

EXPANDING ABORTION CARE TRAINING AND PROVISION

HISTORY

Until 1969, seeking or providing an abortion was illegal in Canada. That year, when Pierre Trudeau's Liberal government changed the law by permitting abortion if panel of three doctors—a Therapeutic Abortion Committee (TAC)—deemed continued pregnancy a risk to a woman's health or life. While the 1970 Abortion Caravan and other feminist groups drew attention to the unjust nature of TACs and demanded legal reform, physicians also engaged in civil disobedience. They did so by performing medically-safe abortions for women upon request, outside hospital settings, and without TAC approval – for which they risked their medical license and prison.

The physician who was most public about providing abortions before they were legal was Dr. Henry Morgentaler, who served Canada's abortion movement for nearly 50 years. He turned his Montreal family practice into an abortion clinic in 1969, where he pioneered the technique of vacuum suction curettage. This new method of surgical abortion was groundbreaking because it allowed abortions to be performed without the use general anesthetic and thus outside hospital settings, and it regularly used worldwide today.

In the early '70s, Morgentaler's clinic was raided several times, leading to his arrest and close to a year of prison time. After Morgentaler was released, the Parti Quebecois de facto legalized abortion in the province in 1976, in response to intense feminists and public pressure – after which Morgentaler trained more doctors in abortion provision. These new providers went on to provide in publicly-funded woman-run clinics that Quebec feminists launched in the 1970s, called [Centre des sante des femmes](#), which are still thriving today.

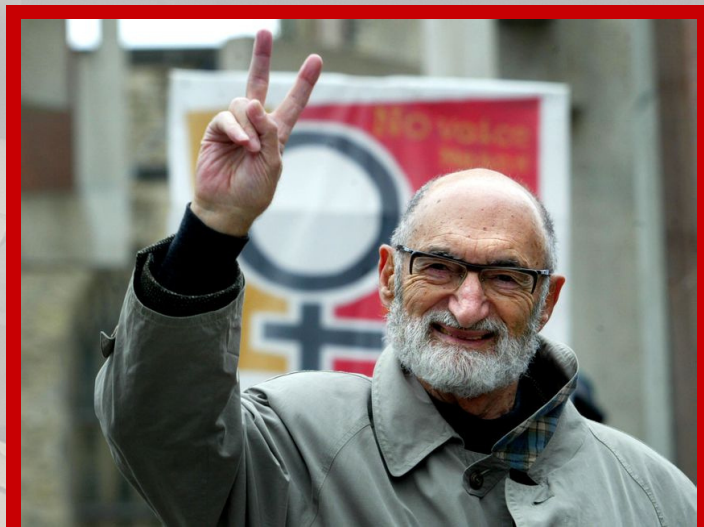


PHOTO CREDIT: [Humanist Canada](#)

Upon the invitation of feminist organizers in Ontario, Morgentaler went on to open another clinic in Toronto in 1983, which was soon raided and for which he and fellow doctors were arrested. Over the next five years, Morgentaler's legal battle with the province of Ontario escalated to level of the Supreme Court, which decriminalized abortion in Canada in 1988. This historic victory eradicated all *Criminal Code* provisions related to abortion—including the unjust TAC system—which meant freestanding clinics could operate without legally.

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CURRENT ISSUES

Although decriminalization in 1988 allowed more clinics to open and more providers to receive training, access remains imperfect. In large part, this is because clinics and provider hospitals are generally located in urban centres—often for doctors' safety—which limits abortion access for those living in rural and remote parts of the country.

The barriers associated with geographically differentiated access persisted until 2015, when Health Canada bent to feminist pressure and approved Mifegymiso—a combination of the drugs mifepristone and misoprostol—which was previously unavailable in this country. Medication abortion is an alternative to surgical abortion in the first nine weeks of pregnancy, and can be safely provided by a wider range of healthcare providers, including family doctors and nurse practitioners, whereas surgical abortion can only be provided by obstetricians and gynaecologists.

When Health Canada first approved Mifegymiso, it placed significant restrictions on how the drug could be prescribed and dispensed, including mandatory ultrasounds and a gestational limit of seven weeks, which discouraged physicians from prescribing it. While these restrictions were removed by 2019, provider confusion remains and continues to negatively impact access. Many family physicians and nurse practitioners are also reluctant to prescribe Mifegymiso because

abortion is not routinely taught in Canadian medical schools, nor is the drug readily available outside cities. While pharmacy programs have yet to adapt their curricula to underscore the important role pharmacists can play in the field of abortion provision, midwives are actively organizing to expand their scope of practice. Many midwives are currently seeking medication abortion training and in some cases are actually prescribing Mifegymiso under the supervision of physicians.

Along with the expansion of abortion care options in recent years, abortion doulas have emerged as actors who provide non-clinical support for those seeking abortion. Most doulas provide options counselling and emotional and physical support to women during pregnancy and childbirth, but in recent years some have evolved their scope of practice to include abortion. As tertiary abortion care providers, these doulas provide emotional support and information to clients who do not wish to carry an unwanted pregnancy to term. Sometimes, they even transport and accompany their clients to abortions, to lessen the hardships that result from complex barriers that limit abortion access in Canada.



PHOTO CREDIT: Medical Students for Choice

OUR DEMANDS

- Medical school training must routinely include abortion so the burden and time of learning does not fall upon students and provider facilities.
- Provincial and territorial healthcare systems must amend their regulations and billing structures to allow nurse practitioners and midwives to independently prescribe and be compensated for providing medication abortion.
- All pharmacies must stock Mifegymiso, and all pharmacists should be trained in how to dispense it.

SUPPORT OUR WORK

- Contact the [Canadian Association of Midwives](#) to learn more about how you can advocate for midwives' ability to prescribe Mifegymiso.
- Donate to the [Dr. Henry Morgentaler Memorial Scholarship](#), which provides financial assistance to physicians who are training to provide abortion services in Canada.
- Look into whether medical schools in your area provide abortion training. If they do not, write the school a letter to find out why.

LEARN MORE

- Visit [Medical Students for Choice](#) - an international organization that works to ensure abortion is a standard part of medical education and training. If you are currently in medical school, connect with [your local MSFC chapter](#) to learn how you can become an abortion provider in the future.
- The [Society of Obstetricians and Gynaecologists of Canada](#) and [National Abortion Federation of Canada](#) offer online and in-person workshops on medication abortion, to support healthcare professionals who wish to expand abortion access in primary healthcare settings.

It was my daughter's pediatrician who helped me out. He said I'm going to do this for you because I'm leaving the country in two weeks. I've got nothing to lose. He saved my life.

**SANDRA CONWAY,
ORIGINAL CARAVANER**