ASSOCIATION MÉDICALE CANADIENNE | CANADIAN MEDICAL ASSOCIATION

CMA POLICY

INDUCED ABORTION

The CMA's position on induced abortion is as follows:

- Induced abortion is the active termination of a pregnancy before fetal viability.
- The decision to perform an induced abortion is a medical one, made confidentially between the patient and her physician within the confines of existing Canadian law. The decision is made after conscientious examination of all other options.
- Induced abortion requires medical and surgical expertise and is a medical act. It should be performed only in a facility that meets approved medical standards, not necessarily a hospital.

Induced abortion, as interpreted by the CMA, is the active termination of a pregnancy before fetal viability. In this context viability is the ability of the fetus to survive independently of the maternal environment. According to current medical knowledge viability is dependent on fetal weight, degree of development and length of gestation; extrauterine viability may be possible if the fetus weighs over 500 g or is past 20 weeks' gestation, or both (Gestation begins at conception).

In January 1988 the Supreme Court of Canada struck down section 251 of the Criminal Code of Canada. The CMA's position is that there is no need for this section to be replaced.

The following are the CMA's positions in other matters related to induced abortion.

- Induced abortion should not be used as an alternative to contraception.
- Counselling services, family planning services and information on contraception must be readily available to all Canadians.
- The provision of advice and information on family planning and human sexuality is the responsibility of practising physicians; however, educational institutes and health care agencies must share this responsibility.
- The patient should be provided with the option of full and immediate counselling services in the event of unwanted pregnancy.
- Since the risks of complications of induced abortion are lowest in early pregnancy, early diagnosis of pregnancy

---

© 1988 Canadian Medical Association. You may, for your non-commercial use, reproduce, in whole or in part and in any form or manner, unlimited copies of CMA Policy Statements provided that credit is given to the original source. Any other use, including republishing, redistribution, storage in a retrieval system or posting on a Web site requires explicit permission from CMA. Please contact the Permissions Coordinator, Publications, CMA, 1867 Alta Vista Dr., Ottawa ON K1G 3Y6; fax 613 565-2382; permissions@cma.ca.

Correspondence and requests for additional copies should be addressed to the Member Service Centre, Canadian Medical Association, 1867 Alta Vista Drive, Ottawa, ON K1G 3Y6; tel 888 855-2555 or 613 731-8610 x2307; fax 613 236-8864.

All policies of the CMA are available electronically through CMA Online (www.cma.ca).

and determination of appropriate management should be encouraged.

- There should be no delay in the provision of abortion services.

- A physician should not be compelled to participate in the termination of a pregnancy.

- No patient should be compelled to have a pregnancy terminated.

- A physician whose moral or religious beliefs prevent him or her from recommending or performing an abortion should inform the patient of this so that she may consult another physician.

- No discrimination should be directed against doctors who do not perform or assist at induced abortions. Respect for the right of personal decision in this area must be stressed, particularly for doctors training in obstetrics and gynecology, and anesthesia.

- No discrimination should be directed against doctors who provide abortion services.

- Abortion services should meet specific standards in the areas of counselling, informed choice, medical and surgical procedures, nursing and follow-up care.

- Induced abortion should be uniformly available to all women in Canada.

- Health care insurance should cover all the costs of providing all medically required services relating to abortion including counselling.

The CMA stresses the importance of considering fetal viability when active termination of a pregnancy is being discussed by a patient and her doctor. It must be remembered that when the fetus has reached the stage where it is capable of an independent existence, termination of pregnancy may result in the delivery of a viable fetus. Elective termination of pregnancy after fetal viability may be indicated under exceptional circumstances.