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BLACK HOLES: Canada's Missing Abortion Data

A brief examination of Canada's abortion data collection policies and an analysis of Ontario's new legislation

A Brief History: 1969 Abortion Law

The advent of Canada's 1969 abortion law, which partially decriminalized the procedure, brought with it a request from the federal departments of Justice and Health and Welfare that the impact of the new legislation be monitored.¹ The Dominion Bureau of Statistics (now known as Statistics Canada) was chosen for the job and tasked with collecting, compiling, and publishing data on the number of abortions being performed under the new law.

For the first 16 years, the abortion reports were "timely, comprehensive, and met the increasing data needs of the user."² This was reflected in positive feedback from the Justice Minister of the time, the Canadian Medical Association, media, pro-life and pro-choice abortion groups, and international agencies such as the World Health Organization and the Population Council. In 1986, budget cuts within Statistics Canada suspended data collection and analysis for 15 months. The program was reinstated by the Minister of Industry, responsible for Statistics Canada, due to pressure from users across Canada, members of provincial legislatures, Members of Parliament and pro-life and pro-choice groups alike. However, provinces were now required to play a greater role in the data collection process. This resulted in the loss of the direct connection Statistics Canada had with the nation's hospitals, data submission occurring annually instead of monthly, and electronic submissions replacing print. Issues of timeliness and data quality arose almost immediately as a result of these changes.³

Abortion Law: Struck Down

Although it is unclear whether subsection 251(5) of the *Criminal Code* actually required hospitals to submit their data, the Supreme Court of Canada's 1988 decision to strike down the abortion law (then s. 251 of the *Criminal Code*, now section 287) became the basis for a number of hospitals and provincial ministry respondents to stop collecting and reporting data.⁴ Additionally, private clinics began to emerge in several provinces because the law no longer stipulated that abortions could only be performed in hospitals.⁵

After the Supreme Court's decision, Statistics Canada continued to collect what data they could before the data collection responsibilities were transferred to the Canadian Institute for Health Information (CIHI) in 1995.⁶ CIHI, although not a governmental department, is funded by the federal, provincial and territorial governments.⁷ Initially, CIHI collected the data and Statistics Canada maintained the responsibility of releasing it.⁸ In 2006, CIHI took over both data collection and publication duties.⁹

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Data Reporting Explained

Private Clinics and Hospitals

Private clinics, though publicly funded, are not required to report the number of abortions they perform.¹⁰ This exemption extends to circumstantial abortion data as well, such as the gestational age of the child aborted, any prior abortions the woman may have had, or the method of abortion used and any complications that occurred in the process.¹¹ This has resulted in clinics increasingly reporting incomplete data, at best, and many not reporting any data at all. A quick overview of the most recent reports from provincial clinics demonstrates this phenomenon¹²:

Year: 2010

- Manitoba: Limited Information Provided
- Saskatchewan: Abortions Not Performed in Clinics
- Alberta: Limited Information Provided
- BC: Clinic Data Incomplete (according to CIHI website)
- Yukon: Abortions Not Performed in Clinics
- Northwest Territories: Abortions Not Performed in Clinics
- Nunavut: Abortions Not Performed in Clinics
- Newfoundland and Labrador: Limited Information Provided
- Prince Edward Island: Abortions Not Performed in Clinics
- Nova Scotia: Abortions Not Performed in Clinics
- New Brunswick: Limited Information Provided
- Ontario: Limited Information Provided
- Quebec: Failed to Report

Where can clinical data be accessed or retrieved?

