

Chapter 5

Provincial Requirements and Hospital Practices

Several levels of government are involved in the operation of the country's hospitals. The Government of Canada operates directly a number of hospitals through the Department of National Defence for Armed Forces personnel, the Department of Veterans' Affairs for war veterans and the Medical Services Branch for immigrants and Treaty Indians and Inuit. Joint federal-provincial measures relate to the control of communicable diseases, hospital construction, national health insurance, and the supply of certain categories of health workers. How health services operate, are paid for, and are regulated involves a network of municipal, provincial, and federal regulations. Provincial statutes establish the qualifications of the health professions and govern the operation of hospitals. Seen as a whole, this nation's health system is an interwoven mosaic of federal, provincial and municipal statutes and regulations and regional health practices which influence and determine the relative supply, mix, and distribution of personnel and facilities. It is in the context of this complex health system that the terms of the Abortion Law operate.

The Terms of Reference set for this inquiry ask if the abortion procedure is not available because: (1) "there are not enough doctors in the area to form a committee"; and (2) "hospitals cannot obtain accreditation by the Canadian Council on Hospital Accreditation or approval by the provincial minister of health owing to inadequate facilities." The *Canadian Hospital Directory 1975* of the Canadian Hospital Association listed 1,378 hospitals for the country. In terms of their location and size, these hospitals ranged from three-bed nursing outpost stations in the North to highly specialized tertiary referral hospitals in metropolitan areas. With the opening of new facilities, the phasing out of old hospitals, and the total or partial closing of some hospitals to meet provincial budget restraint programs, the actual number of hospitals and the types of beds which are available fluctuate constantly within narrow limits. Two newly built hospitals in 1976 for instance had had their bylaws approved by provincial health authorities, but they were not sufficiently staffed at the time of the inquiry to provide a full range of treatment services. Ten hospitals in Ontario were initially closed in 1976 by that province's Ministry of Health, but the subsequent re-evaluation of this decision made the exact listing of hospitals in Ontario a matter of recalculation. It is in this context that information about the two Terms of Reference is reviewed.

In terms of the size of medical staff and the type of hospital services and facilities, four sets of conditions determine whether a hospital board can establish a therapeutic abortion committee. These conditions are:

1. Criminal Code criteria;
2. Accreditation of hospitals;
3. Provincial Statutes, Directives, Regulations, or Guidelines;
4. Hospital practices and functions.

The terms of these four conditions for the size of the medical staff and the type of hospital facility are not mutually exclusive. Each condition selectively eliminates some hospitals from being eligible to do the abortion procedure. *In the context of these four conditions, an eligible hospital is defined as one which can establish a therapeutic abortion committee in terms of the size of its medical staff and the nature and the scope of its facilities.* In this respect what may be allowed under the Abortion Law is significantly influenced by established patterns of medical and hospital practice. Theoretically, all of the 1,378 treatment facilities in Canada, if they were either accredited or approved by provincial health authorities, would be eligible under the Abortion Law to do the abortion procedure.

The Abortion Law for instance does not stipulate the medical staff complement of a hospital which is necessary to do the abortion procedure. But in terms of widespread hospital practice, the Abortion Law implicitly establishes a minimum requirement of three qualified physicians to serve on a therapeutic abortion committee, plus a qualified medical practitioner who is not a member of the therapeutic abortion committee, to perform the procedure. In practice, then, hospitals without at least four physicians on their medical staff are precluded from doing the abortion procedure. In one province, Manitoba, where an alternative has been tried in the form of a province-wide Central Therapeutic Abortion Committee, only three small hospitals had taken up this option. Since 1972 when this option was established, only two applications for the performance of the abortion procedure had been reviewed. In its consequences, then, the Abortion Law can be said to establish an effective minimum requirement in terms of the number of physicians who are required on the medical staff of a hospital.

Furthermore, while the Abortion Law does not stipulate what type of work a physician can do in a hospital (admitting privileges) or the nature of his full-time or part-time appointment, in practice the Committee found from its site visits to 140 hospitals across Canada that most of the members who were appointed to therapeutic abortion committees were on the active medical staff of these hospitals. A majority of the induced abortion operations which are done in Canada are performed by obstetricians and gynaecologists, a medical practice custom which is not stipulated in the Abortion Law, but one which effectively further reduces the number of hospitals where this operation in practice can be done.

At the provincial level the approval of hospitals to establish a therapeutic abortion committee involves three components, one direct and two indirect.

Eight provinces have specific statutes, directives or guidelines which determine whether a public general hospital can establish a committee. On the basis of these criteria, a number of hospitals in these provinces cannot establish committees. Two indirect measures which determine whether hospitals can establish committees are: (1) their approved general treatment functions; and (2) whether specific treatment facilities for surgery, obstetrics and gynaecology are available or have been amalgamated in a regional health services' program.

Hospitals do not have a unilateral option to start or terminate major treatment programs. Major treatment services and facilities are specified in general hospital bylaws, an organizational plan, and medical staff bylaws which are ratified by an elected and/or appointed hospital board. When these bylaws are initially established or subsequently revised, they are reviewed, on occasion amended, and approved by an agency of the provincial government which is usually its health department. Approval designates the major services, which are permitted under specified circumstances and represents the endorsement for the payment of services under public hospital and medical care insurance programs.

A revision of bylaws with provincial approval would be required for a majority of the specialty hospitals in the nation for the abortion procedure to be done. Where an amalgamation of services has occurred between hospitals, designated facilities are expanded or closed in terms of achieving greater efficiency, specialization, or conforming to provincially set health facility guidelines. If an obstetrical or gynaecological unit is closed in one hospital, this service may be expanded in another local hospital. The first hospital for instance may be permitted to expand its urological, paediatric, or chronic care services. When this realignment in the complement of hospital services occurs, the changes must be ratified by hospital bylaws and approved by provincial authorities. For these reasons, a number of hospitals which might otherwise be assumed to meet provincial criteria to establish therapeutic abortion committees do not have the treatment facilities which would permit them to do this procedure.

Terms of the abortion law

Induced abortion cannot be legally performed unless several conditions are complied with which are set forth in the Criminal Code.¹

1. The procedure must be done by a qualified medical practitioner, i.e., a person qualified to engage in the practice of medicine under the laws of the province.
2. The qualified medical practitioner must be a physician other than a member of a hospital's therapeutic abortion committee.
3. The abortion must be approved by a therapeutic abortion committee.

¹ The full text of the Abortion Law is given in Appendix 3.

