. They have cots, with curtains around. Nice, nice people milling around. They get you nice and settled on the bed, and console you, and put blankets over you, and get you something for the pain.
>
> Jennifer, Cape Breton

Laurel found the Montreal Clinic "very clinical," but added:

> the recovery rooms were comfortable.
>
> Laurel, Annapolis Valley

Sally described the Morgentaler Clinic in Toronto as:

> sunny, cosy, airy, comfortable . . . that's everything: the furniture, the light, the people. . . . It's all nice. It's a real sunny, wonderful house.
>
> Sally, Northeast Nova Scotia

Emotional Effects of Abortion

One of the tactics of anti-choice activists has been the warning that women who choose abortion suffer dire psychological consequences for years following their abortions. Many researchers have concerned themselves with the emotional effects of therapeutic abortion, in an effort to distinguish pathological from normal reactions. In a recent literature review, Adler et al found:

> Although there may be sensations of regret, sadness, or guilt, the weight of the evidence from scientific studies indicates that legal abortion of an unwanted pregnancy in the first trimester does not pose a psychological hazard for most women.
>
> (Adler et al, 1990:41)

Friedman et al (1974) report, "In the groups we studied, relief was a frequent reaction" (p. 1333). "The Emotional Effects of Induced Abortion" by the Planned Parenthood Federation of America (PPFA) cites the finding of Bracken et al (1974):

> Of all women who have first-trimester abortions, up to 91 per cent report a sense of relief following the termination of pregnancy.
>
> (PPFA, 1987:1)

In an effort directed at testing this finding, participants in the current research were asked, "What is the feeling you remember most vividly, once you knew the abortion was over?" Among the women interviewed, "relief" was the most common response to this question.

> It was a relief, because now I could put it behind me and I wouldn't have to be keeping this secret any longer.
>
> Jill, Annapolis Valley

I was relieved, I guess. I hesitate there because that's what they say most women feel is relief. I don't want to say that just because that's what I hear, because there were a lot of things in there . . . but I guess when it came right down to it, like realistically, I knew I wouldn't have the baby. I knew I wouldn't. And I knew I wouldn't carry it to term and place it for adoption, so I knew I had no choice. So I think I was harder on myself afterwards than before.

Melissa, Metro Area

I was relieved that it was over with; I was guilty that it had ever happened.

Catherine, Metro Area

Relief. Initially, just a lot of relief, knowing that this worry and thinking, puzzling over what I was going to do, was over. I could get back on my feet.

Beatrice, Metro Area

Relief--physically, emotionally, and spiritually--just, it's over. And I was very thankful to be there [the Morgentaler Clinic in Montreal]. I felt immediate relief in my body.

Laurel, Annapolis Valley

Relief was not the <u>only</u> response, though. Other participants recollected feeling surprised and happy.

Surprised at how un-bad I felt. . . . I had expected to be upset or crying or something . . .

Sally, Northeast Nova Scotia

Healthy. I think that the mental stress that I had felt previously was relieved when I met the doctor that referred me. And so after that, mentally I felt fine. So after the abortion, it was more to get myself physically back to where I was.

Sarah, Metro Area

Happy, just happy. I kind of felt in control of my life again, kind of like being given a second chance. . . . It was kind of like a healthy happy; it was like a big breath of fresh air.

Stella, Metro Area

> Really calm. I felt really good.
>
> Jeanette, Metro Area

> I felt absolutely fantastic afterwards. . . . It was like, instantly, all these horrible symptoms that I'd had just disappeared. I was just euphoric . . . I wasn't nauseous; I could eat anything I wanted to, just like that. It was magic. I was euphoric.
>
> Susan, Annapolis Valley

Another small group of participants recollected feeling angry:

> I remember feeling a lot of shock and numbness just surrounding what had happened to my body, but severe anger towards the way a lot of the situation had been handled.
>
> Simone, Metro Area

> I just thought it was horrible. The whole experience was horrible. And I just thought, "This shouldn't be this way."
>
> Anita, Metro Area

> I was sad and I was upset, and I guess I just felt a little peeved . . . that it had to be the way it was. I felt like it was a hard decision for me and it was something that I didn't take lightly, and yet as far as I'm concerned, they treat you differently than they would if you were going in for any other routine procedure. If I were having a toenail removed, I'm sure I would get more support and get treated better than I did that day. And it seems to be very ironic, because it's not just a routine procedure. It's a very emotional thing to have to go through and you can probably use more support than your average toenail removal. And yet you don't get it. You get the atmosphere that, "Well, dear, you're here because <u>you</u> made a mistake and tch, tch, we're just not going to be extra nice to you because of that." And you feel almost punished for it. "You did it, so you take what you get."
>
> Julia, Metro Area

Post-Abortion Complications

For a substantial number of the women interviewed for this research, there was good cause to be angry and upset after the abortion. Seven of the 25 women (28 percent) experienced post-abortion complications, one of whom was treated for both an infection and retained products of conception. (See Appendix 1, Table A-6, for national statistics on complication rates.) Perhaps, as suggested above, those women with extraordinary stories to tell were most drawn to participate in this research. It bears repeating, however, that "horror stories" were not sought out. Complications encountered ranged from an intra-uterine infection for which the research participant was still undergoing treatment at the time of the interview (about six weeks after the abortion), to two cases of women who required second abortions because the first abortion did not terminate the pregnancy.

Hazel noticed an increased frequency of urination about five weeks after her abortion; she thought she might have contracted a bladder infection. It was that discomfort which sent her back to her family physician.

> I didn't go back [to my family physician] for a post-abortion checkup. She didn't mention to me to come back, so I didn't. And she later admitted that was a slip-up on her part, that she should have told me to come back.

After a physical and an ultrasound examination, her family physician said:

> "Your first abortion was unsuccessful. . . . I hate to tell you that you're still pregnant." Well, I was just floored, I was really floored. Because I mean by this time, it was March; I had been pregnant since November.

Isabel, too, left her first abortion still pregnant. Unlike Hazel, however, she knew something was wrong and had to convince the physicians to whom she turned that her post-abortion health status was due neither to hysteria nor to flu. For several weeks, she continued to feel nauseous, and became progressively weaker.

> For the next two days, I just lay on the bed. I was prepared to die. . . . I hadn't eaten a proper meal since the first abortion and that was over two weeks [before].

She went to the Emergency Department of the Victoria General Hospital when her family physician refused to make a house call to see her.

> [The attending physician] treated me like I was a moron. I had told him up front that I had had an abortion. He said, "You had an abortion. The abortion was done two weeks ago. You're not pregnant." Like there was no possible way. None. He made me feel stupid for asking. . . . He, in fact, told me that my abortion was a traumatic experience, that I was possibly feeling guilty and that any sickness I still felt was psychogenic . . . all in my head.