Aggregate information regarding abortions performed in Alberta clinics can be retrieved from the Alberta Ministry of Health. In Ontario, aggregate information on private clinic abortions is provided by the Ontario Ministry of Health via the OHIP billing system. In Quebec, CIHI receives aggregate information regarding abortions performed in hospitals and clinics by the Quebec Ministère de la santé et des services sociaux (MSSS). Private clinics located elsewhere across the country provide information voluntarily upon request.¹³

Hospitals, on the other hand, "... are mandated by their provincial/territorial ministry of health to report all hospital activity (not limited to abortions); therefore, coverage of abortions performed in Canadian hospitals can be considered complete (except for Quebec in 2010) ..." according to CIHI's report.¹⁴ The avenues through which the majority of Canadian hospitals submit their hospitalization data are the Discharge Abstract Database (DAD) and the National Ambulatory Care Reporting System (NACRS), both maintained by CIHI.¹⁵ The following is a provincial breakdown regarding the use of these data sources.¹⁶

Province/Territory	Source	Is Hospital data complete?	Is Clinic data complete?
Newfoundland	DAD	Yes	Yes
Prince Edward Island	Not Performed	Not Performed	No clinics
Nova Scotia	DAD & NACRS	Yes	No clinics
New Brunswick	DAD	Yes	Yes
Quebec	Quebec Ministry of Health	Usually, 2010 not in yet	No
Ontario	DAD & NACRS	Yes	No
Manitoba	DAD	Yes	Yes
Saskatchewan	DAD	Yes	No clinics
Alberta	DAD & NACRS	Yes	Yes
British Columbia	DAD	Yes	No
Yukon Territory	DAD	Yes	No clinics
Northwest Territories	DAD	Yes	No clinics
Nunavut	DAD	Yes	No clinics

Missing Data

The fact that abortion data is missing is evidenced in the discrepancy between a 2010 Freedom of Information (FOI) request in Ontario, based on OHIP billing records, reporting at least 44,091 abortions and CIHI's 2010 report citing only 28,765 abortions in Ontario.¹⁷ Therefore, Ontario abortion statistics based on OHIP billings from doctors performing abortion procedures were 53.3% higher than CIHI's numbers. However, worse than "unreliable" abortion data is the fact that health care providers have said that thousands of abortions are simply not being recorded.¹⁸ These include those performed in either doctor's offices or unlicensed clinics. Quebec hospitals have further aggravated the problem by following the private clinic approach in their data reporting. They have decided to only release the total number of abortions they perform absent any information regarding the circumstances of those abortions.¹⁹

The methods being used by hospitals and clinics to perform abortions is another unknown variable because of the lack of reporting. The most recent data regarding numbers of surgical and medical abortions performed is from 2004.²⁰ Approximately 90% of the abortions reported that year used the "surgical method," suction aspiration, and approximately 3% used pharmaceutical drugs, or the "medical method."²¹

Ontario

Ontario has taken the lack of abortion data reporting a step further by way of an amendment to section 65 of Ontario's *Freedom of Information and Protection of Privacy Act* (FIPPA), effective January 1, 2012. Practically, the amendment means "... individuals no longer have a right to make access requests under Part II of *FIPPA* to an institution for records in the custody or under the control of the institution relating to the provision of abortion services."²² In other words, it would appear that all information concerning abortion that is in the hands of government institutions or departments in Ontario is now inaccessible. However, there is some disagreement about application of the amendment among Canadian lawyers. It is generally agreed that the amendment applies to hospitals,²³ but whether generalized abortion data is excluded under *FIPPA* or aggregate OHIP billing records are as well, is unclear. Government clarification is needed.

As there is no recorded debate on this amendment in either the Ontario legislature or the committee hearings, it is unclear why the Ontario government felt it necessary to amend *FIPPA*.²⁴ After being questioned by the

National Post, the Ministry released a statement establishing that “Records relating to abortion services are highly sensitive and that is why a decision was made to exempt these records.”²⁵

If the government was concerned that the release of abortion data might trigger some form of extremist violence, did it not review the numerous decisions on the issue rendered by the office of its Information and Privacy Commissioner for guidance? Even a cursory glance at the cases demonstrates that *FIPPA* includes exemptions which have been used to deny access to information requests where the release of data “could reasonably be expected to” endanger the safety or life of persons or put the security of relevant facilities at risk.²⁶

In the past, when the Ministry of Health and Long-Term Care (the “Ministry”) denied access to information requests relating to abortion data, it most often relied on *FIPPA*’s discretionary exemptions found at subsections 14(1)(e) and (i) and at section 20.