4. The therapeutic abortion committee for any hospital means a committee appointed by the board of that hospital for the purpose of considering and determining questions relating to the termination of pregnancy within that hospital.
5. The therapeutic abortion committee must be comprised of not less than three members, each of whom is a qualified medical practitioner appointed by the board of that hospital.
6. The procedure must be done in an accredited or an approved hospital. An accredited hospital means a hospital accredited by the Canadian Council on Hospital Accreditation in which diagnostic services and medical, surgical, and obstetrical treatment are provided. An approved hospital means a hospital in a province approved for the purposes of this section by the minister of health of that province.
7. Provincial statutes are operative as "nothing in subsection (4) shall be construed as making unnecessary the obtaining of any authorization or consent that is or may be required, otherwise than under this Act, before any means are used for the purpose of carrying out an intention to procure the miscarriage of a female person."

Each of these requirements is necessary, and it is only when all of these requirements set forth in the Abortion Law are met, that a therapeutic abortion committee, if such a decision is made, can be established and therapeutic abortions performed.

Provincial colleges of physicians and surgeons across Canada review the credentials and establish the licensing qualifications for medical practice. Under provincial statutes, only those physicians who are so licensed are eligible to practice in hospitals in each province. If established, a hospital's therapeutic abortion committee must be "comprised of not less than three members each of whom is a qualified medical practitioner." Before an application is submitted for review to such a committee, several other physicians are involved such as those practicing doctors who submit the application and the specialists to whom patients may be referred for consultation. Depending upon the procedure for induction which is used, an anaesthetist may be involved during the operation. The physician who procures a miscarriage must be "other than a member of a therapeutic abortion committee for any hospital." To be clear, the Abortion Law does not stipulate how many doctors are required to be on the medical staff of an accredited or approved hospital. In accepted hospital practice, a minimum of four qualified medical practitioners on active medical staff is required to establish the therapeutic abortion committee and to do the procedure involving the termination of pregnancy in any hospital. Based on this criterion, and if other requirements are met, the board of a hospital whose medical staff consists of four or more physicians on active medical staff can establish a therapeutic abortion committee. With the exception of the experience of the Central Therapeutic Abortion Committee in Manitoba which has proved to be an ineffective option, hospitals whose medical staff consists of three or fewer physicians are in practice ineligible to establish therapeutic abortion committees.

Accredited hospitals

The abortion procedure can only be done at accredited or approved hospitals. The Abortion Law stipulates that an “accredited hospital” means “a hospital accredited by the Canadian Council on Hospital Accreditation in which diagnostic services and medical, surgical and obstetrical treatment are provided.” The members of the Board of the Canadian Council on Hospital Accreditation are appointed by the Canadian Hospital Association, the Canadian Medical Association, the Royal College of Physicians and Surgeons and l’Association des médecins de langue française du Canada. The broad intent of the Council is to promote a high quality of medical and hospital care in Canadian hospitals. To achieve this purpose, the Council was authorized when it was incorporated in 1958, to undertake an evaluation of hospitals which voluntarily agreed to participate in its program. Hospitals which met the Council’s standards were designated accredited hospitals with a review undertaken every three years for each hospital of its facilities, its complement of personnel and its treatment standards.

The Council’s standards until 1966 were based on the principle of “the minimum essential”. Among other criteria which were then adopted were that at least three members on the active medical staff were required for a hospital to be eligible for accreditation. Accreditation standards were subsequently changed “to the level of optimum achievable”. This change was incorporated in the revised *Guide to Hospital Accreditation (1972)*. To be eligible at the present time for an accreditation survey by the Council, a hospital:

1. Shall be listed as a hospital by the Canadian Hospital Association;
2. Shall have a current unconditional license to operate by provincial or federal authority;
3. Shall have been in operation under the present ownership for at least 12 months prior to the survey;
4. Shall have a governing body and an organized medical staff and nursing service, as well as adequate arrangements which ensure the availability of the following supporting elements, either within its own organization, or through the use of acceptable community or registered resources:

Dietetic Services	Radiology Services
Emergency Services	Radiotherapy Services
Environmental Services	Rehabilitation Medicine
Laboratory Medicine Services	Services
Medical Record Services	Social Services
Nuclear Medicine Services	Special Care Services
Pharmaceutical Services	Staff Library Services
5. Shall have at least one of the following clinical services:

Medicine
Obstetrics-Gynaecology*
Paediatrics
Psychiatry
Surgery*

*Shall have anaesthesia services when either of these are present in the hospital.

The number of accredited hospitals in Canada is constantly changing as new hospitals are included, while those hospitals which do not meet the Council's standards are dropped from its annual listing. In 1975, 490 of 906 general hospitals across the country were accredited. The general hospitals in the 1975 listing included large tertiary treatment centres and small hospitals of 8, 13 or 17 beds which on occasion had a medical staff complement of as few as two physicians.

The requirement of the Abortion Law goes beyond the designation of the accreditation of a hospital as it requires that such a hospital provide diagnostic services and medical, surgical, and obstetrical treatment. There is no definition in the law of what is meant by diagnostic services, medical and surgical procedures, and in particular, of obstetrical treatment. The Glossary of the *Guide to Hospital Accreditation* of the Canadian Council on Hospital Accreditation gives no definition of obstetrics and gynaecology. The Council's hospital survey questionnaire operationally designates obstetrical and/or gynaecological services to include: one or two departments; the listing of medical staff and appointment privileges; facilities and staffing of the obstetrical suite; safety devices in the nursery; the classification of deliveries, complications of pregnancy and puerperium, live births, abortions, gynaecological conditions, gynaecological surgery, and neonatal and maternal deaths.

Obstetrics and gynaecology in terms of prevailing medical practice and how hospital facilities and services are provided are on occasion separated as two related sub-specialties. Obstetrics deals primarily with pregnancy, labour and puerperium, while gynaecology deals with the diseases of the reproductive organs and the genital tract in women. Because gynaecological treatment may involve surgery, a gynaecological service may be established in a hospital which has surgical, but no obstetrical facilities. Likewise, in practice a hospital can have an obstetrical unit, but may make no provisions for gynaecological treatment.

The changes taking place in the medical practice of obstetrics and gynaecology represent a shift in the numbers of patients and types of conditions treated by this medical specialty. As the birth rate has declined in recent decades and the life span of the average Canadian has lengthened, these demographic shifts have resulted in a gradual re-allocation in the supply of required health workers and the types of hospital facilities provided for the treatment of patients. In general, the supply of maternity beds declined across Canada from 1969 to 1974.² In terms of ratio of maternity beds per 1,000 population, the following changes occurred during this period. Newfoundland, 0.663 to 0.664; Prince Edward Island, 0.754 to 0.632; New Brunswick, 0.7 to 0.6; Quebec, 0.455 to 0.381; Ontario, 0.619 to 0.517; Alberta, 0.733 to 0.617; and British Columbia, 0.57 to 0.51. In several provinces there has been a trend toward the consolidation of obstetrical-gynaecological services in hospitals. Nova Scotia for instance has established guidelines for the use of obstetrical beds by non-obstetrical patients. There was a move toward the separation of

² Based on replies from provincial health authorities. No information was available at the time of the inquiry on this point for Nova Scotia, Manitoba and Saskatchewan.

obstetrical and gynaecological services in Quebec which resulted in part from the perinatal policy of that province. Where obstetrical services were closed in 12 Quebec hospitals since 1973, they tended to be replaced by an expansion of gynaecological services. The closure of these smaller obstetrical units in Quebec, as in other provinces, resulted from findings which showed that smaller units had higher ratios of maternity care problems and higher stillbirth and neonatal death rates. In general, these units have been closed in favour of expanding the obstetrical services in larger hospital units.

