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Freedom Trashed

"UBC boasts that it is preparing students 'to become exceptional global citizens.' They seem to have succeeded. UBC students who registered this vote do seem to be the exception. Most people around the globe are struggling for the kind of freedom trashed yesterday at UBC Okanagan. And Canadians the age of these so-called 'exceptional global citizens' are risking their lives for it in Afghanistan."

Sean Murphy, Western Director of the Catholic Civil Rights League, Nov. 29, 2006.

2006 Environics poll

Two-thirds of Canadians support legal protection for unborn children

(OTTAWA Nov. 9, 2006) The fifth annual poll on Canadians' opinions on abortion has found that almost two-thirds of the 2,021 people surveyed by Environics Research Group support laws to protect human life before birth.

Only three in ten support the current Canadian policy in which there is no legal protection for human beings at any stage of development before birth.

The poll was commissioned by LifeCanada, the national educational pro-life group, and includes questions on parental consent for abortion, informed consent and

views on tax-funding of abortion.

LifeCanada's President Joanne Byfield noted that support for legal protection has increased this year to 64%, from 60% in 2005. "This may reflect the high profile murders of pregnant women over the past year and the frustration that the police cannot charge the perpetrators with two murders," she said. "Our laws do not recognize these babies as human beings with rights, so killing them is not a crime."

She pointed out that a proposed bill brought forward by Alberta MP Leon Benoit

(Continued on page 6...poll)

Censorship on Canadian Campuses

by Sarah Buckle

Over the past few weeks Canadian universities have seen three unique attempts to silence the pro-life voice on campus, thereby violating academic freedom in a place where opportunities for free speech and debate on social issues should be most fostered.

On Tuesday, November 21, 2006 a group of pro-life students at the Okanagan campus of the University of British Columbia in Kelowna BC lost a vote for recognition as a club. The Students' Union refused to ratify the club and decided instead to defer the decision to a vote by the student body in which about two thirds voted against the club's ratification. The pro-abortion campus Women's Centre, as an officially recognized body, distributed flyers urging students to attend the

meeting and vote against club status for the group. Since the pro-life group was not a recognized campus club, they were not allowed to post or distribute flyers of their own or present their position prior to the meeting. The group is not giving up, however, as the club has been in contact with the BC Civil Liberties Association. Despite its strongly pro-abortion position, the BC Civil Liberties Association has defended pro-life students from discrimination in the past.

On Friday, December 1, 2006 Capilano College's Heartbeat, a pro-life group at Capilano College located in North Vancouver BC, was denied club status by Capilano College Students Union (CSU). CSU proclaimed that

(Continued on page 6...censorship)

UAMS, ACHRI Researcher Affirms Fetal Pain Findings

Vital Signs is published by Canadian Physicians for Life, a registered charitable organization.

Canadian Physicians for Life holds that reverence for every human life lies at the root of all medical tradition. Through the ages, this tradition has been expressed in the Oath of Hippocrates. It was rephrased in modern times in the Declaration of Geneva, which says in part, "I will maintain the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity." We affirm this declaration.

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(LITTLE ROCK, May 19, 2006) Available scientific evidence on brain development demonstrates that fetuses feel pain as early as the second trimester, says a leading expert in pain research from the University of Arkansas for Medical Sciences (UAMS) and the Arkansas Children's Hospital Research Institute (ACHRI).

Dr. Kanwaljeet S. Anand, professor of pediatrics, anesthesiology, pharmacology and neurobiology in the UAMS College of Medicine and director of the Pain Neurobiology Laboratory at ACHRI, wrote an essay about ongoing research into fetal pain for the June 2006 issue of *Pain: Clinical Updates*.

The quarterly publication on issues related to pain management, treatment and research is published by the International Association for the Study of Pain, which has declared 2006 as the Global Year Against Pain in Children.

The article follows research published in the May 2006 issue of the scientific journal *Pain* by Anand and other researchers that pointed to responses to pain by premature babies suggesting the infants consciously felt pain. In 1987, Anand, who is also the Morris and Hettie Oakley Chair in Critical Care Medicine in the UAMS College of Medicine, proposed his initial theory on neonatal pain.