The relevant subsections of 14(1) read as follows:

A head may refuse to disclose a record where the disclosure could reasonably be expected to,

(e) endanger the life or physical safety of a law enforcement officer or any other person;

(i) endanger the security of a building or the security of a vehicle carrying items, or of a system or procedure established for the protection of items, for which protection is reasonably required;²⁷

Section 20 establishes that officials may “refuse to disclose a record where the disclosure could reasonably be expected to seriously threaten the safety or health of an individual.”²⁸

The Ontario Court of Appeal confirmed the evidentiary burden that the Ministry had to meet in order to refuse access requests for both subsection 14(1)(e) and section 20:

Section 14(1)(e) requires a determination of whether there is a reasonable basis for concluding that disclosure could be expected to endanger the life or physical safety of a person. In other words, the party resisting disclosure must demonstrate that the reason for resisting disclosure is not a frivolous or exaggerated expectation of endangerment to safety. Similarly, s. 20 calls for a demonstration that disclosure could reasonably be expected to seriously threaten the safety or health of an individual, as opposed to there being a groundless or exaggerated expectation of a threat to safety. Introducing the element of probability in this assessment is not appropriate considering the interests that are at stake, particularly the very significant interest of bodily integrity. It is difficult, if not impossible, to establish as a matter of probabilities that a person’s life or safety will be endangered by the release of a potentially inflammatory record. Where there is a reasonable basis for believing that a person’s safety will be endangered by disclosing a record, the holder of that record properly invokes ss. 14(1)(e) or 20 to refuse disclosure. [our emphasis]²⁹

The Ministry is held to a similar standard for the remaining subsections, including subsection 14(1)(i) where the institution “must provide ‘detailed and convincing’ evidence to establish a ‘reasonable expectation of harm.’ Evidence amounting to speculation of possible harm is not sufficient.”³⁰

In cases where there is a reasonable expectation of harm, the Ministry or the appropriate officials were already in a position to refuse to disclose abortion data.

A review of relevant decisions reveals that “generalized statistical data regarding abortion services should be accessible under freedom of information legislation.”³¹ However, “information associated with individuals or facilities has been found to meet the “‘harm’ threshold in section 14” and the access requests have been denied.³² A similar approach, to the pre-amendment *FIPPA* requests, had been adopted by relevant bodies in British Columbia and Connecticut and by the Supreme Court of the United States.³³

In a comprehensive 2000 order issued by an adjudicator of the Office of the Information and Privacy Commissioner of Ontario (“Office of the Commissioner”), the Ministry was ordered to disclose abortion data records.³⁴ Senior Adjudicator David Goodis stated that,

While I accept the Ministry’s submission, supported by ample evidence, that individuals and groups on both sides of the abortion debate have been subjected to threats, intimidation, and acts of violence, in my view, any link between disclosure and the harms in these sections is exaggerated... In my view, to deny access to generalized, non-identifying statistics regarding an important public policy issue such as the provision of abortion services would have the effect of hindering citizens’ ability to participate meaningfully in the democratic process and undermine the government’s accountability to the public.³⁵

The existing *FIPPA* provisions, the series of decisions provided by adjudicators at the Office of the Commissioner and the judicial guidance found in a number of Ontario lower and appellate court decisions provided the Ministry with sufficient guidance to determine when to release or withhold abortion data in order to assure public safety.

The combination of these factors demonstrates the extent to which the 2012 *FIPPA* amendment on abortion data was unnecessary, and is a violation of democratic principles.