When a subsequent trip to another city hospital's emergency department diagnosed her difficulty as pregnancy, she sought further treatment, through another family physician, from the Victoria General Hospital. Unwilling to accept the results of the pregnancy test or ultrasound from the other hospital, the Victoria General demanded new tests. As Isabel lay on the operating table at the Victoria General Hospital, where staff reluctantly scheduled her for another abortion five weeks after her first one, she recollects the gynaecologist grumbling:

> "They botch a job, and I get to do their dirty work." And I was so frightened.

Four other women who were interviewed retained the products of conception. That is to say, after they left the

hospital, they continued to expel tissue. Two of the women managed to expel the tissue without any further surgical intervention, but to both of them, this complication brought terror and pain. Simone recalled that two and a half weeks after her abortion, and three physician visits later:

> I was still in physical pain, still had a fever, still bleeding. . . . A gynaecologist examined me and said that I had an infection. . . . Still another week later, I was still bleeding. The doctor started trying to get me a hospital bed. And never did get me a hospital bed. . . . I felt very depressed, because I felt scared about my future fertility, and besides that, I felt that the baby and I had been mangled, and each time another piece [of the placenta] came out, I'd just crack up emotionally that there it was, right in front of me.
>
> Simone, Metro Area

Melissa and LeeAnne both had to be re-admitted within a week of their abortions in order to complete the procedure that had been begun in the TPU.

> [The gynaecologist who did the abortion] examined me and said there were pieces left, which was just the worst thing I could have heard. To go through all that and have him say, "Well, sometimes little pieces get caught around the corners and you can't get it all out." I remember sitting there and his office was freezing and it was dark and thinking I had to have another abortion. . . . I really felt like my situation was no different from anybody else's. In a bad way. Nobody cared that I was there for a D and C because I just had an abortion. There was no sort of recognition that this has been a really hard time. It's like, oh yeah, scrub up, or whatever. . . . I was stuck between wanting to be anonymous and yet wanting people to know that I needed people to take some extra time with me.
>
> Melissa, Metro Area

LeeAnne noticed a big difference between the treatment she received on her visit to the TPU and when she went back, this time to the operating room. Of the gynaecologists who

treated her the second time, she said:

> They were just so wonderful.

As she lay in the emergency room awaiting treatment, though, all she could think was:

> By God, I'm being punished. I shouldn't have had it done.

Given these traumatic experiences, one is forced to wonder whether gynaecologists performing hospital abortions in Nova Scotia routinely examine the tissue they remove in the course of the procedure. Dr. Jane Hodgson writes about this step of the vacuum aspiration abortion:

> Examination of tissue constitutes one of the most important parts of the entire abortion procedure, one which verifies the diagnosis of pregnancy, determines the proper stage of gestation, the location of the pregnancy (intra or extrauterine) and whether evacuation is complete. (emphasis added)
>
> (Hodgson, 1981:250-251)

This same article then lays out a detailed description of the tissue, and its weight, that the physician should expect to remove from the uterus at different stages of gestation. It is hard to believe that the gynaecologists who performed the procedures that resulted in the complications experienced by these women did a careful examination of the tissue they removed. Hodgson concludes that:

> Conscientious astute physicians should be able to eliminate most of the need for pathological reports [by visual examination of the tissue].
>
> (Hodgson, 1981:252)

While the Victoria General Hospital seems to make a practice of sending the tissue removed in the abortion procedure for a pathological report, it is not clear where the responsibility lies for checking these reports. Neither Hazel nor Isabel was called by the hospital and asked to

return for further treatment. Indeed, Isabel showed the researcher a copy of the pathologist's report she obtained as part of her file, and it indicated that some fetal parts were missing. In retrospect, at least, it seems clear that the hospital had the information necessary to recall a patient and correct its error, but failed to do so.

Follow-up Care

The matter of post-abortion complications brings us forcefully to the more general issue of follow-up care. In the memo to physicians (Appendix 5), the Termination of Pregnancy Unit reminds practitioners that a follow-up pregnancy test is required three weeks after the abortion. The memo also specifically requests that the TPU be made aware of any complications seen by family physicians. Women attending the Termination of Pregnancy Unit are given follow-up care instructions, but none of the women interviewed for this research seemed to have attached much importance to them. One interviewee felt she couldn't contact the hospital:

> They never want to see you again at the V.G. [Victoria General Hospital].
>
> Susan, Annapolis Valley

Among several of the women interviewed, there was an uneasy reluctance expressed about returning to their family physicians for a follow-up exam. Indeed, two of the women changed physicians immediately following their abortion experience, despite having expressed no overt dissatisfaction with that physician's behaviour. Said Stella:

> I felt really uncomfortable around him from then on. . . . It must have been months before I made

> another appointment with another doctor. . . . I really don't remember that [they suggested I go for a post-abortion checkup].
>
> Stella, Metro Area

Other women remembered feeling uncomfortable about discussing the abortion with their family physician.

> With my own doctor, I didn't quite know what to say [when he asked how the abortion procedure had gone]. I said, "Well, it's over with; that's the main thing."
>
> Catherine, Metro Area

Laurel and Jennifer both delayed returning to their physicians, though both remembered being instructed to seek a follow-up promptly.

> Maybe 10 months later . . . I did ask my doctor to do a Pap smear and check that everything was okay.
>
> Laurel, Annapolis Valley

Jennifer was apprehensive about her physician's reaction, and was greatly relieved at the response to her statement that she had gone to the Morgentaler Clinic for an abortion:

> [My doctor said,] "That was very responsible of you and very, very mature." She was great; she was fine.
>
> Jennifer, Cape Breton

The pressure of social attitudes, which stigmatize women who have had abortions as careless and selfish convenience-seekers, is clearly expressed by these women: they feel discomfort; they fear harsh judgment, even in the privacy of their relationships with their family physicians.

Confidentiality

Perhaps women's subsequent discomfort with their physicians has also to do with the fear of the breach of confidentiality. Certainly, women's need for anonymity in the process of seeking and having an abortion is one that stands out in several interviews:

> [The prospect of] people finding out was worse than any pain or inconvenience or trauma that I would go through.
>
> Jill, Annapolis Valley

> The feeling that everyone knows why I'm here, and I'm awful and I'm embarrassed and ashamed. . . . I'm exposed for everyone to see. . . . That was the big thing for me, was people not knowing and not recognizing me, not knowing anybody.
>
> Melissa, Metro Area

> All the staff and the doctor are supposed to keep this [women's identities] confidential; they're not <u>supposed</u> to talk about it to anyone else, though I know what happens in reality. That was part of my concern. . . .
>
> Elizabeth, Metro Area

> Being involved with the paramedical community, I didn't want anybody to know.
>
> Laurel, Annapolis Valley

One of the interviewees reported an actual breach of confidentiality. Well after her therapeutic abortion, she was waiting to see her family physician in his office. His nurse commented gratuitously:

> "It's really no problem having two [children], you know." And I thought, "Mind your own business." I felt really angry. She was an older woman, and she loved babies. <u>I</u> love babies, too. I just couldn't have one at that time. She was the one that made me feel the worst.
>
> LeeAnne, Halifax County

Two of the research participants reported actions by their family physicians designed to protect the women from breaches of confidentiality:

> And also, she didn't put it on my chart . . . you know, small town. . . .
>
> Jennifer, Cape Breton

> In a small town, you've got so many problems! But she [my doctor] was very good about that. And she called me at home with the appointment [so the office receptionist wouldn't know].
>
> Jill, Annapolis Valley

Jill also commented that a physician she visited as a second referral (from the pre-1988 era when two opinions had to be forwarded to the therapeutic abortion committee) offered to write up the visit on her chart as a "regular office visit," containing no mention of abortion.