The essay "Fetal Pain?" is now available online at: www.iasp-pain.org.

"The available scientific evidence makes it possible, even probable, that fetal pain perception occurs well before late gestation," Anand wrote in his essay summarizing the evidence concerning fetal pain and discussing future research in the field. "Our current understanding of development provides the anatomical structures, the physiological mechanisms and the functional evidence for pain perception developing in the second trimester, certainly not in the first trimester, but well before the third trimester of human gestation."

Anand said pain perception is not controlled by a hard-wired system that passively transmits pain messages to a certain part of the brain until it is perceived. Rather, he said, the signaling of pain in prenatal development is

dependent on the type of stimuli causing the pain, for example intrauterine invasive procedures or fetal surgery.

Pain perception also cannot be assumed to employ the same neural structures in fetuses as in adults, he said. "Clinical and animal research shows that the fetus is not a 'little adult,' that the structures used for pain processing in early development are unique and different from those in adults, and that many of these fetal structures and mechanisms are not maintained beyond specific periods of early development," Anand wrote.

Until now, the prevailing theory was that premature babies react to pain through reflex, but do not actually perceive pain beyond their nerve fibers or spinal cord, and certainly not in the highest sensory center of the brain. Using near infrared spectroscopy, Anand and colleagues studied pain responses in the brains of two-day-old premature babies, correlated with changes in heart rate, blood pressure, and blood oxygen saturations through touch and pain stimuli.

"Pain activates cortical areas in the preterm newborn brain," the article documenting research by Anand into pain perception in premature babies, was published in the May 2006 issue of *Pain*, the official journal of the IASP.♦

UAMS is the state's only comprehensive academic health center, with five colleges, a graduate school, a medical center, five centers of excellence and a statewide network of regional centers. For more information visit uams.edu.

Arkansas Children's Hospital (ACH) is the comprehensive clinical, research and teaching affiliate of the College of Medicine at the University of Arkansas for Medical Sciences. Research is a major component of the missions of UAMS and ACH. ACHRI was created to provide a research environment on the ACH campus to meet the research needs of UAMS faculty.

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The hidden cost of 'choice'

by Andrea Mrozek



In Canada, having an abortion is supposed to be all about “choice.” A woman's health after she exercises that choice is a subject no one wants to talk about.

But things are different in other countries. On Oct. 27, 15 prominent signatories wrote a letter to the editor of the *Times of London*. The group included a past president of the Royal College of Psychiatrists. Others were some of the top general practitioners, psychiatrists and obstetricians and gynecologists in the country. They asked the official bodies regulating obstetricians and psychiatrists to revise their guidance on abortion as it pertains to mental health in young women.

Why? The group referenced a longitudinal study done in New Zealand and published in the January edition of the *Journal of Child Psychology and Psychiatry* indicating that young women who have had abortions exhibit twice the level of mental health problems, and three times the risk of depression, as those who had given birth or never been pregnant. According to the letter in the *Times*, “Since women having abortions can no longer be said to have a low risk of suffering from psychiatric conditions such as depression, doctors have a duty to advise about long-term adverse psychological consequences of abortion.”

The author of the cited research, New Zealand psychologist David Fergusson, intended to correct design flaws in previous studies in the field. He tracked women from birth to age 25, and found that those who had abortions exhibited elevated tendencies toward suicidal thoughts, depression, drug dependence and other mental health problems even after controlling for prior mental health problems and other causative factors.

Accepted wisdom in Canada is that

abortion is benign. So too in the U.K., where the Royal College of Obstetricians and Gynecologists' Web site tells women of limited to no harm from having an abortion. They write that “for most women, an abortion is safer than carrying a pregnancy and having a baby.”

In the United States, however, the American Psychological Association had to withdraw their statement on the subject, which cited no evidence of psychological harm to women as a result of abortion, after the New Zealand study was published.

