

Access to abortion services in Canada\*

Province or territory	No. of hospitals providing abortions	No. of abortion clinics	Waiting list	Government funding
British Columbia	About 37 of 100	3	Up to 3 wk at clinics	Full funding for hospitals and clinics
Alberta	3 of 99	2	1 wk (Edmonton) ≥ 2 wk (Calgary)	Full funding for hospitals and clinics
Saskatchewan	2 of 73	0	2–3 wk (Saskatoon) 3–5 wk (Regina)	Full funding for hospitals
Manitoba	2 of 54	1	1 wk (clinic) 3–5 wk (hospitals)	Full funding (hospitals), partial funding (clinic)
Ontario	About 76 of 210	6	Up to 3 wk	Full funding for hospitals and clinics
Quebec	About 30 of 155	5 clinics 11 CLSCs 3 WHCs	1–4 wk (clinics and CLSCs), 1–2 wk (hospitals and WHCs)	Full funding (hospitals and CLSCs), partial funding (clinics)
New Brunswick	2 of 30	1	No waiting list	Full funding for hospitals approved by 2 doctors
Nova Scotia	5 of 33	1	1–2 wk	Full funding (hospitals), partial funding (clinic)
Prince Edward Island	0 of 7	0	Up to 4 wk (depends on travel distance)	Women can make claims for out-of-province reimbursement
Newfoundland and Labrador	2 of 15	1	Up to 4 wk (hospitals) 1 wk (clinic)	Full funding for hospitals and clinic
Yukon Territory	1 of 2	0	None	Full funding for hospital and travel grants
Northwest Territories	2 of 2	0	Short	Full funding for hospitals and travel grants
Nunavut Territory	1 of 1	0	—	Full funding for hospital and travel grants

Note: CLSC = centre local de services communautaires (community health centre), WHC = women's health centres.  
\*Source: Canadian Abortion Rights Action League, autumn 2000.

a lifestyle choice, and we should not be funding lifestyle choices,” says Douglas, who equates abortions to “cosmetic surgery,” which is “not covered.”

But for constitutional law experts like Jackman, Canada’s abortion debate is not about the age-old question of when conception occurs and whether a fetus is a person — something the Supreme Court has repeatedly ruled it is not. The issue, she says, is one of equality. Section 15 of the Charter of Rights and Freedoms guarantees women equal benefit of the law in Canada, and if some provinces won’t cover the cost of abortions, they are denying women that right. “There’s no question that women don’t enjoy full and equal access to reproductive services, including abortion services. It’s sex discrimination.”

Although she believes that a strong charter case exists for any woman who has had trouble getting access to an abortion, “it’s completely unimaginable that somebody like that would go all the way to the Supreme Court because her province isn’t providing adequate services.” And pro-choice lobby groups have limited funds to finance such a challenge.

Still, says Jackman, the legal analysis is straightforward. “You have a service that is required by women, and because of minority opposition to reproductive choice, you have no access. And that is unconstitutional.” — *Laura Eggertson, Ottawa*

## Over-the-counter emergency contraception available soon across country?

Following a Feb. 16 meeting with the Society of Obstetricians and Gynaecologists of Canada (SOGC) and 4 other organizations, Health Canada has started working toward making emergency postcoital contraception available without a prescription across the country.

A proposal to “switch” the drug from prescription to nonprescription status will appear in the *Canada Gazette* within a year, SOGC spokesperson Dr. Vyta Senikas told *CMAJ*. Approval could come soon after. “The meeting with the Therapeutics Products Program was very encouraging,” she added.

Over-the-counter (OTC) sales of the morning-after pill began in Britain in December. Some pharmacies in Wash-

ington state already provide the drug OTC, and several more states are considering it. Women in British Columbia can get the drug without a prescription through a delegation-of-duty scheme.

Meanwhile, the SOGC is tackling the problem nationally with its lobby partners — the Planned Parenthood Federation of Canada, the Canadian Pharmacists Association, the Women’s Capital Corporation (a US company that owns the rights to Plan B emergency contraception) and the Canadian distributor, Paladin Labs.

Senikas says the main challenge in increasing availability of emergency postcoital contraception (EPC) is ensuring that patients know how to use the prod-

uct ([http://pharminfo.com/pubs/druginfo/druginf1\\_41.html](http://pharminfo.com/pubs/druginfo/druginf1_41.html)). Plan B is the first progestin-only EPC approved in the US (1999) and Canada (2000). The SOGC, which is launching a contraception-awareness campaign, will ensure there is information and contraception counselling for women who take it.

EPC comprises 2 levonorgestrel tablets. The first must be taken within 72 hours of unprotected sex, the second 12 hours later. “There are very, very few contraindications,” says Senikas.

Senikas says some opponents equate EPC with abortion and “have this misplaced notion that emergency contraception is like RU-486. It’s not. It will never displace a pregnancy.”

Senikas also says that only about 5% to 10% of women use EPC more than once. “Usage is usually a wake-up call.” — *Barbara Sibbald, CMAJ*