The meaning of confidentiality in the health professions in Nova Scotia must have degenerated to a sorry state indeed, if physicians are now behaving in ways suggesting that they anticipate breaches of confidentiality. Perhaps it is time for health professionals at all levels to refresh themselves as to the surface meaning of confidentiality, and also its deep significance to the individuals who feel so vulnerable in their hands.

Free-Standing Clinics vs. Hospitals

Throughout this report of the findings from the research interviews, the contrast between the experiences of women who attend free-standing clinics and those who have hospital abortions has been marked, unmistakably so. Four of the research participants had experienced both. Jeanette and Elizabeth were able to compare them:

> Comparing the hospital service to the clinic service, I prefer the clinic atmosphere much better. And they were quicker. They set you up an appointment right away, as soon as you could get there.
>
> Jeanette, Metro Area

> You know that as soon as you're in that house [the clinic], that everyone supports you; there's never any doubt. That's the thing about a hospital, you never know. Every time you come up against somebody, you just never know how they're going to react. . . . It [the clinic] was wonderful. Anyway, it is quite a bit different. The whole atmosphere, you know that everybody working there thinks it's an okay thing to do, and they're supporting you, and they're giving you as much information as you want. You know you can ask them for information.
>
> Elizabeth, Metro Area

Jennifer recounted why she chose to leave the province at considerable expense and have a clinic abortion:

> I just didn't want to have to explain that. Maybe to them [physicians in Nova Scotia], my reasons weren't good enough, and I didn't want to have to justify them, because, to me, they were plenty good. I didn't want to have to be drilled. . . . I didn't want to go to any doctor [to seek permission]. I wanted to deal with it. I don't know. I wanted to feel some respect, some self-respect, I guess, out of the whole thing. And I just knew that going through that route [through a Nova Scotia hospital], I wouldn't.
>
> Jennifer, Cape Breton

Above and beyond the awkward permission-asking and approval-seeking from family physicians, what is it about the way abortion services are offered in hospitals that makes these women prefer a clinic service? The comments of several of the women interviewed point to the rules and routines in place at the Victoria General Hospital as barriers to feeling at ease and in control. As Jennifer explained above, the feeling of control she experienced by directly approaching a clinic allowed her a sense of self-respect that she doubted would have resulted from the

hospital-based routine. Jeanette's story is worth quoting at some length for the way in which it epitomizes the potential difficulties to be encountered in a large bureaucratic institution.

> As it turned out, I had lost my M.S.I. card, and they had just started a new rule that they weren't going to admit people without them. The one person who had my duplicate M.S.I. card was [my son's] father. He had it in case [my son] was in an accident or something. So I had to call this man up who had just been sermonizing at me the night before, and tell him that I needed the M.S.I. card to get admitted to the hospital and he refused to give me the card. He said, "I cannot take part in any baby killing. I'll be killing this baby if I give you this card. You're not getting it. No way." . . . The person at the desk was really unsympathetic. She had my file on a board . . . and it was out, where anybody could have seen. It wasn't kept discreetly anywhere. And she wasn't very helpful at all. They finally got another [clerk] over who made an exception for me. They did a really, really big favour. . . .
>
> When I got there [to the TPU], they asked me to change into a johnnyshirt and go to a room down the hall. I got changed into my johnnyshirt and as soon as I was in the hall, they called me back in and said I wasn't supposed to go down the hall, I was supposed to go back downstairs to the reception desk and wait. So I got my clothes on again, went back down to the reception desk and waited. As soon as I got down there, I was told I wasn't supposed to be down there, I was supposed to be back up in the T.P. Unit again, so I went back up there, got undressed again, got my johnnyshirt on and was told I wasn't supposed to be there, I was [supposed to be] down in the reception room. I think I got changed about four times. I don't know <u>what</u> was going on.
>
> I thought it would be treated as a regular appointment. I didn't expect to be waiting there for eight and one-half hours. I spent a couple of hours waiting in the T.P. Unit and then I was sent down to surgery, because I had to be put under. . . . My appointment was <u>supposed</u> to be as soon as I got there in the morning.
>
> Jeanette, Metro Area

Four of the women remarked on the discomfort they felt, sitting in the waiting room in the TPU in a johnnyshirt.

> I felt like everyone could see inside me and so the whole thought of going out and sitting in front of fully clothed people [in the TPU waiting room] in a johnnyshirt is so humiliating.
> Melissa, Metro Area

For Jill, it was a further invasion of her privacy:

> I just felt so uncomfortable [in the johnnyshirt. I felt I was] clearly marked as the person who was going to have the abortion [in front of all the mothers and boyfriends waiting].
> Jill, Annapolis Valley

Anita's response to being told to return to the waiting room in her johnnyshirt was shock:

> "What?! I don't want to go out there," I said. "I'm not conventional," I said. "I don't shave my legs. There's guys out there--people I don't know. It's uncomfortable. Please, could I sit here?" And there was an empty chair there. . . . And she said flatly, "No." So I walked out, and I was crying. I was totally upset. I stood there. I would not sit down. I stood right by the door. . . . It shouldn't be humiliating. You shouldn't have to be sent out with a johnnycoat on into a waiting room where everyone else is so close. How sadistic can you get? That is just outrageous.
> Anita, Metro Area

> Then they make you go sit out in the damn waiting room again, which creates this real <u>imbalance of power</u>, because first of all, there are men in that room and you're sitting there in hospital garb. Some of the people are wearing street clothes, some of the people are in hospital garb. And it just doesn't work. (emphasis added)
> Sheila, Metro Area

The underlined words in the quotation above from Sheila pinpoint the underlying cause of the discomfort: in hospital garb, the women feel less powerful, less in control. With one rule, enforced for the gynaecologists' convenience and because of cramped quarters for the Termination of Pregnancy

Unit, the hospital succeeds in inducing a feeling of powerlessness among the patients. This undoubtedly benefits the TPU: as the patients feel less in control, less powerful, they are more apt to be "good patients," more cooperative, more willing to succumb to the routine. The inference cannot be drawn that the hospital does this consciously; it is but another instance of the system riding roughshod over the people it is supposed to serve.