In Canada, there's no statement to withdraw: Since the issue is never even broached, the Canadian Psychological Association has never felt compelled to pronounce on the issue. As a result, we are in an unusual situation vis-a-vis other developed nations: We provide women considering abortion with little health-related research. (On the other hand, perhaps such an anomaly is to be expected: Canada is unique among liberal democracies in that we have no law regulating abortion either.)

The result is that Canadians have no public forum in which to raise legitimate abortion-related concerns, despite the fact abortion affects a large number of women. Canada reports approximately 105,000 abortions annually. Just less than half of all abortions are performed on the age group the New Zealand researcher tracked, or about 50,000 abortions annually. How many of these women have health problems thanks to their abortions? We have no idea.

Canada discusses abortion only in terms of access, funding or choice, as if no women were actually involved. When the New Zealand study came out, no media report were filed, even as the media did report on the class action lawsuit launched by the Association for Access to Abortion over private payment required by the Quebec government for abortion.

There should be an open forum for discussion of women's health after abortion. En route to the abortion clinic, or while sitting for counseling in the nearest agency's office, is not the right moment for a young, already distressed woman to learn that depressive episodes

and suicide ideation may be the result of her decision to kill her fetus. Bad health news on abortion must not be hidden as if it were always a pro-life ploy to thwart women's freedom.

Doctors in the U.K. took note of the New Zealand study and are asking for changes. Will Canadian doctors do the same? ♦

Andrea Mrozek is Manager of Research and Communications at the Institute of Marriage and Family Canada. This article appeared in the November 7 issue of the National Post, and is reprinted with the author's permission.

Study: Abortion a risk factor for later mental health problems

David M. Fergusson, the lead researcher in the New Zealand study “Abortion In Young Women and Subsequent Mental health,” is a self described pro-choice atheist and rationalist, according to an Agape Press report in April. “[F]rom a personal point of view, I would have rather seen the results come out the other way – but they didn't. And as a scientist you have to report the facts, not what you'd like to report,” he said.

The authors of the study¹ said this research “raises the possibility that for some young women, exposure to abortion is a traumatic life event which increases longer-term susceptibility to common mental disorders.” They criticized the 2005 statement of the American Psychological Association which stated that “well-designed studies” show that risk to mental health following an abortion is “low.” According to Fergusson, APA's statement was based on a small number of studies which had limitations such as: “absence of comprehensive assessment of mental disorders...lack of comparison groups; and...limited statistical controls.”

“In New Zealand, the law requires that abortion can only be performed when doctors agree that it's likely to benefit the mental health or physical health of women – and [Fergusson's] study shows that it's likely to hurt rather than help women,” said Dr. David Reardon of the Elliot Institute. “And therefore the doctors who are saying that abortion is probably going to produce mental health benefits don't have a leg to stand on anymore.”♦ *BM*

1 www.chmeds.ac.nz/research/chds/view1.pdf

Canada hosts International Right to Die Conference

by Carroll Rees

Canada's Dying with Dignity organization hosted the 16th Biennial Conference of the World Federation of Right to Die Societies in Toronto from September 7 to 10. Delegates from many countries came to demonstrate their wares designed to assist troubled persons end their lives most efficiently, pro-euthanasia writers promoted copies of their latest books, and speaker after speaker presented ideas and formulas to promote the 'right to die' in Canada and other countries.

Some pro-life delegates attended the conference and learned about their plans to "nudge the law" in Canada and elsewhere to bring about the legalization of euthanasia and assisted suicide, attempts to re-frame the debate using language that makes euthanasia and assisted suicide more acceptable, and their plans to reach out to the disabled and faith communities.

Most revealing was the information about their "Client Support Programs" which often include being present at a person's suicide and cleaning up the scene by removing evidence such as the helium tank and plastic bag which the dead person had placed over their heads. Volunteers are assigned clients at all stages of disease. We heard a very disturbing account of Evelyn Marten's involvement with the death of two BC women who took their own lives. It was shocking to learn that Dying With Dignity in Canada have received support from the Ontario Trillium Foundation "to enable the development" of their Client Support Program.