The trend toward the regionalization of treatment services, and in particular for obstetrics and gynaecology, usually results in the allocation of all or a majority of a particular service to one or another hospital in a community. While one service may be discontinued, another at the same hospital is often expanded. This shift in services for obstetrics and gynaecology was described by several hospital administrators.

As a result of regionalization, this hospital discontinued its obstetrical service in 1965. All gynaecology is done at the _____ hospital. This hospital was allowed to specialize in paediatrics.

. . .

This hospital provides long term care for chronic patients and rehabilitation services. All ob/gyn is regionalized at _____ hospital.

. . .

In 1973 obstetrical services were amalgamated at _____ hospital. This agreement made provision for a therapeutic abortion unit at that hospital and that this hospital would not be required to permit therapeutic abortions.

. . .

No obstetrical/gynaecological cases are admitted here. All cases are sent to _____ hospital. This hospital specializes in urology which is not done at the _____ hospital.

. . .

This hospital serves as the obstetrical facility and conversely, _____ hospital serves as the special gynaecology facility. This mutually advantageous arrangement has been feasible because the hospital boards have approved special admitting privileges to the ob/gyn members of the other hospitals.

The Canadian Council on Hospital Accreditation does not maintain or publish an annual listing of hospitals with medical, surgical and obstetrical services. Information on accredited general hospitals with these services was obtained by the Committee from the *Annual Directory of the Canadian Hospital Association*, from provincial health ministries, and from the national hospital survey done for this inquiry. There were 490 *general* hospitals in Canada in 1975 accredited by the Canadian Council on Hospital Accreditation. This total of 490 accredited general hospitals consisted of 441 accredited general hospitals with medical, surgical and obstetrical services and 49 other hospitals consisting of 34 accredited general hospitals with no obstetrical

services and 15 accredited hospitals with no obstetrical services which had established therapeutic abortion committees. A total of 251 accredited general hospitals had established therapeutic abortion committees, while 19 non-accredited general hospitals were approved by provincial health authorities to do the abortion procedure. In 1976, half (51.2 percent) of the accredited general hospitals in Canada had established therapeutic abortion committees.³

TABLE 5.1
ACCREDITED GENERAL HOSPITALS WITH MEDICAL,
SURGICAL AND OBSTETRICAL SERVICES BY
THERAPEUTIC ABORTION COMMITTEE STATUS*

Province	Services and Committees				
	Accredited General Hospitals	Accredited General Hospitals with Medical, Surgical, & Obstetrical Services	Accredited General Hospitals with Therapeutic Abortion Committees	Accredited General Hospitals with no Obstetrical Services	Accredited Gen- eral Hospitals with no Obstet- rical Services, with Therapeu- tic Abortion Committees
Newfoundland	9	8	6	—	1
Prince Edward Island	6	6	2	—	—
Nova Scotia	27	24	12	2	1
New Brunswick	20	18	8	2	—
Quebec	78	69	29	8	1
Ontario	162	142	102	13	7
Manitoba	28	26	9	1	1
Saskatchewan	36	33	9	1	2
Alberta	64	60	25	3	1
British Columbia	57	52	47	4	1
Yukon, Northwest Territo- ries.....	3	3	2	—	—
CANADA	490	441	251	34	15

*Statistics Canada. *List of Hospitals with Therapeutic Abortion Committees as Reported by Provinces in Canada, January 1, 1976* (Ottawa, May 28, 1976). The approved general hospitals and the specialty hospital are excluded for this listing. The two federal hospitals with committees are located in Manitoba and Alberta.

Under the terms of the Abortion Law, a total of 49 accredited hospitals which did not have obstetrical services were ineligible to establish therapeutic abortion committees, unless they had provincial approval. The definition of obstetrical services used here incorporates the operational listing of obstetrical-gynaecological services established by the Canadian Council of Hospital Accreditation. Thirty-four accredited hospitals without designated obstetrical services did not have therapeutic abortion committees. Two-thirds of these hospitals had gynaecologists appointed to their medical staff. Twenty-one of the 34 hospitals, or 61.8 percent, were owned by religious denominations. From the site visits made by the Committee to seven of these 21 general hospitals, the decision not to do the abortion procedure was a major factor contributing to the amalgamation of their obstetrical and gynaecological services with other regional hospitals.

³ The 1976 Statistics Canada listed a total of 271 hospitals with therapeutic abortion committees which consisted of: 251 accredited general hospitals, 19 provincially approved general hospitals, and one specialty hospital.

Ten of the fifteen accredited general hospitals with committees, but which had no designated obstetrical services, were located in regional centres and large cities. While 15 accredited general hospitals did not have obstetrical suites, nurseries or provided services for childbirth, 11 hospitals which did all abortion procedures had gynaecologists appointed to their medical staff. In these hospitals induced abortion patients, after being approved for the procedure by a therapeutic abortion committee, were treated in the gynaecological or surgical services. In 1974, 2,758 abortions were done in 14 of these hospitals; in 1975 there were 2,699 abortions in these facilities. Eleven of the fifteen hospitals which were accredited had therapeutic abortion committees, had no obstetrical services, but did not have provincial approval to do this procedure.

The conditions of the Abortion Law that a hospital be accredited (or approved) and a therapeutic abortion committee consist of three physicians establish different criteria, one relating to the standards of quality, the second involving the minimum size of a hospital's medical staff. Each of five small hospitals in Alberta in 1975 for instance, while accredited, had a medical staff of two physicians. What constitutes obstetrical and gynaecological facilities and treatment requires clarification. Hospital privileges in maternal and child care including delivery and the induced abortion procedure can be given to family doctors as well as obstetrician-gynaecologists. Obstetrical and gynaecological services in a hospital can be: (1) united into one department; (2) provide only obstetrical treatment; and (3) provide only gynaecological treatment and/or be combined with surgery. In terms of medical practice it is the gynaecologists, anaesthetists and surgical medical staff and related facilities which are involved in the induced abortion procedure.