The rules surrounding the procedure room itself are similarly artificial and off-putting. Julia asked if her partner could accompany her in the procedure room. She was told, no, the room is too small. Then she asked if she could wear "Walkman"-style headphones, to divert her attention from the procedure and any pain. That request was also denied, apparently because the gynaecologist may need to communicate with the patient. Julia concluded:

> They don't want anything to comfort you or distract you.
>
> Julia, Metro Area

Catherine made a similar request, and was also turned down:

> The first thing that I actually wanted was to have one of my friends come in with me, which probably would have been difficult for one of my friends, but would have been a god-send for me. . . . I said, "Can I have one of my friends in here?" The nurse said, "Oh, no, you can't do that. That's against regulations." Then she closes the door behind us, so now I feel trapped in the room.
>
> Catherine, Metro Area

The recovery room in the TPU, consisting of two beds and two armchairs, also drew complaints:

> You felt like you had to get yourself in gear and get out. . . . It's not that the nurses are pushing you out; you don't want to take up someone else's bed. Typical woman thing. It would be hard for a woman who had a hard reaction, who had to stay, who wanted to stay longer. I don't quite know how they'd facilitate that. . . .
>
> Elizabeth, Metro Area

> I was in there for 15 minutes. Someone had come in once to give me the [birth control] pills, the other time to give me the juice and the painkiller. That was it. That was the last I heard of anybody. So I said, "To hell with this." . . . I said [to myself], "Quite frankly, I'm going to get better care from [my fiancé] at home than I'm getting here." . . . Nobody was even around in the room. Just nothing. At that point, I was so angry, that I just said, "To hell with this, I'm going home."
>
> Sheila, Metro Area

A patient in the operating room's recovery area also felt rushed:

> Every maybe 15 minutes or half-hour, she'd come by and take my blood pressure again, and she started to nag me, "Oh, you'd better be going home now." And I'd say, "Do I have to go home right away? What's the big rush?" And she said, "Well, we usually get everyone going by the end of our shift." . . . I guess that's all part of their procedure, but I felt like I was a nuisance, being there.
>
> Isabel, Metro Area

While these women found the routine procedures in place at the Victoria General Hospital to be a cause of discomfort, it must be granted that a health care institution of its size needs rules by which to operate. That these rules need not humiliate women seeking abortion is made clear by Celia's story, an experience of the same hospital quite different from that of the other women interviewed. Celia waited several agonizing weeks for the result of her amniocentesis test. Once the result was available, however, there was no waiting period at all for her abortion.

> [My family physician] said to be in Halifax just as soon as possible. There'd be a bed waiting.
>
> Celia, Cape Breton

Because she was 21 weeks pregnant when amniocentesis detected a severe fetal abnormality, Celia had to have a

saline abortion in order to terminate the pregnancy. She had only kind words of praise about the staff:

> Everyone was just so supportive. Like it [the labour and expulsion of the fetus] happened through the night. And the nurses were so supportive.
>
> Celia, Cape Breton

The absence of a waiting period to have the abortion, and the supportive treatment accorded Celia, are deserved no less by other women having abortions. Indeed, the notion of a "deserving" patient is hard to ignore here. Celia's sad circumstances seem to have brought out the best in the hospital and its staff. From the volume and depth of the negative comments already recorded, one can only suspect that the hospitals tend not to find most women seeking abortions as deserving of such sensitive treatment. The several references by research participants to a feeling of being punished are strong testimony that, in the view of the hospital, there are two classes of abortion-seekers: the deserving and the undeserving. The deserving seem to be those who seek abortions for reasons understood and condoned by the hospital, reasons such as Celia's. By inference, all others are undeserving--or, at the very least, less deserving. This latter group makes up the bulk of women seeking abortions: women whose lives, in the eyes of hospital staff, are not literally endangered by the pregnancy and who are not facing Celia's situation of bearing a fatally ill child.

Repeat Abortions

The women seeking abortion services are sensitive to such judgmental attitudes, and their understanding of the

system's disdain for them is especially clear among women who have sought abortion more than once.

> [The nurse] didn't really give me a hard time, but it was certainly implied. It was, like, "Oh! This is your second one?" Like, what's wrong with you, or whatever. . . .
>
> Anita, Metro Area

> I know there is an attitude against having more than one [abortion] and that actually came out, because . . . when they called one woman in, they said to her, whatever her name was, "You know, you've been here before, so you know what we have to do now." They announced this in front of everybody; it was totally unnecessary to do that. It's a real clear message that that's disapproved of. . . . They ask you if this is your first pregnancy, and I lied, because I know how they feel about that.
>
> Elizabeth, Metro Area

Other women internalized the disapproval and directed it at themselves.

> I was very angry. I was angry at myself. I was angry at my boyfriend. I was angry at whoever invents birth control for not giving me something that's safe, effective and convenient at the same time. I was very depressed. I was attacking myself, thinking, "You're so stupid; how could you let this happen a second time?"
>
> Susan, Annapolis Valley

> I didn't go back to my doctor. I went to another doctor, because I was too embarrassed to go back to my doctor.
>
> LeeAnne, Halifax County

Their comments point to an internalized understanding that an unintended pregnancy is the result of a mistake, and that anyone can make a mistake <u>once</u>. In fact, approximately 25 percent of all Canadian women having an abortion in a given year are not having their first abortion. The social attitude which so quickly condemns these women as promiscuous and careless--as women who must be using abortion as a method of birth control--pays scant attention

to the coercion which often accompanies intercourse and the imperfections of all of the birth control methods. That is to say, the causes of unintended pregnancies are not all within women's control. So long as they remain outside our control, some women will have second and third unintended pregnancies and will seek second and third abortions. It is not commonplace for dentists to scorn patients who require more than one filling in a lifetime. Neither should any stigma be attached to women who choose abortion more than once over the course of 30-odd years of childbearing potential.

Looking Back on the Abortion Experience

In order to bring some closure to the interviews, participants were asked how they felt overall about their experiences. Among the young (teenaged) women's comments runs a theme of discomfort and difficulty in accepting this incident in their lives.

> [I'm] still really embarrassed, still really ashamed. . . . Just even the word [abortion], like I use the word when I'm talking about Morgentaler and things in the news, but not when it relates to me.
>
> Melissa, Metro Area

> In one way, I sort of feel very detached from it. . . . It just seems like somebody else's problem, that they had to go through. . . . I don't accept it as being very real.
>
> Catherine, Metro Area

> I look at it as if it didn't happen to me. I feel like I'm looking at it from an outsider's point of view.
>
> Tammy, Metro Area

These comments point to a need for special attention to be paid to young women. The numbness they express about events well past seems to be an unnecessarily punishing result of their youth.

Among the other women, this question elicited a range of responses, from anger to calm understanding. The women who experienced physical pain and denigrating treatment continue to be angry about those aspects of the system that hurt them.