British Columbia

British Columbia enacted a similar measure, prior to Ontario’s decision to amend *FIPPA*, in passing Bill 21 (2001). The bill amended B.C.’s *Freedom of Information Act*. Relevant section 22.1 places a ban on releasing any abortion related information other than the absolute number of abortions performed.³⁶ However, the bill was not unchallenged. Ted Gerk, Campaign Life Coalition B.C. spokesperson, presenting to the Special Committee to Review the *Freedom of Information and Protection of Privacy Act* in 2010, provided evidence that the former Information and Privacy Commissioner of BC, Mr. Loukidelis, “stated in his letter of March 30, 2001, that the censoring of abortion-related information was unnecessary.”³⁷ Mr. Gerk agreed with the Commissioner in saying, “... the principle behind democracy and freedom of information, it is that every topic should be open for discussion.”³⁸

Why The Data is Being Hidden

Explanation

The reason given for either not reporting abortion data or refusing to release the data to the public is that it is in the best interest of the public. The concern expressed is that in releasing the data both physicians performing abortions and abortion facilities would be put at greater risk of harm; and the availability of abortion services would thus decline out of abortion providers’ fear of attack, harassment, or threats.³⁹ Equal concern is said to be given to protecting the women seeking abortions from the possibility of harassment and/or intimidation.⁴⁰

Ultimately, it is argued that abortion data made available for public consumption produces an “atmosphere of hatred or fear,” neither of which are in the interest of the maintenance or improvement of health care services.⁴¹ The validity of this line of reasoning is undermined when the evidence is considered.

The Canadian reality is that any violent action by a cause-related extremist results in a public stir and receives a large amount of media coverage. Sadly, extremists can arise in any community or subculture, and their isolated

actions rarely characterize an entire group. While accessing accurate data on abortion clinic-related violence is challenging, it does not appear that there have been any instances of violence within the last decade.⁴²

To expand the quoted section from the 2000 decision of the Office of the Commissioner in Order 1747:

While I accept the Ministry's submission, supported by ample evidence, that individuals and groups on both sides of the abortion debate have been subjected to threats, intimidation, and acts of violence, in my view, any link between disclosure and the harms in these sections is exaggerated. The evidence before me does not establish a reasonable expectation of endangerment to the life or physical safety of any person, or to the security of a building, vehicle or system or procedure established for the protection of items within the meaning of sections 14(1)(e) and (i) of the Act.⁴³ [our emphasis]

Crime carried out by extremist abortion opponents is virtually non-existent in Canada; which is notable when one considers the statistical data demonstrates that most Canadians believe at least some degree of legal restriction should be placed on abortion. A poll by the Manning Centre in 2010 reported 90% of the Canadian population feels that abortion is morally wrong to at least some extent.⁴⁴ In terms of the legality of abortions, 77% of Canadians in 2011 said abortion should be illegal in the final three months of the pregnancy and 58% said abortion should be illegal in the second trimester.⁴⁵

These numbers demonstrate that many Canadians who are identified as “pro-choice” actually identify with “pro-life” concerns for children in the womb in at least some regard, notably when they are made aware that a child in Canada can be legally aborted during all nine months of pregnancy and/or provided with information about fetal development. For example, a 2011 Environics poll discovered when Canadians were provided with information about fetal development and then asked at what point the law should protect human life, 72% of respondents identified some point prior to birth.⁴⁶ The numbers also put into proper perspective the minute proportion of those who carry out extremist acts in light of the vast number of Canadians who are uncomfortable with Canada's restriction-free abortion access.