Provincial requirements

In addition to the terms of the Abortion Law, the provincial statutes and requirements governing health workers and hospitals determine under what circumstances and in which hospitals therapeutic abortion committees can or cannot be established. These conditions take the form of provincial health department review guidelines, requirements, or may be legislative statutes. The listing of 1,348 civilian, provincial, general, specialty and private hospitals is given in Table 5.2. In addition to 1,348 civilian hospitals there are 30 hospitals operated by the Canadian Forces Medical Services. Table 5.3 lists the provincial general hospitals which are excluded by provincial requirements from the establishing of therapeutic abortion committees, the number of hospitals with committees, and those hospitals which met these requirements and did not have committees.

Newfoundland. The Newfoundland Department of Health used the following guidelines in its review of hospitals seeking approval to establish therapeutic abortion committees:

1. Beds—approximately 100 beds or more;

2. Medical Staff—a minimum of six or more members of the medical staff who would be willing to cooperate with or recognize the existence of a therapeutic abortion committee;
3. Surgical Services—the presence of a gynaecologist (or a qualified surgeon with experience in gynaecology) on the medical staff.

Eight general hospitals in Newfoundland in 1976 met these criteria. Considering the difficulties in transportation and the relative isolation of certain regions in the province, three additional hospitals, although they did not meet all of the provincial criteria, would be considered eligible if their hospital boards requested approval to establish therapeutic abortion committees. Under the terms of these criteria, 11 hospitals met the provincial guidelines, six of which had established therapeutic abortion committees.

TABLE 5.2
DISTRIBUTION OF CIVILIAN HOSPITALS BY PROVINCE, 1975*

Province	Type of Hospital				Total
	General	Specialty	Private	Federal	
Newfoundland	46	3	—	—	49
Prince Edward Island	8	4	—	—	12
Nova Scotia	45	9	—	1	55
New Brunswick	37	4	1	—	42
Quebec	128	72	47	9	256
Ontario	205	83	35	12	335
Manitoba	78	10	—	17	105
Saskatchewan	133	10	—	2	145
Alberta	119	39	—	6	164
British Columbia	103	26	3	—	132
Yukon, North- west Territories	4	—	—	49	53
CANADA	906	260	86	96	1,348

* This listing does not include 30 hospitals operated by the Canadian Forces Medical Services.

Source: *Canadian Hospital Directory 1975* (Toronto: Canadian Hospital Association, July 1975). General hospitals include services for medicine, surgery, obstetrics, intensive care and paediatrics. Special hospitals (referred to in this Report as specialty hospitals) include the following services: psychiatric, tuberculosis, convalescent, rehabilitation, chronic, urological, gynaecological, neurosurgical, geriatric, isolation, orthopaedic, contagious, extended care, alcoholic, arthritic and respiratory.

Prince Edward Island. Of 12 hospitals in Prince Edward Island, four were specialty hospitals and two had three or fewer doctors on their medical staff. The Department of Health had no formal statement of guidelines which were used in the review to establish therapeutic abortion committees. Each application was reviewed in terms of the medical staff complement and the extent to which requisite facilities and services were available. Of the province's six hospitals which were not specialty centres and had four or more physicians, two hospitals in 1976 had therapeutic abortion committees.

Nova Scotia. The policy of Nova Scotia Health Services and Insurance Commission was that only hospitals which were accredited were eligible to establish therapeutic abortion committees. Nine of the province's 55 hospitals

provided specialty services for mental illness, chronic care, or rehabilitation. One non-military hospital was operated by the federal Department of Veterans' Affairs. Of the remaining 45 public general hospitals, 27 were accredited by the Canadian Council on Hospital Accreditation. A total of 18 public general hospitals which were not accredited were ineligible to establish therapeutic abortion committees. Of the 27 accredited public general hospitals, 12 had established committees in 1976 and 15 which met the provincial requirements did not have committees.

TABLE 5.3

PUBLIC GENERAL HOSPITALS EXCLUDED BY HOSPITAL PRACTICES
AND PROVINCIAL REQUIREMENTS FROM THE ESTABLISHMENT OF
THERAPEUTIC ABORTION COMMITTEES, 1976

	Therapeutic Abortion Committee Status				Total General Hospitals
	Exempt by Provincial Criteria	Exempt by Hospital Practices Criteria	Appointed Therapeutic Abortion Committee*	Eligible	
Newfoundland	35	—	6	5	46
Prince Edward Island	—	2	2	4	8
Nova Scotia	18	—	12	15	45
New Brunswick	16	—	8	13	37
Quebec	33	—	31	64	128
Ontario	51	—	109	45	205
Manitoba	—	38	8	32	78
Saskatchewan	110	—	10	13	133
Alberta	38	—	26	55	119
British Columbia	16	—	53	34	103
Yukon, North-west Territories	—	—	2	2	4
TOTAL	317	40	267	282	906

*Statistics Canada, *List of Hospitals with Therapeutic Abortion Committees as Reported by Provinces in Canada, January 1, 1976* (Ottawa, May 28, 1976).

New Brunswick. Excluding four Red Cross nursing outpost stations, New Brunswick had 42 civilian public hospitals. Of this number, four were specialty hospitals, and one was a private hospital. To establish a therapeutic abortion committee, review procedures set by the New Brunswick Department of Health required that hospitals had: obstetrical beds, an operating theatre, and a medical audit committee. Sixteen of the province's 37 public general hospitals did not meet these requirements. Eight of the remaining 21 hospitals in 1976 had therapeutic abortion committees; 13 did not have such committees.

Quebec. Excluding eight northern outpost nursing stations, there are 256 hospitals in the Province of Quebec. Of this number there were 128 public general hospitals, 72 specialty hospitals, 47 private hospitals, and nine centres were operated by the federal government. Hospitals which met the definition of accredited hospitals set out in the Abortion Law did not have to get provincial approval before setting up a therapeutic abortion committee where there were

no obstetrical or gynaecological services and for non-accredited hospitals approval could be sought from the Ministry of Social Affairs. When these hospitals requested approval from the Ministry of Social Affairs to set up a therapeutic abortion committee, each request was reviewed individually. The decision reached was based on whether the criteria set by the Ministry were met. The two basic conditions required before a hospital could or could not establish a committee were:

1. Existence of surgical service;
2. Availability of at least four physicians.

On the basis of these criteria, 33 of the 128 public general hospitals in Quebec in 1976 were ineligible to establish a therapeutic abortion committee. Of the remaining 95 hospitals, 31 were listed by Statistics Canada with committees,⁴ and 64 did not have therapeutic abortion committees.