> I still feel angry. I mean, I'm glad now I had the abortion . . . I wouldn't want anyone to go through what I went through to try to find out what to do.
>
> Dianne, Northeast Nova Scotia

> The one thing that really stands out in my mind is that one doctor saying "No" and that feeling I had, knowing I was pregnant and knowing he wasn't going to help me . . . it was terrifying.
>
> Beatrice, Metro Area

> I would not do it any differently; I don't feel that I made the wrong decision. So I have no regrets as far as making the decision. I would not want to go through what I had to go through with those two doctors [who refused to refer for abortion]. I felt like an idiot. I felt like, it's my decision. What I'm looking to you for is medical attention, and I don't want to ever have to go to a doctor again and want something and feel like I had to beg, or run around looking for it.
>
> Sarah, Metro Area

> I feel very angry that I was treated the way I was. And I feel angry at the fact that it hurt so much. . . . Even within that setting, as inadequate as it is, it didn't need to be like that. That's what makes me the most angry.
>
> Jill, Annapolis Valley

> It's unfair to be treated like that. . . . There's no reason for it to be like that.
>
> Anita, Metro Area

Louise attributes her difficulty in the year following her hospital abortion to the inadequacies of the system:

> I think because I didn't receive enough information and support, I dragged it [the memory of the experience] along maybe a year or more. . . . I think the grieving wasn't done that should have been dealt with. And I don't know how to explain that. It wasn't grieving over a baby. . . . It's just like I lost a part of myself. . . . I lost a dream . . . a part of my soul. . . . But I didn't have that problem after the first abortion [at a Montreal clinic] at all.
>
> Louise, Annapolis Valley

Despite their anger at the medical and legal systems, none expressed regret about the decision they had made.

For another group of women, the abortion experience, from decision to aftermath, has settled satisfactorily into their life stories.

> I've never had any regrets. I think if I had made any other decision, I would have regrets.
>
> Stella, Metro Area

> I think, "What life would it have been if I'd had that child?" For me and for the child. I've never been one to believe that just because you're a mother, you give up your life for a child. I don't live my life for my child. You know, I love my son incredibly, but I have to do what I feel is best. . . . Basically, I didn't go through any big depression. And I didn't try to nail myself to a cross, or punish myself. I thought I had done the most sensible thing.
>
> Jeanette, Metro Area

> I was glad I had the option to have it done. I was really glad that option was available to me. Of course, I wish it was something I never had to have happen. . . . It's something that you always think about. And I don't think about it with regret, or I don't think about it with sadness; I just think about it. It's just something that's so personal.
>
> Hazel, Metro Area

> I feel, really, that that is what I needed to do, and I still do want to have children some day.
>
> Laurel, Annapolis Valley

> I'm very glad that I said "To hell with it," and went to Toronto. I'm real glad I could make that choice. . . . I wish it [the pregnancy] had never happened. I wish I'd never had to do that.
>
> Sally, Northeast Nova Scotia

> I don't feel bad about it at all. I feel good about it. I think I made the right choice for me, and for this fetus. . . . It was a very positive experience in a sense. I was glad I went that [clinic] route. You know, I felt I had my self-respect and my dignity.
>
> Jennifer, Cape Breton

Once again, it is worth noting that among these five women are three of the four research participants who obtained their abortions in free-standing clinics outside Nova Scotia.

Conclusion

These findings make clear why the abortion experience continues to be a dark secret, long after other taboo experiences are spoken of publicly. For each of these 25 women, at least one aspect of their story was frightening, humiliating, anxiety-provoking or painful. For some, it was the desperate search for a supportive physician to provide a referral that frustrated them at every turn. For others, it was the abortion itself, performed in a less-than-satisfactory environment by less-than-compassionate, sometimes careless, health professionals, that left them hurt and angry.

Some family physicians were reported to have behaved in callous, unfeeling ways. Indeed, some physicians seem to be

interpreting their patients' best interests without any regard for, or reference to, the patient's own perception of her best interest. The dark secret of abortion is not lightened by such blatant disapproval as was expressed by some of these women's physicians. Fear of their secret being exposed by some member of the health care team redoubled women's efforts to keep their experiences private ones, known only to one or two confidantes.

Research participants expressed the anxiety they remembered experiencing as they waited for their appointment date at the hospital. Many of them waited two to three weeks from the time they found a supportive physician who would refer them to a hospital; some waited as long as five or six weeks. Among those who could identify a specific trait in the response of a helpful friend or counsellor, it was often the quality of being nonjudgmental that the women named as being most helpful. Obvious though this may seem in the context of good listening skills, it was a trait often missing from women's support networks. The notion of abortion as a well-kept secret was also evident in the answers given to the question about women's knowledge of abortion services. A few of the research participants were fortunate enough to have been through the process with a friend before being faced with the situation themselves. Most of the women spoke of how lost they felt, and how ignorant they were of where they might turn for information.

If the prepared patient is likely to have a better outcome from her encounter with the medical system than the unprepared patient (and it only makes sense that this would be so), then the women who took part in this study are compelling testimony for the need for better preparation for the abortion procedure. Telling a woman where, and at what time, to report for the procedure does not constitute adequate preparation. Women need to know what will happen to them and how it will feel. Most of the women interviewed

were dissatisfied with the counselling offered by the staff at the Victoria General Hospital's Termination of Pregnancy Unit. Oral contraceptives and intra-uterine devices (IUDs) were the only kinds of contraceptive offered to any of the women interviewed who had their abortion at this hospital. This narrowing of the available options further impedes women from controlling their reproductive health in accordance with their perception of their own best interests.

Several of the women interviewed reported being treated compassionately and kindly by health care professionals, both in clinics and in hospitals. It is inevitable that some clients of the health care system will report being treated poorly, and indeed, several women reported such treatment in this research study. Whether or not poor treatment is more likely to occur with the abortion procedure is beyond the scope of this research to determine. What does seem clear, however, is that women having therapeutic abortions are looking for a nonjudgmental attitude in their health care providers, and for the extra care that comes from empathy.

The women interviewed reported experiencing as wide a range of discomfort and pain from the abortion procedure as they did compassionate and callous treatment by health care professionals. It seems that those women who experienced the least pain were those who were the best prepared, the best listened to, the best supported by physicians and friends. The exceptionally high rate of complications experienced by the women who took part in this research is disturbing, to say the least. While this sample does not claim to be in any way representative of the women in Nova Scotia who have had abortions in the past five years, the stories of failed and incomplete abortions among these 25 women should be enough to awaken the health care community to the need for improvement in the delivery of this medical service. Indeed, the Community Reproductive Care Committee

provides an excellent example of how education and standards can be coordinated throughout the province. Unfortunately, this committee, despite its name, works only in the perinatal area. With a more comprehensive mandate, and the resources with which to fulfil it, this committee could bring the delivery of abortion services in Nova Scotia up to par.

The contrast between the experiences of the 21 women in this sample who had hospital abortions and the 4 who left the province for clinic abortions is impossible to ignore. At the clinics in Montreal and Toronto visited by these four women, the waiting period was much shorter (less than a week), the environment friendlier, the treatment compassionate and competent, the complications nil, and the overall perception of the experience more positive than those of the women who approached hospitals in Nova Scotia.

