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A submission to
The Government of the Province of Ontario
on the proposed
Birth Control and Family Planning Program

Submitted by:
The Ontario Committee on the Status of Women

April 17, 1975

INTRODUCTION

The record of Ontario health units and local Boards of Health in making birth control and family planning available to the public is deplorable. We commend the Minister of Health for taking a second look at this most important health service. We regret, however, that these new initiatives seem to have been stimulated more by the rising cost of providing abortion under OHIP than by the Ministry's desire to provide help to the men and women of this province.

The Ontario Committee on the Status of Women is concerned with two aspects of the program as announced by the Minister:

1. Province-wide services are to be established but there is no definition of what those "services" will be. We define "services" as a comprehensive clinical, educational, counselling and promotional program.
2. The program will be funded 100 per cent by the government but no conditions have been attached to these grants. To ensure compliance by local Boards of Health, we recommend that Boards of Health be required to provide birth control and family planning in order to continue to receive funding of other local health services.

No Board of Health or Medical Officer of Health should be allowed to abdicate responsibility for implementing the Ministry's program in their community or making it available to all. Officials, who for reasons of religion or other conviction, do not wish to personally provide such services should still be required to arrange a full and complete program under the direction of other agencies which may be available in the area. Local Boards of Health would retain their responsibility for reporting to the Ministry and obtaining proper and appropriate funding.

The Ontario Committee on the Status of Women wants this program available and fully functioning in the shortest possible time. A provincial timetable for implementation should be publicly stated by the Ministry and the progress of each health unit checked regularly.

We recommend that all birth control and family planning programs be established according to the following guidelines:

Principles

1. This service should be available to all regardless of age, marital status, sex, race or religion (refer to Appendix A - Age of Consent).
2. There should be no residency requirements for access to this service.
3. This service must be available throughout Ontario in cities, rural and reserve areas.
4. Impartial, non-moralistic counselling is of utmost importance. It is the responsibility of the counsellor to be understanding and to present all available options.
5. Counsellors should be representative of the community in terms of age, sex, marital status, religion and ethnic background.
6. People with proven experience, background and training in providing family planning should be heavily utilized.
7. Innovative educational programs for both young people and adults must be provided and a strong liaison maintained with the community.
8. The Ministry of Health should seek co-operation from the Ministry of Education to jointly plan an adequate educational program within the school curriculum.

Minimum program standards

1. Counselling must be free and include birth control, infertility, sexuality, sterilization, abortion, venereal disease, cancer and other related non-contraceptive matters.
2. All birth control devices and drugs should be free.
3. The service must include referrals to other health and social service agencies as required (refer to Appendix B - Pregnancy Counselling).
4. Treatment and records must be confidential.
5. The Ministry of Health should be responsible for providing an adequate training program for all staff involved in these services. Local personnel should receive their basic training within one year of the program's institution.
6. Training should be ongoing. The MOH should be responsible for providing supplementary training on a minimum of once a year.
7. Clinics must be easily accessible to all. Daytime, evening and weekend hours must be established to suit the needs of the community.
8. Services must be regularly announced through advertising in all media. Such advertising must stress that all help will be confidential.
9. The Ministry of Health must set up a uniform evaluation and monitoring system for all programs.

Appendix A: Age of Consent

It is expected that young people will be attending birth control clinics around the province in large numbers, as a result of this government program. They are most in need of sympathetic and confidential advice and care.

Ontario presently has a conflict of laws regarding age of consent.

1. A doctor may be subject to medical liability if he gives medical advice or treatment, in his office, to a patient under the age of 18, without parental consent.
2. If a patient is seen in a hospital setting, there is medical liability only if the doctor gives medical advice or treatment to a patient under 16, without parental consent.

The law is unclear as to whether a parent can sue the family planning clinic or a doctor for assault on a young person on the basis that the minor's consent to medical advice or treatment is illegal. Although this law has not been tested, many doctors are reluctant to give advice or treatment to young people without parental consent.

Statistics across the country show that those under 19 are most likely to contract venereal disease, to seek abortion or to have illegitimate births. Prenatal care is likely to be inadequate and it has been shown that the earlier the pregnancy, the greater number of children a young woman has before the age of 20. School drop-out, marital and job problems are also among the serious social consequences.

Recommendation

We recommend that the age of consent be stricken from the law, regarding all medical advice and treatment. This will encourage young people to take the responsibility of getting medical attention for their sexual needs and to avoid needless tragedies such as unwanted pregnancy, birth and venereal disease.

Appendix B: Pregnancy Counselling - the alternatives

A counsellor must be prepared to discuss the full range of alternatives in pregnancy counselling. These are:

1. Abortion

- (a) Counselling and referral
- (b) Explanation of all legalities
- (c) Explanation of costs and OHIP coverage available
- (d) Follow-up contraceptive counselling

2. Full-term pregnancy

- (a) Prenatal care including nutritional counselling.
- (b) Post natal care including contraceptive counselling
- (c) Information on mother's allowance
- (d) Information on adoption agencies and referral if desired
- (e) Explanation of costs and OHIP coverage available