Ontario. The Ontario Ministry of Health in 1976 ordered closure of 10 hospitals, with cutbacks in the supply of beds for a number of other hospitals. Before these closures the province had 335 hospitals, including 205 general hospitals, 83 specialty hospitals, 35 private hospitals, and 12 hospitals operated by the federal government. A total of five general hospitals were closed, one specialty hospital, and four private hospitals. The province had 109 public general hospitals in 1976 with therapeutic abortion committees.⁵

Regulation 729 of 1974 adopted under *The Public Hospitals Act (Revised Statutes of Ontario, 1970, chapter 378* as amended by *Statutes of Ontario 1972, chapter 90, and Statutes of Ontario 1973 chapter 164*) stipulates that:

- 6—(1) The board shall pass bylaws that provide for...
 - (d) the appointment of members of the medical staff on the recommendation of the medical staff or the election of such members by the medical staff, to,
 - (i) a credentials committee,
 - (ii) a records committee,and, where there are ten or more members on the active medical staff,
 - (iii) a therapeutic abortion committee, where therapeutic abortions are to be performed.

Information provided by the Ontario Ministry of Health indicated that as of June 30, 1975, 51 of the province's general hospitals had fewer than 10 physicians on active medical staff. Four of these hospitals were closed and then re-opened in 1976. Of the province's public general hospitals with 10 or more physicians on active medical staff, 109 hospitals had established therapeutic abortion committees, while 45 hospitals did not have such committees.⁶

In terms of the Ontario provincial requirement that hospitals with therapeutic abortion committees have 10 or more members on active medical staff,

⁴ Statistics Canada listed 32 hospitals with therapeutic abortion committees in Quebec in 1976. One of these hospitals was a *private* general hospital.

⁵ The actual number of hospitals in Ontario as well as those with therapeutic abortion committees may be altered on the basis of a re-evaluation of these hospital closures.

⁶ Excludes one private general hospital with a therapeutic abortion committee.

12 hospitals with established committees in 1975 had a reported active medical staff complement of less than 10 physicians. Information obtained by the Committee from seven of these 12 hospitals in March 1976 indicated that one hospital reported 12 physicians on its active medical staff. The active medical staff of six other hospitals was: four, five, seven, eight, eight, and nine. During 1975, 35 abortions were done which had been approved by therapeutic abortion committees of these hospitals.

Manitoba. The Manitoba Health Services Commission stipulates that no hospital should establish a therapeutic abortion committee which cannot undertake to work in cooperation with a planned parenthood group as well as providing appropriate counselling and follow-up for patients who have had an abortion. The Commission stipulated that the number of hospital beds and the range of technical services provided at a hospital "are no longer relevant as many are done on an N.F.A. basis".⁷

The Manitoba College of Physicians and Surgeons established a Central Therapeutic Abortion Committee in 1972 to serve as a referral source to review applications from small regional hospitals. The terms of reference set for the Committee were:

1. Five members to be appointed by the College of Physicians and Surgeons and each, by name, to be approved and appointed to the Therapeutic Abortion Committee by each hospital board which will utilize the C.T.A.C. (Central Therapeutic Abortion Committee). Two members will be appointed for one year and three members for two years.
2. Three members will be a quorum.
3. A decision in each individual case will be arrived at by majority vote after the Committee has examined all relevant documents which shall consist of, at least, the patient's request, her physician's statement and at least one report from a licensed practitioner acting as a consultant.
4. The C.T.A.C. may temporarily defer a decision in the event that further information or interview of the physician or the consultant is necessary to reach a decision.
5. The Committee, in approving a case, will provide the physician with a certificate stating that in its opinion the continuation of the pregnancy would be likely to endanger the patient's life or health.
6. The certificate will indicate that the Committee is deliberating as the Therapeutic Abortion Committee of the hospital concerned.

By 1976 three hospitals in Manitoba had passed bylaws to use the Central Therapeutic Abortion Committee. Since it had been established in 1972, the Committee had met twice to review two applications. The three hospitals were reported as having therapeutic abortion committees in the annual listing prepared by Statistics Canada.

The total of 105 hospitals in Manitoba was made up of 78 general hospitals, 10 specialty hospitals, and 17 hospitals operated by the federal

⁷ N.F.A. refers to Not for Admission, i.e., services done on a day-surgery basis.

government. Of the 78 general hospitals, 38 hospitals had less than four physicians in 1976 on their medical staff. Eight of the remaining 40 provincial general hospitals (including three hospitals using the Central Committee of the Manitoba College of Physicians and Surgeons) had therapeutic abortion committees,⁸ while 32 hospitals which had four or more physicians on staff did not have committees.

Saskatchewan. The province had 145 hospitals in 1976 of which there were 133 general hospitals, 10 specialty hospitals, and two hospitals operated by the federal government. Section 52(1) of the *Saskatchewan Hospital Standards Regulation, 1975* stipulates:

Every hospital which is accredited by the Canadian Council on Hospital Accreditation may establish a committee to be known as a Therapeutic Abortion Committee consisting of at least three members each of whom shall be a member of the medical staff of that hospital, only if the hospital has a rated bed capacity of fifty beds or more.

On the basis of this provincial regulation, 110 hospitals were ineligible to establish a therapeutic abortion committee and 94 of these hospitals had less than four members on medical staff. Of the remaining 23 general hospitals, 10 had therapeutic abortion committees, while 13 hospitals did not have committees. One of the ten hospitals with a therapeutic abortion committee had over 100 beds, but it was not accredited by the Canadian Council on Hospital Accreditation.

Alberta. Alberta's 164 hospitals were comprised of 119 general hospitals, 39 specialty hospitals, and six federal hospitals. The Alberta Hospital Services Commission set out the regulations for application for approval of provisionally accredited and non-accredited hospitals. These regulations stipulated:

- (1) A hospital meeting the following criteria may apply for approval pursuant to Section 237 of the Criminal Code of Canada,
 - (a) Has an organized medical staff which:
 - (1) has three or more active members,
 - (2) meets regularly at least ten times a year and reviews the clinical work done in the hospital.
 - (b) Is adequately equipped and staffed for major surgery and anaesthesia;
 - (c) Has adequate arrangements and facilities for emergency transfusions immediately available;
 - (d) Has appointed a therapeutic abortion committee which meets the specifications set out in Section 237 of the Criminal Code of Canada.

⁸ Excludes one hospital with a therapeutic abortion committee which was operated by Atomic Energy of Canada Ltd.

- (2) Applications for approval shall be in writing and shall be submitted to the Alberta Hospital Services Commission. Each application shall be supported by:
- (a) A certified copy of the resolution of the medical staff recommending that the hospital board apply for approval of the hospital for therapeutic abortions;
 - (b) A certified copy of the resolution of the board authorizing an application for approval of the hospital for therapeutic abortions;
 - (c) An outline of facilities and personnel available for major surgery and anaesthesia;
 - (d) An outline of the arrangements and facilities to provide emergency blood transfusions;
 - (e) An outline of the hospital's program and activities in respect to regular review by the medical staff of the clinical work done in the hospital;
 - (f) A list of the active members of the medical staff showing the extent of their hospital privileges;
 - (g) The names and addresses of the members of the Therapeutic Abortion Committee and the arrangements for meeting if "out-of-town" physicians are included.