During a lunch break, we met a young nursing student from the University of Toronto who enthusiastically explained that she was attending the conference as part of her work placement with the University's nursing program. She will be working with the Dying with Dignity organization for the fall semester which will count as part of her nursing training.

This is rather disconcerting since this organization is an advocacy group promoting legal acceptance of assisted suicide and euthanasia, which are now illegal. Throughout this conference, which was heavily sponsored by Dying with Dignity, participants listened to speakers who promoted ways "to skirt the law" to help people end their lives. It is hard to believe that a nursing program would view this as a legitimate placement.

Canadian law professor, Jocelyn Downie, was present to offer her thoughts about the best way to "nudge the law" in Canada. She offered four legal and political avenues to pursue which could eventually lead to a change in the law in her view.

Downie explained that prosecutors have discretion in the area of whether to charge a person with a crime and what to charge them with. The person is usually charged only when a conviction is likely or if in the public interest to prosecute. Prosecutors need to be persuaded that it is not worthwhile to charge someone in a euthanasia or assisted suicide case. She then offered advice on how to do that. Downie urged conference attendees to promote the doctrine of nullification which was used in the Morgentaler case. Nullification occurs when jury members believe the law is morally wrong and they refuse to convict the person. This could result in acquittals which would result in fewer charges.

Ms. Downie's third avenue is to bring forward cases to challenge the law using the defense of necessity. The Supreme Court ruled already in the Sue Rodriguez and Latimer cases but Downie pointed out that the Supreme Court has been known to change its mind. For example, Canada would never extradite persons to countries with capital punishment and is now agreeing to extradition if the country agrees that the person will not be executed. She pointed out that there is only one judge left on the Supreme

Court who heard the Sue Rodriguez case and she dissented from the majority view – she is now the Chief Justice. She believes that it would be possible to persuade the new court that the old court was wrong by showing that they got the legal analysis wrong since the courts are restricted by what is presented to them.

Finally, Downie discussed the possibility of using the Senate to decriminalize assisted suicide and euthanasia since Senators don't have to face the electorate and could take the heat for politicians. She went on to explain that she did not think law reform was possible under the present Conservative Government. In the meantime, she suggests that they prepare by drafting arguments that the courts can agree with, draft legislation that could be introduced at the right time and prepare an education campaign to sway public opinion.

The most important strategy that was shared, and that we as pro-lifers need to be aware of, is that they are planning to change the language they use to promote euthanasia and assisted suicide and are presently working re-frame the debate. This means that they will no longer use words such as euthanasia, assisted suicide or hastened death because they have a negative connotation. They will now refer to assisted death because it appeals to everyone.

But, more importantly, they will frame the debate around the question "Who decides?" Previously the discussion revolved around the concept of "sanctity of life" which they could not reasonably oppose but now by appealing to personal autonomy and the notion of "choice" they have a much better chance of reaching people. This is a very smart strategy which resembles that used by the pro-abortion lobby years ago and was very successful in changing people's attitudes about abortion. We must be aware of these tactics so that we can warn people about their strategy to ensure they do not inadvertently fall into this trap.

Notorious Dr. Philip Nitschke, best known for his suicide machine, was on

(Continued on page 5... 'right to die')

('right to die'...continued from page 4)

hand to promote his latest projects: production of a deadly pill by 20 elderly members of his organization and an Australian documentary in which he appears with 79 year old Mrs. Lisette Nigot who wants to end her life before she turns 80. Ms. Nigot, who is quite healthy, wants to avoid inevitable mental and physical deterioration. Nitschke explained that this case has caused division in the movement.

Australia has passed legislation making it illegal to provide information or instruction on any method of suicide using the telecommunication carriage service which includes telephone, fax, email or the internet. As a result Nitschke has had to move his website to New Zealand. Other delegates seemed to imply that the new legislation was a response to activists such as Dr. Nitschke going too far.