Perhaps the most important lesson to be gleaned from these women's stories is the distinction they often made themselves between being hurt by or angry at the health care system, their families, or themselves, and their feeling that they had made the best choice for themselves, by choosing a therapeutic abortion. It would be tempting to see their hurt and anger as regret for the choice they made, but in fact, no woman interviewed for this research expressed regret for the choice she made. Some expressed regret that they had ever been in the situation of having an unintended, unwanted pregnancy, but none expressed the wish that she had carried that pregnancy to term. Several of the women expressed the desire to have children in the future, and six of the women interviewed have carried a pregnancy to term since the abortion experience they related to the researcher. The women repeatedly affirmed the value they attached to childbearing and childraising. Their secret from family, friends, and sometimes even their family physicians was that they had once <u>not</u> carried a pregnancy to

term, thereby risking tremendous social disapproval, loss of love and companionship, and considerable pain.

The recommendations contained in the following section of this report call for the spending of money and the changing of rules. Unfortunately, new money and procedures alone will not alleviate <u>all</u> of the problems documented here. Changing social attitudes and removing social stigmas is never easy work, but it is painfully clear that much remains to be done in the population at large to allow women <u>real</u> choices in the matter of their reproductive lives, and to allow them the dignity that comes from making choices that are respected.

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Recommendations

The following recommendations flow directly from the findings of this research project. While their implementation would undoubtedly improve the state of reproductive health care in Nova Scotia, they are not exhaustive.

CARAL/Halifax recommends that:

1. the Government of Nova Scotia should cease all legal and legislative action designed to restrict access to abortion services. Specifically, the Medical Services Act, now struck down by the court, must be allowed to die.
2. the Minister of Health and Fitness should:
   (a) establish regionally based women's health clinics, where issues ranging from Pap smears and breast cancer screening to first-trimester abortions and follow-up counselling could be handled by staff dedicated to women's health concerns; and
   (b) assume responsibility for contraceptive counselling in the sexually active population. In the school-age population, this work should be carried out hand-in-hand with the Department of Education and the province's school boards and teachers;
3. the Medical Society of Nova Scotia should:
   (a) take a leading role in ensuring that medical practitioners throughout the province are informed about abortion, in both its administrative and medical aspects;
   (b) remind practitioners of their ethical obligation to provide counselling on all options available to a woman with an unintended pregnancy;

(c) remind those practitioners who feel they cannot counsel on, or refer for, abortion that they should refer patients wishing abortion services to other physicians who will provide that referral;

(d) offer its members assistance in maintaining the fourth principle of ethical behaviour as set down by the Canadian Medical Association: protect the patient's secrets.

4. gynaecologists performing abortions should regularly seek out continuing education (available from the Faculty of Medicine at Dalhousie University, the Society of Obstetricians and Gynaecologists of Canada, and the National Abortion Federation) in order to ensure that practices followed comply with the most up-to-date, medically sound procedures. Special attention should be paid to:

(a) administration of the local anaesthetic;

(b) procedures surrounding examination of the tissue removed from the uterus, to reduce the incidence of failed and incomplete abortions.

5. the Registered Nurses' Association of Nova Scotia should:

(a) ensure that nurses are well informed about the administrative and nursing aspects of abortion;

(b) offer its members assistance in maintaining the privacy and confidentiality of patients they serve.

6. Nova Scotia hospitals providing abortion services should review their policies and procedures with a view to:

(a) better preparing women scheduled for abortion;

(b) drastically curtailing the delay between the time when the appointment is made and when the abortion is provided, so that no woman waits more than ten calendar days for her abortion;

(c) sensitizing staff, both medical and nonmedical, to the fears and concerns of women approaching the hospital for abortion services. These concerns include staff discretion, confidentiality, and understanding of and respect for the clients they serve;

(d) eliminating any procedural loopholes in the examination of tissue removed from the uterus during the abortion procedure. Not only must the tissue be examined visually by the gynaecologist performing the procedure, but a chain of responsibility must be clearly established for pathology departments to report back to gynaecologists, and gynaecologists to the patients, when pathology reports indicate irregularities;

(e) more thoroughly reviewing post-abortion instructions with patients, in order to ensure their comprehension and compliance.

7. the Termination of Pregnancy Unit at the Victoria General Hospital, as the provider of over 80 percent of the abortions performed in Nova Scotia, should:

(a) give each patient a separate appointment time, so that women are not waiting several hours for their abortions. This would also reduce the congestion in the small waiting room;

(b) provide a separate ante-room to the procedure room where one patient at a time can wait in a johnnyshirt, eliminating the need for women to sit in a general waiting area in hospital garb.

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Appendix 1

A statistical review of abortion in Nova Scotia and Canada since 1980

Table A-1

Number of Abortions Performed
Nova Scotia and Canada
1980-1988

Year	Nova Scotia	Canada
1980	1,664	65,855
1981	1,698	65,127
1982	1,741	66,319
1983	1,701	61,800
1984	1,723	62,291
1985	1,718	62,740
1986	1,739	63,508
1987	1,746	63,662
1988	1,808	66,251

Table A-2

Abortion Rate
Per 1,000 Females Aged 15-44
Nova Scotia and Canada
1980-1987

Year	Nova Scotia	Canada
1980	8.4	11.5
1981	8.5	11.1
1982	8.4	11.1
1983	8.2	10.2
1984	8.2	10.2
1985	8.0	10.2
1986	8.0	10.2
1987	7.9	10.2

Table A-3

Abortion Rate
(Number of Abortions Per 100 Live Births)
Nova Scotia and Canada
1980-1988

Year	Nova Scotia	Canada
1980	13.4	17.7
1981	14.0	17.5
1982	13.7	17.8
1983	13.5	16.5
1984	13.8	16.5
1985	13.6	16.7
1986	13.8	17.0
1987	14.0	17.2
1988	14.2	17.6

Table A-4

Percentage Distribution of Abortions by Stage of Gestation Nova Scotia and Canada 1980-1987

Year	Location	Stage of Gestation			
		<9 wks	9-12 wks	13-16 wks	≥17 wks
1980	N.S. Canada	19.9% 24.7%	58.5 61.4	15.7 10.4	5.8 3.6
1981	N.S. Canada	20.7% 25.5%	59.6 61.1	14.4 9.9	5.2 3.5
1982	N.S. Canada	21.6% 25.9%	56.9 61.0	14.0 9.7	7.4 3.4
1983	N.S. Canada	19.7% 27.7%	58.9 60.2	14.6 8.8	6.8 3.3
1984	N.S. Canada	19.7% 29.5%	59.2 58.5	14.2 8.6	6.9 3.4
1985	N.S. Canada	21.9% 31.8%	58.0 57.1	12.8 7.7	7.3 3.3
1986	N.S. Canada	--[1] 30.7%	-- 57.1	-- 8.7	-- 3.4
1987	N.S. Canada	-- 33.2%	-- 55.3	-- 8.0	-- 3.6

[1] Figures for Nova Scotia by stage of gestation have not been available since 1985.

