



## **Resolution #1**

### Advocating for Adequate Reproductive Services in Canada

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**Approved by:** CNSA National Assembly

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**Submitted to:** CNSA Board of Directors

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### **Introduction/Background Information**

Induced abortions have been legal in Canada since 1988 and are currently governed by the Canada Health Act (Government of Canada, 2019). Furthermore, in section 7 of the Canadian Charter of Rights and Freedoms states every Canadian has the right to “life, liberty, and security of the person and the right not to be deprived thereof” (Government of Canada, 2019). In 1988, when induced abortions were legalized in Canada, the highest courts of our country also ruled that nobody but the pregnant person themselves could decide for or against an induced abortion. To attempt to control a person’s reproductive capacity would be to violate that person’s right to *life, liberty, and security of the person* (Government of Canada, 2019; LawforAlbertaWomen.ca, 2015).

Access to an induced abortion is a right, however, there are many people in Canada who do not have reliable access to abortion nor other reproductive services. This is due to the inconsistencies in funding throughout the country, geographical constraints, as well as the ideological alignment of many powerful groups. Many provinces regulate which facilities can provide induced abortions, unnecessarily requiring services to be performed in hospitals and refusing to allow these services to be performed in smaller clinics with equally trained professionals (CBC, 2019). This constraint creates a barrier for people living in rural and remote communities, who would then be required to commute possibly long distances to receive services at a hospital. When there are barriers to accessing reproductive services - including legislative barriers, social stigmatization, and bureaucratic processes - people who require or depend on these services cannot access them. Thus, their reproductive options and bodily autonomy can be limited (Reeves et al, 2018). Additionally, there are many fake abortion clinics, often called “Pregnancy Crisis Centers”, which cater to vulnerable pregnant populations but refuse to refer their clients to abortion services (ARCC, 2019). These fake clinics provide misinformation about abortion or withhold information in an attempt to exaggerate the dangers of abortions (ARCC, 2019). These clinics are funded by religious organizations and private donors, are not medical clinics, and do not willingly disclose their religious ties (ARCC, 2019).

People who are seeking abortion services also face long wait times to receive the services they require, which compromises their eligibility to receive said services (CBC, 2019).

Nurses have a moral, ethical, and professional obligation to advocate for increased access to health care services, regardless of our personal opinions about those services. Nurses know that inadequate access to reproductive services does not lead to less abortions, it leads to less safe abortions. At-home remedies become enticing and may seem like viable options, but these can have devastating, and sometimes fatal, effects. Creating barriers to proper reproductive health will only assure that many unwanted pregnancies end in the death or disfigurement of the pregnant person.

### **CNSA's Position on the Topic**

As of 2019, the CNSA harbours no definitive position on this issue. While referring to the 1984 to 2006 position and resolution statements, not one mention towards reproductive autonomy was made. Furthermore, more recent position and resolution statements also fail to make any mentions to reproductive health, and especially not to induced abortions. Whether this is due to the lack of need historically for CNSA to take a stance, or whether this has been a conscious choice due to the politically heated nature of this topic, is unknown. In January of 2013, CNSA passed a resolution statement encouraging educational institutions to include political education in curriculum, encouraging nursing students to become involved in political activism, and attempting to involve nursing students in their communities at an advocacy level (Gielarowiec, Hardy-Moffat, Telegdi, & Bloomberg, 2013). While resolution statements such as these have inspired students to become involved within the CNSA, it is unclear how involved CNSA students have become in the external political climate.

Indirectly related to this issue is a position statement passed in 2018 regarding rural and remote health equity. Although this position statement speaks more closely to the health discrepancies faced by Indigenous populations and other populations living remotely and rurally, it indirectly speaks in support of reproductive autonomy (Norris, Pelley-George, Gustafson, 2018). This is because remote and rural communities often lack the infrastructure necessary to provide clients with choices and educational supports surrounding their reproductive health.

Furthermore, creating a position on this issue falls within CNSA's strategic plan Objective B, Outcome 1: members "[b]e involved in curriculum decisions, planning and review", and Objective B, Outcome #4: "Members of CNSA incorporate research and evidence-based decision making into their current and future practice to positively influence patient outcome" (CNSA, 2016).



### **Resolution**

**WHEREAS**, the CNSA supports the ongoing health needs of equity-seeking populations, including the special needs of 2SLGBTQ+, women, Indigenous, and racialized groups.

**WHEREAS**, women may experience systemic barriers in accessing adequate reproductive autonomy.

**WHEREAS**, a person's reproductive choices are theirs to make and healthcare professionals are there to support and partner with the client, not to act as a barrier to accessing services.

**WHEREAS**, the resolution statement *Achieving Health Equity in Canada's Rural and Remote Communities* was passed in 2019, highlighting the fundamental need for accessibility equity relating to healthcare needs.

Therefore,

**BE IT RESOLVED THAT** the CNSA strongly oppose any attempts to restrict access to reproductive health services in Canada, whether through criminalization, delegalization, restricted funding, the spread of misinformation, deliberate falsification of facts, or through participation by political powers in any of these actions.

**BE IT RESOLVED THAT** the CNSA publicly condemn any of these aforementioned attempts or the attempts of any political or other groups to restrict access to reproductive services: including, but not limited to, induced abortions, STD/STI testing or treatment, pregnancy counselling, adoption services, fertility services, birth control services or treatments, etc.

**BE IT RESOLVED**, that the CNSA support access to reproductive services as a fundamental right enshrined in Canadian law under *Section 7* (Life, liberty, and freedom of the person).

### **Relation to Canadian Nursing School Curriculums**

A clear objective of CNSA is to influence and make advancements in innovation and social justice within the nursing curriculum and the nursing profession (CNSA, 2016). A clear objective of nursing schools' curricula is to provide graduate nurses with at least the minimal requirements to allow graduates to perform at a generic level. Curricula and the culture permeating healthcare would have one believe that sexual and reproductive healthcare are niche topics - ones requiring extra certification to be able to address. While it may be true that to provide sound advice and perform thorough assessments regarding sexual and reproductive



health, it is in no way true that a graduate nurse should not have the competencies to discuss sexual and reproductive health with their clients. In every healthcare setting, a person's sexual orientation, beliefs surrounding reproduction, and gender are present. Despite not being the focus of their visit, a client will always carry these with them and it will influence every decision they make and every experience they have. To provide holistic care, a nurse *must* be willing to address a client's sexual and reproductive needs and, where their own expertise fails, refer them to an appropriate professional.

Moreover, impartiality to all patients to provide excellent care despite personal beliefs is a fundamental belief in the nursing discipline. Whatever a nurses' personal beliefs on sexual and reproductive topics, they must not let it influence the information they provide their patients, the options they present, or the care they provide. Such an important concept is currently being left up to individual universities to decide whether or not to discuss, and that is unacceptable. The CNSA must be a strong advocate that *every* nursing curriculum include education on how to address sexual and reproductive health topics.

## Conclusion

A person's sexuality and gender are their own, and options such as contraception and induced abortions are an important aspect of comprehensive healthcare. No matter a nurses personal beliefs, they must always be willing to provide all possible information with the best interpretation for their client, and treat their clients with autonomy, justice, maleficence, and beneficence.

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