The last session of the conference was a debate with opening statements presented by Derek Humphrey, right to die activist, who supports public activism and Dr. Rob Jonquiere, CEO of Holland's Right to Die Society, who advocated for a slow and steady approach using legislative change. Humphrey believes that the best way to achieve their goal is through court activism which involves pushing the limits of the law by helping people end their lives and forcing legislative change. Dr. Jonquiere explained that public activism may result in immediate gain because it offers an opportunity to educate the public but it harms the movement over the long term by alienating politicians and the support of the medical associations which they need.

All in all, this was a most informative conference which gave us much information about their strategies and will greatly help us plan our future educational efforts to promote the pro-life perspective. ♦

Carroll Rees is executive director of LifeCanada. This article appeared in the Sept/Oct 2006 issue of LifeCanada News and is reprinted with permission.

Physicians ask government to provide alternative to ethically controversial vaccine

(OTTAWA, Dec.5, 2006) - Among all the medical advances of the past two centuries, immunization may have brought the greatest improvement to our health and life expectancy. It provides the best possible protection against some very serious diseases. Canadian Physicians for Life recommends that all adults and children be vaccinated according to the current national and provincial immunization guidelines.

Some vaccines protect against bacteria, and some against viruses. Canadian Physicians for Life has become aware that some viral vaccines were developed from tissue from aborted fetuses. A list of some of those vaccines can be found on our website.¹ This presents a serious moral dilemma to those who might view the use of such abortion-related vaccines as a form of cooperation with an immoral act, but who are also aware of the dire health consequences of failing to immunize themselves or their children.

It has been brought to our attention that legally approved and effective vaccines are available which have been created from sources other than abortion-derived fetal cell lines. Specifically, the infant vaccine, PENTACEL (diphtheria, tetanus, pertussis, polio and Haemophi-

lus B), contains the MRC-5 fetal cell line while PEDIACEL (same diseases) does not. Both vaccines are Health Canada approved but only PENTACEL is marketed in Canada. PENTACEL is publicly funded in the regular childhood vaccination programs.

For PEDIACEL to be available to Canadians requires the recognition of these concerns by Health Canada and, most importantly, the provincial vaccine acquisition programs, and it is this recognition and assistance which Canadian Physicians for Life is requesting at this time.

First, we are asking provincial governments to provide a choice between these two vaccines for parents who are morally troubled by the origins of the Pentacel vaccine. In terms of practical action, the current contract for PENTACEL (at least in the province of Ontario) expires in March 2007. Finally, as physicians concerned with both the health and moral concerns of our patients, we request government intervention to ensure the supply of vaccines from non-objectionable sources. ♦

Canadian Physicians for Life

¹ www.physiciansforlife.ca/html/press/CanadianVaccinesAbortedFetalTissue.pdf

2007 Medical Students Forum

Plans are currently underway for Canadian Physicians for Life's 2007 Medical Students Forum to be held some time in the fall. As in the past, CPL will be sponsoring pro-life medical students/residents from across the country to attend this event. In contrast to the hostility pro-life students might be exposed to on university campuses, attendees to this conference will learn about the life issues from a medical, ethical, and legal perspective in a friendly atmosphere where life affirming values are fostered and respected. Further details, including location of the conference, will be announced in our Spring 2007 issue of *Vital Signs* and will be posted on our website www.physiciansforlife.ca as they become available.

(poll...continued from page 1)

would have changed the law to allow murder charges to be laid when an unborn baby is killed in an act of violence against the mother. The bill was declared unvotable by a Commons committee.

The poll also found 70% support for informed consent laws which would require that women be informed about fetal development and all health risks and complications before they choose to have an abortion.

On the issue of parental consent, 55% of those polled supported a law requiring parental consent for minors under the age of 18 to have an abortion. Currently in Canada there is no parental consent requirement. Girls as young as 13 and 14 can obtain abortions without

parental consent.

Canadian taxpayers pay for most abortions in Canada, said Byfield, yet two-thirds of those polled said that abortions should either be funded privately (18%) or only funded in medical emergencies (48%).