Based on the criterion of three or more active members of medical staff, 38 hospitals of the total of 119 general hospitals in the province were ineligible in 1976 to establish a therapeutic abortion committee. If the criterion of a medical staff of four or more members is used, 54 hospitals were ineligible. Of the 26 general hospitals with therapeutic abortion committees,⁹ only one was a non-accredited hospital. A total of 55 provincial general hospitals which had three or more doctors did not have therapeutic abortion committees.

One hospital which established a therapeutic abortion committee in 1971 and which had done no abortions since then was not listed in the annual federal directory or by the Alberta Ministry of Health and Social Development. Special arrangements were made by two hospitals with therapeutic abortion committees. One hospital with no committee had an informal referral procedure with a hospital which had a therapeutic abortion committee. A second hospital which had a medical staff of three doctors involved a physician whose medical practice was located 25 miles away. Women applying for approval of an abortion were interviewed by the four physicians in their respective offices prior to a decision being reached on an abortion application.

British Columbia. The complement of public hospitals in British Columbia consisted of 103 general hospitals, 26 specialty hospitals, and three private hospitals. The Department of Health Services and Hospital Insurance established criteria in February 1970 for all general and specialty hospitals

⁹ One hospital with a therapeutic abortion committee operated by the Department of National Health and Welfare is mentioned elsewhere in this chapter.

concerning the procedures to be followed if hospital boards decided to establish therapeutic abortion committees. These requirements stipulated *inter alia*:

A hospital which has a relatively small medical staff will have to take particular care to comply with the statutory requirement that prohibits a member of the therapeutic abortion committee from performing a therapeutic abortion in the hospital.

Each "accredited hospital", within the meaning of Section 237 (6)(a), which intends to permit therapeutic abortion to be carried out, must:

- (a) include in its medical staff bylaws provisions governing the establishment of a therapeutic abortion committee, membership, terms of reference, frequency of the committee's meetings and the method by which it is to report to the hospital authorities. A suggestion in this regard is attached.
- (b) write to the Deputy Minister of Hospital Insurance advising him of its intentions and enclosing a copy of its current medical staff bylaws which set out the foregoing provisions.

A hospital which does not come within the meaning of the definition of an "accredited hospital" in Section 237 (6)(a) may apply for designation as an "approved hospital" by the Minister by making application in writing to the Deputy Minister of Hospital Insurance and enclosing therewith a copy of the current medical staff bylaws of the hospital which contain the provision referred to in the preceding paragraph.

Based on these criteria, 16 of the province's 103 general hospitals were considered to be ineligible to establish a therapeutic abortion committee by the Department of Health Services and Hospital Insurance. From the Committee's national hospital survey, it was found that 16 hospitals in British Columbia had three or fewer physicians on their active medical staff and two privately operated hospitals were also in this category. Based on the approval of the provincial health department, one of the province's 26 specialty hospitals which was maintained for the treatment of mental illness established a therapeutic abortion committee in 1970. Two hospitals in British Columbia which did not have therapeutic abortion committees had made special arrangements for patients seeking approval for abortion. One small hospital with no committee routinely referred such patients to a second hospital which had appointed jointly the members of the therapeutic abortion committee of an urban hospital as its own committee. When received, applications from both hospitals were sent for review to the committee of the urban hospital. If approval was given for an application by that hospital's committee, the procedure was then done at the smaller hospital with the established affiliation. One hospital in British Columbia which established a therapeutic abortion committee in 1973 had subsequently received no applications for induced abortion. This hospital was not listed as having a therapeutic abortion committee either by provincial health authorities or the annual federal listing of hospitals with therapeutic abortion committees.

Of the province's 103 public general hospitals, 53 had therapeutic abortion committees. One unlisted hospital had such a committee. In addition, one specialty hospital had a therapeutic abortion committee. A total of 34 public

general hospitals which conformed to provincial criteria did not have committees.

Yukon and Northwest Territories. The majority of hospitals and nursing outpost stations in these two jurisdictions were operated by the Medical Services Branch of the Department of National Health and Welfare. There were no private or specialty hospitals. Of four public general hospitals, two had established therapeutic abortion committees.

Provincial Criteria. **By themselves, provincial requirements for the establishment of therapeutic abortion committees exempted 317 general hospitals, or 35.0 percent of all general hospitals in Canada.**

Specialty and private hospitals

Specialty Hospitals. Specialty medical and surgical functions which designate special facilities or services of a hospital include services for chronic and convalescent care, mental illness, retardation, rehabilitation, and, on a more limited basis, a range of other treatment services. A limited number of hospitals across the country specialize in neurology, orthopaedics, respiratory disorders, contagious diseases, and alcoholism. Because of their specialized treatment facilities and functions, these hospitals usually do not seek the approval of their hospital boards or provincial health authorities to undertake general medical and surgical procedures. They would usually have neither the requisite facilities nor the specialized medical staff appropriate to provide broader treatment services which fall outside of their designated areas of specialization. In most instances they would not be considered for these reasons to be eligible by provincial health authorities to do the abortion procedure.

Of the total of 260 specialty hospitals, there were 108 which provided chronic and/or convalescent care, 86 mental illness and mental retardation services, 22 rehabilitation programs, and 44 other specialty treatment services. Only one public specialty hospital in Canada had established a therapeutic abortion committee.¹⁰ Because of their changing functions and a rising age limit used in the admission of patients, in some instances up to the age of 18 or 19 years, a number of children's hospitals received applications for induced abortion. When such cases were presented, they were referred to local public general hospitals. With the exception of one specialty hospital the rest of the specialty hospitals did not have therapeutic abortion committees. Their specialty functions established in bylaws and approved by provincial authorities exempted them from doing the abortion procedure. **A total of 259 specialty treatment hospitals, or 19.2 percent of all hospitals in Canada, did not have therapeutic abortion committees.**¹¹

¹⁰ This specialty accredited hospital was not listed as having surgical or obstetrical-gynaecological services.

¹¹ Calculated on the basis of 1,348 civilian hospitals in Canada.

TABLE 5.4

THERAPEUTIC ABORTION COMMITTEE
STATUS OF SPECIALTY, PRIVATE, AND FEDERAL HOSPITALS

Category of Hospital	Committee Status			Total
	Exempt	Eligible, No Committee Appointed	Eligible, Committee Appointed	
Specialty Hospital	259	—	1	260
Private Hospital	78	6	2	86
Department of Veterans' Affairs	7	—	—	7
Atomic Energy Commission	—	—	1	1
Medical Services Branch				
(1) Outpost Stations	75	—	—	75
(2) Hospitals*	13	—	—	13
TOTAL	432	6	4	442

* Excludes two federal hospitals with therapeutic abortion committees listed in Table 5.3 under Alberta and Yukon and Northwest Territories.