Table A-5

Percentage Distribution of Abortions by Initial Procedure Used Nova Scotia and Canada 1980-1988

Year	Location	Suction D&C	Surgical D&C	Saline	Prostaglandin	Other
1980	N.S. Canada	82.6% 88.0%	3.5 5.7	13.4 3.7	0.06 2.0	0.4 1.6
1981	N.S. Canada	86.0% 88.5%	3.3 5.3	10.5 2.3	-.- 2.1	0.2 1.8
1982	N.S. Canada	84.1% 89.8%	3.7 4.3	12.1 2.3	-.- 1.8	0.1 1.8
1983	N.S. Canada	83.5% 91.5%	3.8 3.4	12.3 2.4	-.- 1.6	0.3 1.1
1984	N.S. Canada	83.5% 91.9%	3.7 3.1	12.6 2.2	-.- 2.0	0.1 0.8
1985	N.S. Canada	84.8% 92.7%	3.3 2.3	11.8 1.9	-.- 2.2	-.- 0.9
1986	N.S. Canada	-.-[1] 92.4%	-.- 2.8	9.7 1.7	-.- 2.3	-.- 0.8
1987	N.S. Canada	-.- -.-	-.- -.-	4.7 -.-	-.- -.-	-.- -.-
1988	N.S. Canada	-.- -.-	-.- -.-	4.1 -.-	-.- -.-	-.- -.-

[1] Complete Nova Scotia figures have not been available since 1985. Because only one hospital in Nova Scotia performs the saline procedure, the provincial proportion for this procedure can be deduced from the raw numbers made available by the Victoria General Hospital.

Table A-6

Complication Rate
Per 100 Therapeutic Abortions
Canada[1]
1980-1987

Year	Canada
1980	2.4
1981	2.3
1982	2.4
1983	2.1
1984	2.0
1985	2.1
1986	1.8
1987	1.8

[1] Because the national rate represents so few cases, the rate for each province is not published.

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Appendix 2

Interview Schedules

INTERVIEW SCHEDULE: GROUP I

I'd like to start our talk by assuring you that your identity and the names of people you might mention during our interview will be closely guarded. You will be given a fictional name when the tape is transcribed, and your real name will never appear in print.

Subject's given name:

County of residence when abortion was sought:

What was your situation at that time?

How old were you then?

What was your marital status then?
(Married, single, divorced, separated, widowed)

Did you have any children then? How many?

Is this experience the only abortion you've had?

Were you working outside the home?

What kind of work were you doing?

Can you give me some idea of your annual income at that time?

Can you take me back to the time when you discovered you were pregnant? What year was it? What time of year?

And you decided that you had to have an abortion?

Can you tell me how you arrived at that decision?

Once you decided on an abortion, what did you know about how to go about getting the service?

What kind of concerns do you remember having at this stage in your experience? (If none expressed, check for:

Did you consider trying to abort yourself? If yes, did you try?

Did you have any fears that you might be denied an abortion? Who did you think might stop you?

Did you have concerns about paying for the service?)

Did you have to pay for your abortion? How much? Plus travel expenses? Any other costs? Was the cost a burden?

Where did you go first for help? How did you present your story? What response did you get? What came of your request for help? How did you feel about that?

Anybody else? (If so, same questions as above.)

Of all the people you discussed your decision with, who was most helpful? Why? Who was least helpful? Why?

So, you were referred to _____ Hospital by Dr._____.

Did your doctor explain the abortion procedure to you?

If yes: What were you told about the procedure beforehand?

Did you feel prepared for the procedure beforehand?

If no: Did anyone tell you about the procedure? If so, who? What did they tell you?

Did your doctor explain how the hospital decides who will have an abortion?

If yes: Looking back on it, do you think you were well prepared?

If no: What could someone have given you to read or told you to make you better prepared?

How long was it from the time you decided you wanted an abortion until it was done?

How long was it from the time you saw a doctor who agreed to refer you to the hospital until you had the abortion?

When you had the abortion, how many weeks pregnant were you?

What was the waiting like?

How far away is the hospital from your home? How did you get to the hospital? Did you go alone?

If yes: Would you do it differently another time?

If no: With whom?

Are you glad that you took someone, or would you not do it that way again?

I want to explore in two ways your actual experience. I'd like you to take me back to the moment when you arrived at the hospital. It was early in the morning, wasn't it? I'd like you to try to tell me, as best you can remember it, what happened, each step of the way, and how you felt about what was happening?

Can you remember what happened first?

And then?

And then? And then?

What procedure did the doctor use?

What kind of anaesthetic (local/general)?

How long were you in the hospital?

What words would you use to describe the environment inside the hospital?

How were you treated by the nurses at the hospital?

And by the doctor who performed the abortion?

And how were you treated by other staff?

What ways were you treated that supported you?

What ways were you treated that were not supportive?

How would you rate the way you were treated at the hospital by the nurses? By the doctor who performed the abortion? By other staff?

1	2	3	4	5
very poorly				very well

What was the feeling you remember most vividly once the abortion was completed?

Did you go to a physician for a post-abortion check-up? What happened at that visit?

Did you have trouble finding a physician who would do a post-abortion check-up? If so, how did you deal with this difficulty?

How did you feel about the way your physician treated you at your post-abortion check-up?

Overall, when you look back on your abortion experience, how do you feel about it?

(If woman had a previous abortion: Can you compare this experience that you've just told me about to your previous abortion?)

Is there anything else you'd like to tell me about your experience?

Thank you very much for sharing your story and your time.

Often women remember something important they would have liked to say during the interview as soon as the interviewer leaves. If you think of something you'd like to add to your story, please call me.

INTERVIEW SCHEDULE: GROUP II

WOMEN WHO SOUGHT AN ABORTION IN NOVA SCOTIA
AND LEFT THE PROVINCE TO GET ONE

I'd like to start our talk by assuring you that your identity and the names of people you might mention during our interview will be closely guarded. You will be given a fictional name when the tape is transcribed, and your real name will never appear in print.

Subject's given name:

County of residence when abortion was sought:

What was your situation at that time?

How old were you then?

What was your marital status then? (Married, single, divorced, separated, widowed)

Did you have any children then? How many?

Is this experience the only abortion you've ever had?

Were you working outside the home?

What kind of work were you doing?

Can you give me some idea of your annual income at that time?

Can you take me back to the time when you discovered you were pregnant? What year was it? What time of year?

And you decided that you had to have an abortion?

Can you tell me how you arrived at that decision?

Once you decided on an abortion, what did you know about how to go about getting the service?

What kind of concerns do you remember having at this stage in your experience?

(If none expressed, check for:

Did you have any fears that you might be denied an abortion? Who did you think might stop you?

Did you have concerns about paying for the service?)

Did you consider trying to abort yourself? If yes, did you actually try?

Did you have to pay for your abortion? How much? Plus travel expenses? Any other costs? Was the cost a burden?

Where did you go first for help? How did you present your story? What response did you get? What came of your request for help? How did you feel about that?

Anybody else? (If so, same questions as above.)

Of all the people you discussed your decision with, who was most helpful? Why? Who was least helpful? Why?