“Why do our governments insist on using scarce health care dollars to pay for this personal choice?” she asked.

Byfield pointed out that Canadian public opinion has been clearly expressed in these polls for five years in a row. “We pose the questions in terms of rights,” said Byfield. “We’re looking at the right to life, enshrined in section 7 of the Canadian Charter of Rights and Freedoms; the rights of women to be informed about the procedure they are

about to undergo; the rights of families to protect their children; and the rights of taxpayers to decide how their money should be spent.”

“Canadian politicians, federally and provincially, avoid dealing with this issue. We urge them to read these results, listen to Canadians and craft laws and policies that reflect the wishes of the people.” ♦

For more information, contact:
LifeCanada - VieCanada
www.lifecanada.org
1-866-780-LIFE

Detailed poll results can be found at:
www.lifecanada.org/html/resources/polling/Enviroics%20Poll%202006.html

(censorship...continued from page 1)

it was a “pro-choice organization” and they would not support a club that goes against their mandate. However, there was no real declaration of a pro-choice stance until Heartbeat’s first application was presented last year at a meeting at which the motion to be officially “pro-choice” was moved immediately before Heartbeat spoke to the CSU Executive .

Now Carleton University’s Student Association (CUSA) has joined in this censorship of the pro-life voice. On Tuesday, Dec. 4, 2006, CUSA passed a motion which read: “CUSA further affirms that actions such as campaigns, distributions, solicitations, lobbying efforts, displays, events, etc. that seek to limit or remove a woman’s options in the event of pregnancy will not be supported” which they amended from the original statement that “no CUSA resources, space, recognition or funding be allocated for anti-choice purposes.” Regardless of the wording, the result is the same: a refusal of certification to clubs that do not share their perspective on the life issues.

It is disappointing to witness the regression of Canadian campuses that are supposed to be encouraging creativity and innovation, cultivating intellectual integrity and open discourse on difficult social issues of our generation. ♦

Sarah Buckle is executive director of National Campus Life Network.

Media condemns CUSA’s discrimination against pro-life students

“A”bortion is a touchy subject and everyone is entitled to their opinion. Therefore, it is not right or fair for CUSA, a group that represents all undergraduate students, to make such a sweeping judgment against pro-life and anti-choice groups....And to start down the slippery slope of censorship is a scary path indeed. Restricting pro-life and anti-choice discussion is not healthy for the university or conducive [sic] to an individual’s right to autonomy....Should some students be silenced while others are not?”

- Editorial: “Let the students decide,” *The Charlantan*, (Carleton U’s student paper), Nov. 23, 2006.

“I”f CUSA really believed in the values inherent in the word “choice,” the organization might have more respect for those students on the Carleton campus who, rightly or wrongly, oppose abortion on demand. But CUSA’s actions are not really about choice. They have become an example of the kind of tyranny of thought that George Orwell, who has long been a favourite of university students, would rail against. Orwell, most famous for his books *Animal Farm* and *Nineteen Eighty-Four*, was passionately opposed to such intolerance.”

Editorial: “Campus Thought Police,” *The Ottawa Citizen*, Nov. 30, 2006.

“T”he new policy at least clarifies that CUSA is not “pro-choice” at all, but flat-out pro-abortion. In CUSA’s conception, choice means denying students the choice of forming clubs to reflect their interests. It is straight out of Orwell’s 1984....To the extent that pro-life students want to organize themselves, it is mark of civic engagement, a willingness to question campus orthodoxies, and of no little courage, given the hostile environment on campus. A vibrant campus should welcome such students. To set them aside for special, punitive treatment fails even the basic test of courtesy, to say nothing of fairness.”

- Editorial: “Pro-choice, pro-censorship,” *National Post*, Dec. 8, 2006.