Private Hospitals. There were 86 privately owned or proprietary hospitals in 1975 which were located in New Brunswick, Quebec, Ontario, and British Columbia. The majority of the private hospitals provided exclusively specialty services such as: chronic care (52); mental or retardation services (7); rehabilitation (3); convalescent care (2); or a range of other services (8), including programs for alcoholism, plastic surgery, or orthopaedic treatment.

Of 14 private general hospitals, six were in Quebec, six in Ontario and two in British Columbia. Two of the private general hospitals in Quebec did not meet the requirements set by the Ministry of Social Affairs to establish a therapeutic abortion committee. Of four hospitals which met Quebec's criteria in terms of medical staff and hospital facilities, one private general hospital had a therapeutic abortion committee, but since it had been established in 1974, no induced abortions had been done. One private general hospital in Ontario specialized in abdominal hernia operations, while a second had only seven physicians on its medical staff, which under the provincial statute made it ineligible to establish a therapeutic abortion committee. One private general hospital in Ontario had established a therapeutic abortion committee. Neither of the two private general hospitals in British Columbia met the provincial requirements which were necessary to establish a therapeutic abortion committee. These hospitals were not acute care centres, were staffed by one or two physicians, and had been established to provide health care coverage for company townsites.

A total of 72 private specialty hospitals were ineligible to establish a therapeutic abortion committee. Of 14 private general hospitals, six did not meet provincial requirements for this procedure, two hospitals had therapeutic abortion committees, and the remainder (six) did not have committees.

Requirements for federal hospitals and services

The Government of Canada makes provisions for medical services for various categories of federal employees and operates directly three hospital service programs. These hospital programs are run by: Department of National Defense for armed services personnel; Department of Veterans' Affairs for war veterans; and Medical Services Branch, Department of National Health and Welfare for immigrants and Treaty Indians and Inuit.

Department of National Defense. The Canadian Forces Medical Services operated 30 centres and hospitals in Canada for armed forces personnel. In addition, one hospital for the Canadian Forces was located in Lahr, in the Federal Republic of Germany. Therapeutic abortion committees were established in two military hospitals, one in Canada, the second in the Federal Republic of Germany. The number of applications referred to these committees averaged half a dozen annually. No abortions had been carried out in military hospitals. At all other locations servicewomen applying for abortions were referred to civilian medical consultants. The number of servicewomen or female dependants of male armed forces personnel obtaining induced abortions in civilian (public general) hospitals was unknown.

Department of Veterans' Affairs. This department operated seven hospitals located in five provinces in 1975. None of the hospitals had obstetricians or gynaecologists on their medical staff and none had established a therapeutic abortion committee. Women with medical or surgical problems requiring gynaecological treatment were referred to general community hospitals.

Medical Services Branch, Department of National Health and Welfare. The Medical Services Branch operated 15 hospitals and 75 outpost nursing stations in 1975, most of which were located in isolated northern centres. The typical nursing station had between three to six beds, was staffed by two or three nurse-practitioner-midwives and its treatment services were coordinated with a larger regional hospital. All of the 15 hospitals were acute care hospitals. The medical staff of these hospitals consisted of physicians who worked under contract and who often served on a rotation basis. In some instances where federal general hospitals were located in larger centres, the medical staff consisted of local general practitioners.

If approval was sought to establish a therapeutic abortion committee, the guidelines set by the Medical Services Branch required that:

Those federal hospitals operated by the Medical Services Branch which have been accredited by the Canadian Council on Hospital Accreditation are authorized by the Branch, according to their request, to set up their own therapeutic abortion committees. This is in accordance with provincial practices and in the best interests of the patient.

The guidelines of the Medical Services Branch stipulated that in addition to having an accreditation status, the hospitals operated by this Branch prior to the establishment of the therapeutic abortion committee must have:

1. the minimum number of physicians necessary on the medical staff, one of whom has major surgical privileges;

2. facilities and staffing for major surgery, including
3. facilities for emergency blood transfusion.

Where committees had been established, the request for approval had been made by the hospital. In terms of these federal requirements to establish a therapeutic abortion committee, 13 of the 15 hospitals operated by the Branch had inadequate facilities. Seven of the federal general hospitals has less than three physicians on their medical staff.

Atomic Energy of Canada Ltd. The single hospital operated by this federal agency had established a therapeutic abortion committee adhering to the guidelines set by a provincial medical licensing authority. No abortion cases had been reviewed by the committee of this small hospital in recent years.

***Committee Status of Federal Hospitals.* Of 96 non-military hospital facilities operated by the Government of Canada, four eligible hospitals had established therapeutic abortion committees.**

Hospital practices

Information on the supply of physician manpower in Canada indicates that there is no up-to-date census of doctors, no coordinated listing of the medical staff complement of hospitals, and no uniformity in the listing of hospital medical staff appointments. There is no national listing of the number of doctors on the medical staff of hospitals, their qualifications and practice privileges, or their type of medical staff appointments. Categories of appointment to a hospital's medical staff include among others: active, associate, consulting, courtesy, and honorary. In general it is recognized that the main work involving medical practice in most hospitals is done by members of its active medical staff.

With the exception of Nova Scotia and British Columbia, provincial health authorities and the federal Department of National Health and Welfare provided information on the medical staff complement of all hospitals within their jurisdictions which had 100 or less hospital beds.¹² Of the 1,348 civilian hospitals in operation in 1976, **at least 331 hospitals had less than four physicians on their medical staff. In terms of the distribution of physicians, 24.6 percent of hospitals in Canada did not have a medical staff which was large enough to establish a therapeutic abortion committee and to perform the abortion procedure.**¹³ The distribution of these hospitals and for federal hospital services was:

¹² Number of physicians on the staff of hospitals in British Columbia based on Committee's national hospital survey.

¹³ Calculated on a basis of 1,348 civilian hospitals.

Newfoundland	11
Prince Edward Island	2
Nova Scotia	—
New Brunswick	12
Quebec	17
Ontario	5
Manitoba	38
Saskatchewan	94
Alberta	54
British Columbia	16
Medical Services Branch	
(1) outpost Stations	75
(2) hospitals	7
CANADA	331

Seven of the eight provinces which had specific criteria on medical staff and facility requirements for abortion subsumed the federal criteria. In each instance based on their statutes or directives, more hospitals did not meet stipulated provincial requirements. An Alberta directive for instance set three physicians as the minimum number of medical staff and for that province this requirement is used. A total of 38 Alberta hospitals had less than three physicians, while 54 hospitals had under four physicians on medical staff. For Prince Edward Island and Manitoba, where there was no stipulation in provincial requirements as to the size of medical staff, the hospital practices' requirement of four physicians precluded two hospitals in Prince Edward Island and 38 in Manitoba from establishing committees.

