What They Don’t Teach You about Abortion

By a Third Year Medical Student Member

In my first semester of medical school, we had a small group learning case about chromosomal abnormalities. Prenatal screening tests of a young mother showed trisomy 21 in the fetus, and after much agony the mother decided to abort her child. Our tutor then assigned us the task of looking up facts surrounding abortion generally. I was surprised to discover that when the Supreme Court struck down the abortion law in 1988, a gaping void was left in our legislation. Canada is the only country in the western world without any abortion legislation, making abortions legal at any time in the pregnancy and for any reason. This lack of legislation allows for atrocities such as sex-selective abortions, which is the abortion of foetuses based on the predicted gender. This practice has traditionally been most common in countries were cultural norms value male children over female, such as in China and India, and yet I could not imagine it happening in Canada. Appalled by this discovery, I brought this up with the group but was assured by the tutor that these things happen very seldom, if ever at all.

Not entirely convinced, I went home to research further. As it turns out, a study published in the CMAJ was able to use male-to-female gender-ratios at birth to demonstrate that the practice of gendercide does in fact happen in Canada, particularly in certain ethnic communities. The study revealed that Canadian women born in South Korea birthed a male-female child at a ratio of 1.2, while mothers born in India at 1.11. Where do the missing baby girls go? While abortion statistics are not mandated by law to be reported, the study strongly suggests that the disproportionately large number of male babies being birthed is a result of selectively aborting female foetuses after determination of sex by ultrasound.

Initially, I was hesitant to share my findings with my friends. While debate around abortion has been almost taboo in the spheres of my professional education, with any dissent towards the practice being met with indignant protests, I was surprised to find that my colleagues were distraught and sympathetic upon learning that sex-selective abortion took place. It seemed that many of those who were pro-abortion for genetic or socioeconomic reasons were actually opposed to gendercide. Public surveys echoed my observations as well: a 2011 Environics poll found that 92% of respondents believed sex-selected abortions should be illegal, while a 2012 poll by Angus Reid found that 60% of respondents felt that there should be legislation limiting sex-selection. While abortion is a divisive issue, there is however consensus among Canadians that gendercide has no place in this country.

If a pregnant mother requests an ultrasound to determine the gender of the fetus in order to inform her decision to abort, what can physicians do? I was relieved to find that while
Canadian Physicians for Life’s members on

Sex-selection abortions

Medical governing bodies have not imposed limitations with regards to sex selective abortions, many have made their stance on this issue clear. In 2007, the Executive of the Society of Obstetricians and Gynaecologists of Canada (SOGC) issued a statement that medical technologies for the sole purpose of gender identification in pregnancy should not be used to accommodate societal preferences, and that the SOGC does not support termination of pregnancy on the basis of gender. The College of Physicians and Surgeons of Ontario and the College of Physicians and Surgeons of British Columbia also echoed the SOGC’s view.

I would assert that the fetus should not be discriminated against and aborted for any reason, be it gender, disability or socioeconomic conditions. However, in a country where legislation offers zero protection for the unborn, abortions happen every day for these precise reasons. And while politicians have been unwilling to address this issue, public and medical opinions on sex-selective abortions show us that there is much to be won in the battle for fetal rights.

Sources:

Gendercide Talking Points, WeNeedaLaw: https://www.weneedalaw.ca/sex-selective-abortion/talking-points

“It’s a girl!”- could be a death sentence, Rajendra Kale, MD, CMAJ: http://www.cmaj.ca/content/184/4/387


Abortion in Canada: Twenty Years After R. v. Morgentaler, Karen Richer, Parliament of Canada: http://www.parl.gc.ca/content/lop/researchpublications/prb0822-e.html#bthepost


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