“I”n a smug statement, CUSA president Shawn Menard said his group is “speaking out against those anti-choice behaviours that . . . are very discriminatory towards women.” Menard’s patronizing attitude is nothing if not sexist. He seems to hold the Victorian belief that women will be damaged in some way if they hear both sides of an issue, or that they’re so stupid they cannot possibly be trusted to make up their own minds; rather, information must be kept from them....These young people who show themselves to be utterly intolerant of opposing views are the next generation of leaders in this democracy. Frightening thought.”

- Editorial “Unclear on the concept,” *The Calgary Herald*, Dec. 9, 2006.

Doctors uncomfortable with 'abortion without borders'

by Delores Doherty, MD

A majority of Canadian do not support the current open, unrestrained status of abortion in this country.”¹ This statement was in Paul Ranalli’s article reprinted in Vital Signs spring/simmer 2006 issue. It prompted one of our now retired physician members to telephone with some memories from his years working in a rural area of one of the Atlantic Provinces.

Mike¹ recalls his silence in the face of the ‘law of the land,’ until hearing a radio speaker declare that the lesser of two evils is still evil and that those in disagreement with public policy should speak out and let their voices be heard. This led Mike to voice his views one morning in the doctors’ lounge of his hospital. As it turned out both the other two doctors present were members of the hospital’s therapeutic abortion committee (TAC). To Mike’s amazement, both colleagues echoed his views. One said, “I hate myself for what I am doing. All abortions are wrong, all of the time. I am

going to resign from the TAC now.” The other doctor followed this with, “I hate and despise myself for what I am doing. Abortions are almost all wrong, almost all of the time. I am resigning from the TAC.” Both doctors did indeed resign the next day. No one took their places and that facility ceased to do abortions and has never resumed the procedure.

Mike went to tell of a friend and med-school classmate who had taken part in a review of abortions done in the largest hospital of the province. The report consensus was that a medical case could be made for 1-2% of abortions done, while 98% were done for social or convenience reasons. He wondered if that report had ever been made public.

In addition, at a provincial medical meeting, Mike was present when one doctor posed a hypothetical case of a pregnant woman with severe life threatening medical conditions and demanded of one of the early Physicians for Life members in that province, “Surely you

would not deny this woman an abortion!” The doctor responded, “I am not prepared to fight a pitched battle over hen’s teeth. I am opposed to the vast majority of abortions that are done for social reasons.”

Listening to Mike speak, I was reminded of a medical staff meeting in my province prior to amalgamation of hospitals. I had realized with dismay that one result of this reorganization was that I was now on staff of a hospital that performed abortions. Requesting the opportunity to speak, I asked that all present who wished join me by standing for a moment of silence for the children lost to abortion at our hospital. The entire room stood except for two doctors who verbally denounced the suggestion.

Yes, Mike, it is true that a majority of Canadians, doctors included, oppose ‘abortion without borders,’ but the media and the elected government have yet to hear our voices.♦

1. Gallup poll 2001 and Leger poll 2003. See also article on page 1 re: 2006 Environics poll.
2. “Mike” has asked that his real name not be used out of respect for his colleagues.

Dr. Delores Doherty is a member of Canadian Physicians for Life’s board of directors. She practices in Newfoundland.

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Canada. The only thing which protects older babies from being arbitrarily destroyed is the common sense of most parents and the reluctance of the medical profession to kill babies that are getting close to the normal time of delivery.

Courier: Are so-called late term abortions being performed in Vancouver?

Johnston: Abortions which I consider to be far too late are being performed in Vancouver, although there is a general policy that past 20 weeks they send these women to the United States. And this is equally horrifying because it makes every taxpayer complicit in the destruction of a baby which is far along in its development. This always raises the question: If it’s wrong to do it in B.C., why is it right to do it anywhere else?

Courier: Do you want abortion outlawed?

Johnston: No, there is no democratic mandate available in Canada to outlaw abortion. The best thing for women and their unborn children would be strenuous public advertising of the dangers of abortion, and encourage people to treasure their children and continue pregnancies even when circumstances surrounding them are not ideal.

Courier: You are also the co-chair of the Euthanasia Prevention Coalition of British Columbia. What’s that organization’s mission?