As a whole, pro-life Canadians advocate for their position in a peaceful manner. The annual March for Life events across Canada draw thousands in each city where they are held. Most recently, the 2012 National March hosted over 19,000 pro-life Canadians on Parliament Hill before taking to the streets of Ottawa.⁴⁷ 40 Days for Life, an organization which holds annual, 24/7 prayer vigils outside of abortion clinics, has had over 525,000 pro-lifers participate in 1,894 non-violent campaigns across Canada and the world.⁴⁸ These events are a far more accurate reflection of the civil manner in which the pro-life community engages in the public square. In fact, pro-life groups have made a point to condemn violent actions, such as when a large numbers of pro-life groups, Canadian and American alike, publicly condemned the murder of American late-term abortionist George Tiller as an act inconsistent with the pro-life belief in the sanctity of all human life.⁴⁹

The Importance of Information

Moira Patterson, professor and researcher of freedom of information and privacy law at Monash University in Australia, fittingly explains that “Governments everywhere have a natural inclination towards secrecy. However, in a genuinely democratic society access to information is necessary for the ‘open debate, discussion, criticism and dissent’, which are regarded as central to the making of ‘informed and considered choices.’”⁵⁰ Canada's citizens' ability to exercise their democratic rights and responsibilities are effectively void without access to information.

Fortunately, Canada has recognized the vital link between access to information and democracy. The federal government's 1977 Green Paper on Public Access to Government Documents states: “... effective accountability – the public's judgment of choices taken by government – depends on knowing the information and options

available to the decision-makers.”⁵¹ Canada used this rationale when enacting federal *Freedom of Information* (FOI) legislation in 1985 to further protect the citizenry’s access to information.⁵²

Canada is also a member of the United Nations Statistical Commission and Statistics Canada states on its website that it endorses the *Fundamental Principles of Official Statistics*.⁵³ Principle 1 sets out that

Official statistics provide an indispensable element in the information system of a democratic society, serving the Government, the economy and the public with data about the economic, demographic, social and environmental situation. To this end, official statistics that meet the test of practical utility are to be compiled and made available on an impartial basis by official statistical agencies to honour citizens’ entitlement to public information.⁵⁴

Justice Gerald La Forest, in the landmark Supreme Court of Canada case *Dagg vs. Canada*, said:

The overarching purpose of access to information legislation, then, is to facilitate democracy. It does so in two related ways. It helps to ensure first, that citizens have the information required to participate meaningfully in the democratic process, and secondly, that politicians and bureaucrats remain accountable to the citizenry . . . Rights to state-held information are designed to improve the workings of government; to make it more effective, responsive and accountable . . . [dissenting on other grounds]⁵⁵

In 2006, the federal government made an effort in furtherance of these two goals via the *Federal Accountability Act*. John Baird, then President of the Treasury Board of Canada, explained the need for such an act in saying, “Accountability is the foundation on which Canada’s system of responsible government rests.”⁵⁶

The vital connection between access to information and democracy has been widely recognized by all three levels of government in Canada (federal, provincial and municipal) and thus makes the withholding of abortion data an issue of paramount concern. Government decisions to restrict access to information imply the government knows what is best for the people and thus the people need not be informed.⁵⁷ The implications of such reasoning are clearly inconsistent with a free and democratic society, and yet they have been made in regard to one issue in particular – abortion.

Recommendations

Legislation, provincial or federal, should not be used to inhibit access to statistical information in regard to publicly funded services.

As it stands, both hospitals and clinics are publicly funded, yet only hospitals are “. . . mandated by their provincial/territorial ministry of health to report all hospital activity (not limited to abortions).”⁵⁸ There is no such legislative requirement for clinics. The data collected from hospitals should be made publicly accessible and a legislative requirement, similar to that placed on hospitals, should be enacted to require clinics to report their activity (not limited to abortions) as well. Data from clinical reports should also be publicly accessible. Relevant data in regard to the performance of medical visits and surgical procedures is submitted by hospitals, clinics and physicians in order to receive payment for services under provincial health care plans. This reporting is coded by procedure and submitted to provincial ministries of health. This data should be generally available from ministries of health or, at a minimum, accessible through freedom of information requests. Such measures will act as a safeguard to transparency, accountability, and democracy in Canadian governance.

For more information, please contact The Evangelical Fellowship of Canada’s Centre for Faith and Public Life at ottawa@theEFC.ca or visit our website at www.theEFC.ca. © August 2012

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