Listing of therapeutic abortion committees

The Hospital Morbidity Section of Statistics Canada prepares annual reports providing national statistics on the number of women obtaining abortion in Canadian hospitals. In compiling these reports, Statistics Canada obtains its information from three sources. The first source is from general information collected for all medical and surgical procedures which are done in Canadian hospitals. The second source is based on information derived from a special national register maintained in accredited or approved hospitals which have therapeutic abortion committees. The third source for the annual listing of hospitals with therapeutic abortion committees is compiled from information provided each year by provincial health authorities. Statistics Canada reports directly these provincial listings.

The List of Hospitals with Therapeutic Abortion Committees as Reported by Provinces in Canada, January 1, 1976 of Statistics Canada reported 271 hospitals with committees. Information obtained by the Committee from provincial health authorities in February-March 1976 provided a listing of 268 hospitals with committees. From the survey of hospitals done by the Committee to obtain information about their experience with abortion, four hospitals

listed by provincial authorities as having therapeutic abortion committees reported such committees had never been established. None had done this procedure. Five hospitals which were not listed as having therapeutic abortion committees reported that such committees had been established. In the case of four hospitals located in Quebec, Ontario and British Columbia, the establishment of the committees had been approved by hospital boards in 1975. These decisions could not be included for the year's provincial listing.

In the 1976 federal listing by Statistics Canada which was released on May 28, 1976 of hospitals which had therapeutic abortion committees during 1975, 32 hospitals in Quebec were reported based on "information as per report from the province". Information provided to the Committee on May 11, 1976 by the Quebec Ministry of Social Affairs listed 27 hospitals in 1975 which had therapeutic abortion committees. There was a discrepancy involving five hospitals which were listed for 1975 as having committees by Statistics Canada (32) and the Quebec Ministry of Social Affairs (27).

Two other hospitals, one in Alberta and the second in British Columbia, reported the establishment of therapeutic abortion committees in 1971 and 1973 respectively. Neither hospital was listed by provincial or federal authorities as having a committee. Since each committee was established by the two hospitals, no abortions had been done. One of the conditions set by the Abortion Law was not being met by these two hospitals. These requirements stipulate that members of a therapeutic abortion committee be appointed by a hospital board. Neither of the two unlisted hospitals with committees was accredited nor had approval been sought or given by the respective provincial health departments. Taken together, the 11 hospitals whose listing was incomplete¹⁴ (excluding the four hospitals with newly established committees) represented 4.1 percent of the hospitals listed in 1975 as having committees.

The differences in the listing of hospitals with therapeutic abortion committees may result from the review procedures established by provincial health authorities. The Committee inquired of each province whether a review had been undertaken of hospitals with and without therapeutic abortion committees. The replies from provincial health departments were:

	Hospitals with Committees	Hospitals without Committees
Newfoundland	No	No
Prince Edward Island	No	No
Nova Scotia	No	No
New Brunswick	No	No
Quebec	Annual	No
Ontario	Periodic	No
Manitoba	No	No
Saskatchewan	No	No
Alberta	Periodic	No
British Columbia	Periodic	No

¹⁴ These 11 hospitals consisted of: four hospitals which reported to the Committee that they had never established therapeutic abortion committees, five hospitals listed by Statistics Canada for Quebec which were not verified by that province's Ministry of Social Affairs, and two hospitals with committees which were not listed by Statistics Canada nor approved by provincial health authorities. In addition there were two military hospitals, one in Canada and one abroad with committees which were unlisted for 1976.

Of the four provinces which had reviewed hospitals with committees, Quebec did so annually in terms of formal requirements and the number of abortions which were done. Ontario, Alberta and British Columbia undertook periodic assessments. Six provinces had not reviewed the experience of hospitals with therapeutic abortion committees. None of the provinces had reviewed hospitals without committees relative to induced abortion.

Eligible hospitals

Of the total of 1,348 non-military hospitals in Canada in 1976, 789 hospitals, or 58.5 percent, were ineligible in terms of their major treatment functions, the size of their medical staff, or their type of facility to establish therapeutic abortion committees. This number of hospitals was comprised of: 317 public general hospitals excluded by provincial requirements; 40 public general hospitals excluded by hospital practices' requirements involving the size of their medical staff; 259 specialty treatment hospitals; 78 private specialty hospitals and private general hospitals excluded by provincial requirements; seven hospitals operated by the Department of Veterans' Affairs; 75 nursing outpost stations operated by the Medical Services Branch of the Department of National Health and Welfare; and 13 federal hospitals which did not meet requirements for the abortion procedure set by federal health authorities. In addition, there were 34 accredited public general hospitals which did not have obstetrical services and had not sought provincial approval. These hospitals which could be eligible if provincial approval were to be obtained were not included in the total of 789 ineligible hospitals.

Of the remaining 559 general hospitals which met the various conditions involved in the establishment of a therapeutic abortion committee, 271 hospitals had committees in 1976, and 288 hospitals did not have committees. **In terms of all civilian hospitals (1,348) in Canada in 1976, 20.1 percent had established a therapeutic abortion committee. If only those general hospitals which met hospital practices and provincial requirements and were not exempt in terms of their special treatment facilities are considered, then of these 559 hospitals, 271 hospitals, or 48.5 percent, had established therapeutic abortion committees, while 288 hospitals, or 51.5 percent, did not have these committees.**

The requirements used by federal and provincial authorities to review applications by hospitals under their jurisdictions to establish a therapeutic abortion committee included:

1. *Rated bed capacity*—50 beds, 100 beds, an undesignated number of obstetrical beds.
2. *Size of medical staff*—three physicians, six physicians, 10 physicians.
3. *Appointment of medical specialists*—a physician with major hospital privileges in surgery; a gynaecologist.

4. *Organization of medical staff*—a medical audit committee; 10 meetings annually of medical staff; family planning counselling and follow-up of patients.
5. *Treatment facilities*—an operating theatre; an operating theatre equipped for major surgery and anaesthesia; facilities for emergency blood transfusion.

Two provinces did not stipulate requirements for rated bed capacity, size or organization of medical staff, or the type of treatment facilities. The requirements reported by eight provincial health authorities and the federal Medical Services Branch were: unpublished departmental guidelines; directives sent to approved hospitals; and statutes incorporated in provincial legislation. The basis of authority for these requirements is stipulated in the Abortion Law relative to hospitals approved by provincial health departments whose authority in turn is based in provincial public hospital legislation.

There was no uniformity across the nation of the standards of medical care relating to the quality of services or the requisite facilities required to undertake the abortion procedure in a general hospital. Hospitals which would be permitted to establish a therapeutic abortion committee in some provinces would not be allowed to do so in other provinces. The requirements did not specify the services and facilities required for the abortion procedure when this operation was done on an out-patient or in-hospital basis, or by the length of a patient's pregnancy.