Johnston: We want to educate the public that a legalization of physician-assisted suicide or direct euthanasia is such a danger to the most vulnerable people of society that it’s not worth doing in order to enhance the freedom of

the less vulnerable people.

Courier: What if the patient wants to die?

Johnston: It is an extreme form of discrimination that when people are sick and want to die, people are proposing that they be killed. But if they are young and healthy and they want to die, people propose they get suicide prevention treatment.

Courier: Shouldn’t family members have a greater say than our government about what happens to a dying loved one?

Johnston: Absolutely, it’s just that no one, a bureaucrat or a family member, should be authorized to kill a patient. ♦

Mark Hasiuk is a staff writer with the Vancouver Courier, where this article first appeared on October 26, 2006 (www.vancourier.com). It is reprinted here with permission.

Pro-life doctor advocates advertising

by Mark Hasiuk

Vancouver Courier interviews CPL's president, Dr. Will Johnston, who says the best thing for women and their unborn children would be strenuous public advertising of the dangers of abortion.

The election of Canada's first Conservative prime minister in nearly 20 years has many Canadians wondering if controversial issues like abortion will once again take centre stage in Canadian politics. Dr. Will Johnston, a family physician in Vancouver and president of Canadian Physicians for Life, a non-profit, charitable organization, is a key figure in the abortion debate.

Born in Rossland, B.C., he received his medical doctorate from the University of Calgary. He returned to B.C. in 1982 and has operated a family practice in Oakridge since 1985.

Courier: Stephen Harper owes his election, in part, to a socially conservative base. Are you hopeful that the Conservatives will re-visit the abortion issue to satisfy the party rank and file, particularly in the West?

Johnston: No, I don't believe this government has any interest in visiting the abortion issue. To have an educated debate we need a comprehensive approach that this current government won't take part in.

Courier: When did you become involved in the pro-life movement?

Johnston: I really became involved in 1988 when I was invited to speak at a conference in Cultus Lake. I'd never put my thoughts down on paper until then, so I was forced to think more deeply about why I had decided that abortion was a bad



Dr. Will Johnston with proud Mom and Baby.

thing.

Courier: What motivates you to be a pro-life advocate?

Johnston: Mainly because of the lives of my patients. I could see how much happier mothers were with their babies a year down the road after a crisis pregnancy began, compared to women who had gone and had an abortion. There is an obvious disparity between the happiness that children bring and the emptiness abortion brings.

I also thought it was a civil rights issue that was being handled inconsistently by the liberal left, who have no problem seeing it's wrong to discriminate against an entire class of people because they're Jews or blacks but they don't recognize a huge class of people who happen to be very small and inside their mothers.

Courier: You are president of the Canadian Physicians for Life. What's your organization all about?

Johnston: We want to educate so that the side effects and negative fallout of an abortion becomes so widely known that it's part of the decision-making process for every woman, so that fewer women are pushed into unwanted abortions—abortions they don't really want but they feel pushed by society and the relationships around them into having.

Courier: It's described as a non-profit, charitable organization of Canadian physicians. Where does the money go?

Johnston: The donations go to support our newsletter, our annual medical student forums and pay the part-time salary of our national director in Ottawa.

Courier: How educated is the Canadian public on abortion?

Johnston: The news about abortion has been dominated by a pro-abortion agenda which minimizes the damage that abortion causes, and focuses purely on the sense of relief abortion is designed to provide to a woman who isn't happy with her pregnancy or for the people around her who are not happy with her pregnancy.

Courier: Does the media do a good job covering abortion issues?

Johnston: No, but the media can't be faulted completely. Partly because some pro-lifers seem to be strident and condemnatory and judgmental, it's easy to portray some as extremists. However, the extremism of the pro-abortion side gets hugely under reported in the media. There's been far more pro-abortion violence against pro-lifers than the other way around.

Courier: What one fact do you think the general public would find most surprising?

Johnston: That there are no laws governing abortion in

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