So, it was _____ who helped you contact the clinic? And this was the _____ clinic in _____?

Did you phone the clinic yourself to make the appointment?

If yes: Can you remember that conversation for me?

If no: Who did make the arrangements? What were you told about the arrangements made for you?

Did you feel prepared for the procedure beforehand?

If yes: Looking back on it, do you think you were well-prepared?

If no: What could someone have told you or given you to read to make you better prepared?

How long was it from the time you decided you wanted an abortion until the time it was done?

How long was it from the time the appointment was made until the abortion was done?

When you had the abortion, how many weeks pregnant were you?

What was the waiting like?

How far is the clinic from your home?

How did you get there?

Did you go alone?

If yes, would you do it differently another time?

If no: With whom? Are you glad that you took a friend, or would you not do it that way again?

Did you meet a friend in (clinic city)?

How long did you stay in (clinic city)?

Where did you stay?

I'd like to explore your actual abortion experience in two ways. I'd like to get at what happened, and how you felt about what was happening. Can you take me back to the moment when you arrived at the clinic for your appointment? What happened first? And then? And then?

What procedure did the doctor use?

Anaesthetic?

What words would you use to describe the environment inside the clinic?

How were you treated by the nurse(s) at the clinic?

And by the doctor who performed the abortion?

And how were you treated by non-medical staff at the clinic?

What ways were you treated that supported you?

What ways were you treated that were not supportive?

How would you rate the way you were treated at the clinic by the nurses? By the doctor who performed the abortion? By other staff?

1	2	3	4	5
very poorly				very well

What do you remember feeling most vividly once the abortion was completed?

Did you go to a physician for a post-abortion check-up? What happened at that visit? Did you have trouble finding a physician who would do a post-abortion check-up? If so, how did you deal with this difficulty? How did you feel about the way your physician treated you at your post-abortion check-up?

Overall, when you look back on your abortion experience, how do you feel about it?

(If woman had a previous abortion: Can you compare this experience that you've just told me about to your previous abortion experience?)

Is there anything else you'd like to tell me about your experience?

Thank you very much for sharing your story and your time.

Often subjects remember something important they would have liked to say during the interview as soon as the interviewer leaves. If you think of something you'd like to add to your story, please call me.

Appendix 3

Consent Form

INFORMED CONSENT

I agree to tell my abortion experience story to CARAL for its research project "Telling Our Secrets: Abortion Stories from Nova Scotia." I give my agreement on the understanding that:

(a) the interview will be taped. The tape will be coded as it is transcribed, so that no person can be identified. The tape will be erased as soon as it has been transcribed. My name and the names of people I mention in the interview will never appear in print or otherwise be disclosed and will be carefully guarded to protect confidentiality;

(b) the final research report may quote my words, but will attribute them to a fictional given name from my region of the province;

(c) I may refuse to answer any question(s) that I do not wish to answer.

Name:

Address:

Signature:

Date:

Researcher's Signature:

Appendix 4

Call for Interview Participants

ARE YOU ONE OF THE 10,000 NOVA SCOTIAN WOMEN WHO HAS HAD AN ABORTION IN THE PAST FIVE YEARS?

If so, we need your story.

The Halifax Chapter of CARAL (Canadian Abortion Rights Action League) is collecting the stories of Nova Scotian women who have sought abortion services since January 1, 1985. If you had an abortion in Nova Scotia, or left the province to get one, or tried but gave up the search, we would like to talk to you.

Whatever kind of experience you had, your story is a valuable part of women's experience. Our researcher is currently travelling throughout Nova Scotia, talking to women about their abortion experiences. This project is part of CARAL's effort to improve reproductive health care throughout Nova Scotia.

CARAL understands women's need for anonymity—your identity would in no way be disclosed in the publication of our research.

If you can help or wish further information, please contact our researcher:

Nancy Bowes
c/o CARAL Halifax
P.O. Box 101, Station M
Halifax, N.S. B3J 2L4

454-6736 (call collect if necessary)

YOUR SISTERS AND DAUGHTERS WILL THANK YOU

PLEASE POST OR CIRCULATE

Appendix 5

Memorandum to Medical Practitioners in Nova Scotia

Nova Scotia

Victoria
General Hospital

1278 Tower Road
Halifax, Nova Scotia
B3H 2Y9

December 20, 1988

Our file no:

TO: Medical Practitioners in Nova Scotia

FROM: Termination of Pregnancy Unit, Victoria General Hospital

The clinic has been functioning for 10 years and seems to be working well. I would like to review a few of our concerns.

We would like to eliminate or reduce drastically the number of saline abortions (15-18 wks). To do this, early referral is essential. Granted, some patients do not present themsleves until late, but there are still some physician delays.

If a therapeutic abortion is being considered, one appropriate referral letter must be written and promptly mailed to:

The Therapeutic Abortion Clinic (TPU)
5-West
Victoria General Hospital
Halifax, N.S. B3H 2Y9
(a sample letter is enclosed)

Any inquiries regarding referral letters may be made to the Termination of Pregnancy Unit (428-2362).

The unit cannot carry out the procedure until the referral letter is available. Tentative appointments should be made at the Unit once the letter has been mailed.

Booking information is as follows:

1. LMP and size of uterus on examination
2. Pt's name
3. D.O.B.
4. MSI #
5. Dr.'s name and phone #

Procedures:

1. less than 12 weeks - suction curettage under <u>local anaesthetic</u> the same day as appointment.
2. 12-15 weeks - suction curettage under <u>general anesthetic</u> the same day, or the following day (depending on O.R. availability. 14-15 weeks - O.R. next day - with Laminaria Tent overnight.
3. 16-18 weeks - saline abortion. This requires admission between 17-18 weeks. Stay is approximately 2-3 days.

Please do not book patients if decision for termination is not definite. Call in any cancellations promptly. Please impress on patients the importance of keeping their appointments. Patients should present themselves, fasting after midnight, at the Dickson Centre at 0700 hours on the appointment day. They must bring their MSI cards. Patients under 19 years of age, unless fully emancipated (independant of parents financially and physically), must be accompanied by a parent or legal guardian for consent. The referring physician in his/her letter of referral must clarify this later category.

A patient instruction sheet is included. Please copy this and give a copy to each patient when her appointment is made.

Included also is a post-abortion instruction sheet for your informaiton,.

A follow-up pregnancy test is required three weeks after the procedure.

Rh immune globulin is given to Rh negative patients.

All patients are counselled regarding contraception before leaving the Clinic.

A "Tick Off" follow-up survey card is given to all patients by the Unit. Hopefully, we will be made aware of any complications and/or problems (sample card attached). If you see any complications, we would appreciate being informed about them.

Patients should not call the clinic. Any questions should be referred to your office.

Thank you for your co-operation. Please help to make this service efficient and safe, and eliminate delays wherever possible.

Yours truly,

D.W. Johnston, M.D.
TPU Director
Department of Gynecology
Victoria General Hospital

DWJ/lw